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The patient was diagnosed with coronary artery disease involving triple-vessel disease and ischemic cardiomyopathy. The target lesion was a chronic total occlusion extending from the proximal to distal right coronary artery (RCA-CTO, RCA-P to RCA-D) with a J-CTO score of 4.

A primary retrograde approach was selected using a septal collateral channel. The retrograde guidewire was successfully advanced to the mid RCA. Subsequently, an antegrade guidewire was advanced into the distal RCA, followed by successful reverse CART and guidewire externalization.

However, severe circumferential calcification at the proximal and distal RCA prevented adequate lesion preparation. Rotational atherectomy was therefore performed using a 1.75-mm burr to modify the heavily calcified distal RCA lesion. Because the target calcification was predominantly located along the myocardial side of the vessel, the RotaWire was advanced through the septal collateral into the left anterior descending artery (LAD) to enhance guidewire support and increase wire bias toward the myocardial aspect of the calcified plaque, thereby facilitating more effective plaque modification.

Following rotational atherectomy, the lesion was successfully predilated, and three drug-eluting stents were implanted from the proximal to distal RCA. Final angiography demonstrated excellent stent expansion with TIMI grade 3 flow and no residual stenosis or procedural complications.