ΕΝΔΙΑΦΕΡΟΝ ΠΕΡΙΣΤΑΤΙΚΟ

Αχιλλέας Ζαχαρούλης
Επιμελητής Α’ ΕΣΥ
Β’ Καρδιολογική Κλινική Πανεπιστημίου Αθηνών
ΠΓΝΑ «ΑΤΤΙΚΟΝ»
Do not delay a CTO-PCI

NSTEMI: PCI to LAD
Schedule for CTO PCI to RCA in 2 Weeks but patient was Lost to Follow Up
Do not delay a CTO-PCI

2 Months Later patient Re-emerged but
RCA Stub was Completely Altered
Do not delay a CTO-PCI
Could not Advance Wire to Distal RCA
Multiple Attempts with Multiple Wires
Do not delay a CTO-PCI

60 yo Male Stable Angina
Refused PCI decided to try medical Tx
Do not delay a CTO-PCI

3 Months Later
Proximal Cap has Regressed to Prox RCA
Do not delay a CTO-PCI
An Antegrade Surprise

65 yo male with Exertional Angina
Complex CTO: Ambigious Prox. Cap, Long Lesion, Tortuous CTO body
An Antegrade Surprise
An Antegrade Surprise
An Antegrade Surprise
Beware of the Sidebranch

45 yo male mid LAD CTO – Exertional Angina, MRI Apical/Ant. Viability

Large $D_1$ at Prox. Cap Supplies Ant/lat. Wall
IVUS for LM: MLA 7,8mm$^2$
Beware of the Sidebranch

During Wire Exchange through Microcatheter for Antegrade Escalation Dissection of D1 Ostium
Patient Developed Chest Pain and Mild Hypotension (BP: 90/60 mmHg)
Beware of the Sidebranch

Wired Diag. and with POBA TIMI-2 Flow
Chest Pain Regressed and BP: 110/70mmHg
Beware of the Sidebranch

Finally Wired dist. LAD and Stented all the Way Back to prox. Cap
Beware of the Sidebranch

Decided not to Stent D₁ since Angio image similar to original and patient had no CP
Take Home Messages

• CTO lesions are not as “stable” as one would think
  • Sometimes CAD progresses in such a way that a CTO procedure becomes more complex
  • Delaying a CTO procedure is not always “safe”

• Feeling the proximal cap by the antegrade approach may offer a pleasant surprise

• Side branch take off at the site of proximal cap may complicate a CTO case in a way other than making wiring of the distal vessel cumbersome.
ΕΥΧΑΡΙΣΤΩ ΠΟΛΥ

Σ. Δευτεραίος Αν. Καθηγητής
Φ. Κολοκάθης Επιμ. Α΄ ΕΣΥ