1110 **Successful recanalization of RCA CTO with AWE strategy in an elderly HBR patient, who is labelled to have "NO OPTION".**

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Back ground: CTO in a Elderly HBR patient with diffusely diseased other two vessels pose significant challenges during procedure and post procedurally.

Case: A 79 yr old gentleman, who is a diabetic and hypothyroid, presented with class III angina and NYHA class IV breathlessness of 1 day duration. Pt had h/o exertional chestpain since 6 months class II-III before the presentation. Angiography done at different centre revealed TVD, diffusely diseased LAD& LCX , mid RCA cto with rentrop grade II collaterals from left system SYNTAX Score 1-30. He was adviced medical management, but due to his intractable symptoms he came to our centre for further management.

Intervention: RCA was engaged with AL 0.75 x 6Fr guiding system through Right Femoral Artery route. RCA CTO segment crossed with Gaia I which is escalated to Gaia NEXT II with Corsair Pro XS microcatheter support. RCA lesion pre dilated with 0.75x5mm Alveo HP balloon and 1.25 x 12mm and 1.2x8mm balloon with Guide plus support. Gaia NEXT - II wire exchanged with BHW wire.
CTO segment was unable to cross with 2.0x12mm NC balloon. In view of significant Proximal calcium, plaque modification was done with Rotablation with 1.5mm burr. Later RCA pre dilated with 2.0x12mm and 2.5x10mm NC balloon. Mid to Distal RCA stented with 2.75 x 48mm DES and Proximal RCA stented with 3.0 x 18mm DES in overlapping fashion. Post dilatation done with 3.5x12mm NC balloon.
Total contrast volume 120ml.

Outcome: TIMI III flow achieved with good distal run off. Final IVUS showed Proximal MSA - 8.81mm?, Mid MSA - 6.97mm? and Distal MSA - 7.38mm?. No residual stenosis / dissection. Patient had relief of troubling rest angina and no other heart failure admissions since then.

Conclusion: Rotablation is the saviour in balloon uncrossable lesions. Even in diffuse TVD, CTO interventions can be safely done in experienced centres. In this case after intervention patient QOL is significantly improved. IVUs imaging post complex CTO rotablation PCI helps to improve long term outcomes