

# Management of Triple CTOs

Jianfang Luo MD, PhD

Guangdong Cardiovascular Institute

Guangdong General Hospital

Guangzhou, China

# Clinical characteristics

- M, 74 yo,
- Hyposthenia and dyspea for 3 years, recurrent angina (CCS grade 3) for 3 months.
- OMI for anterior and inferior wall diagnosed by ECG 1 year ago
- Smoke (+), DM(-), HTN(-), HLP(-)
- Used to be turner

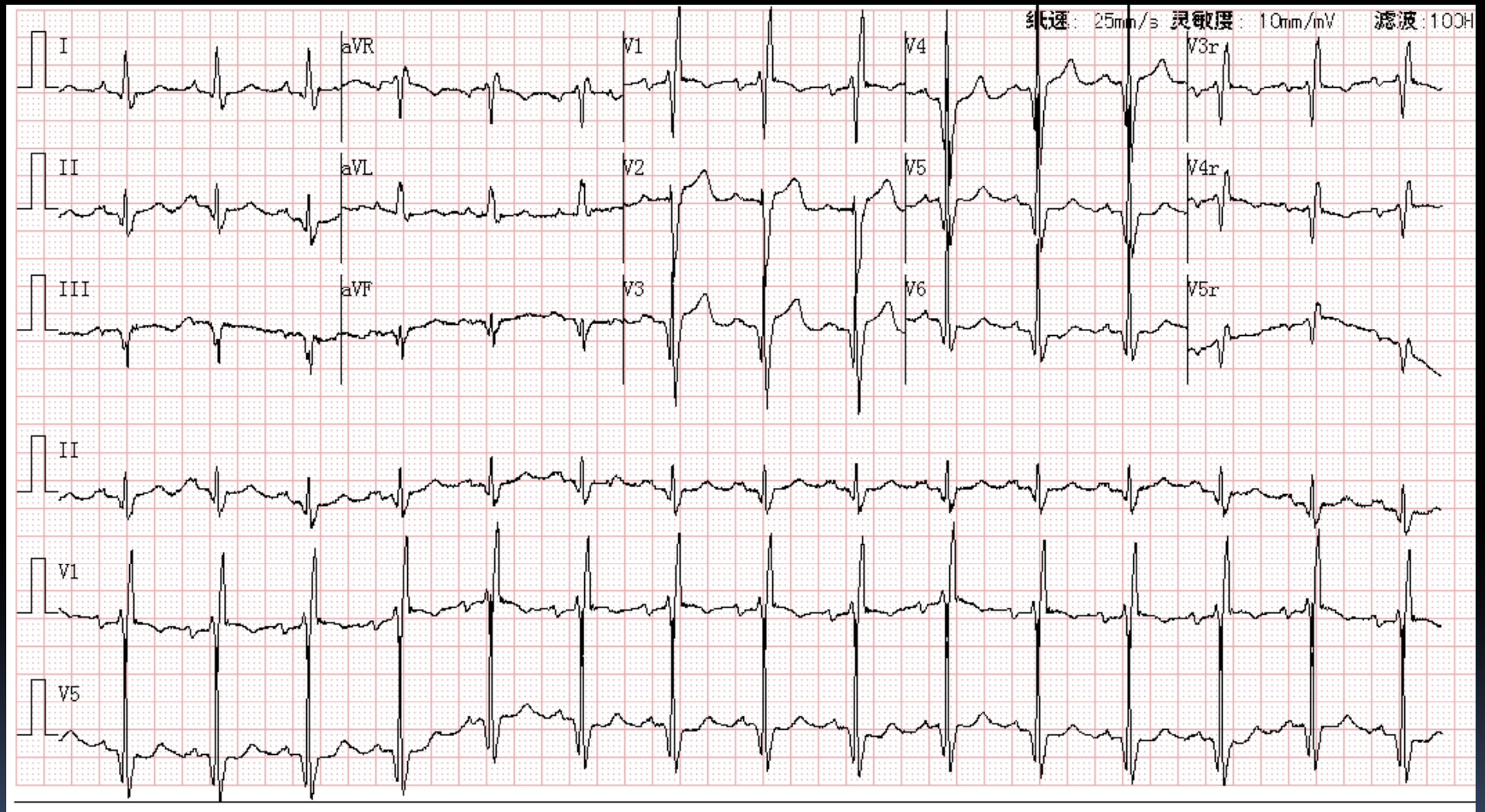


# Lab Examination

BUN	9.7mmol/L	CREA	80umol/L
AST	18 U/L	ALT	22U/L
CHOL	2.93 mmol/L	TRIG	0.84 mmol/L
HDL	0.84 mmol/L	LDL-c	1.73mmol/L
HbA1c	5.7%	Pro-BNP	3079Pg/mL
CKMB	8U/L	TNT	(-)



# ECG



# Chest Radiography

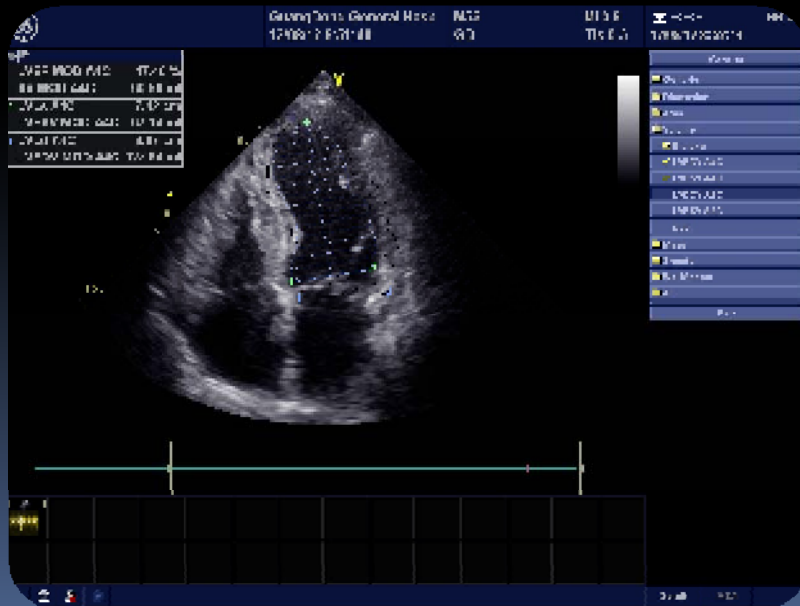


**Silicosis**



# UCG

LVDd	57mm	LVDs	42mm
LA	34mm	RA	50mm
RV	18mm	EF	45%
IVS	12mm	LVPW	7mm

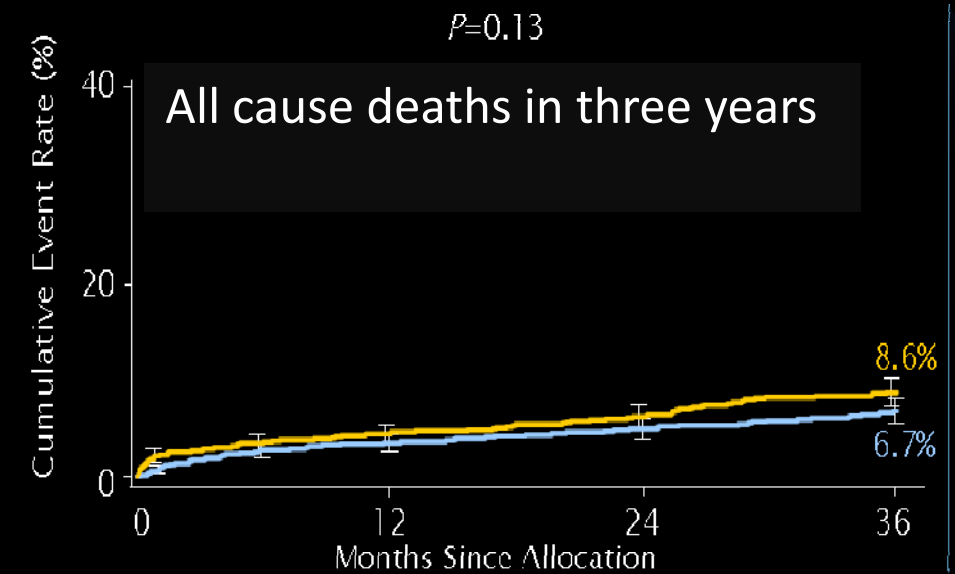
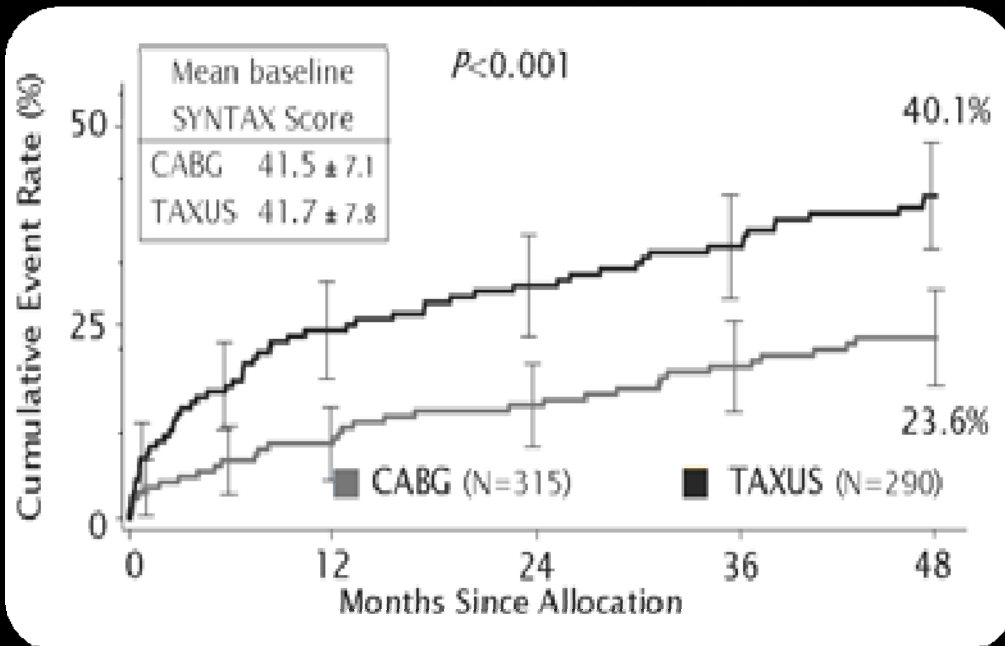


LV enlarged  
The inferoposterior wall of LV  
and septal thinning and  
dysfunction.



CAG (2012.12.10)  
Triple CTOs !

# Clinical Assessment



- **SYNTAX Score 44**
- **EuroSCORE II 1.52%**
- **STS predicted risk of operative mortality: 7.060%**
- **morbidity or mortality: 35.621%**
- **The patient and his families firmly refused CABG**





# Strategy

## ➤ LCX

### ◆ Clinical

✓ OMI for anterior and inferior wall

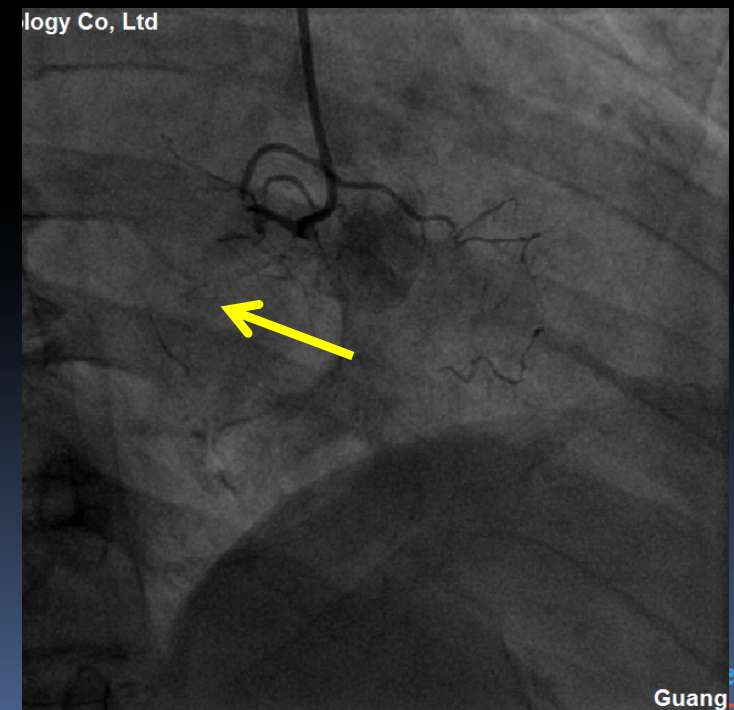
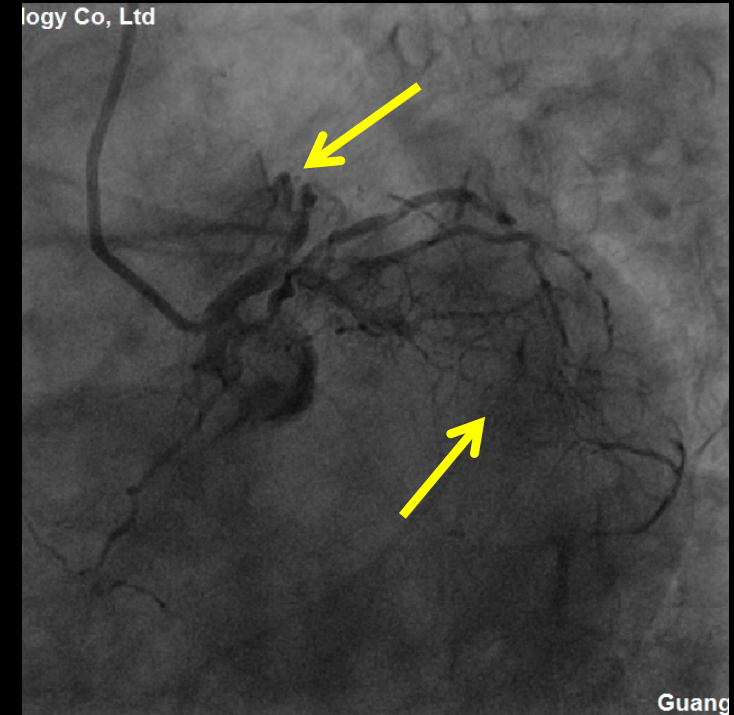
✓ Should be culprit vessel

### ◆ Anatomy and technique

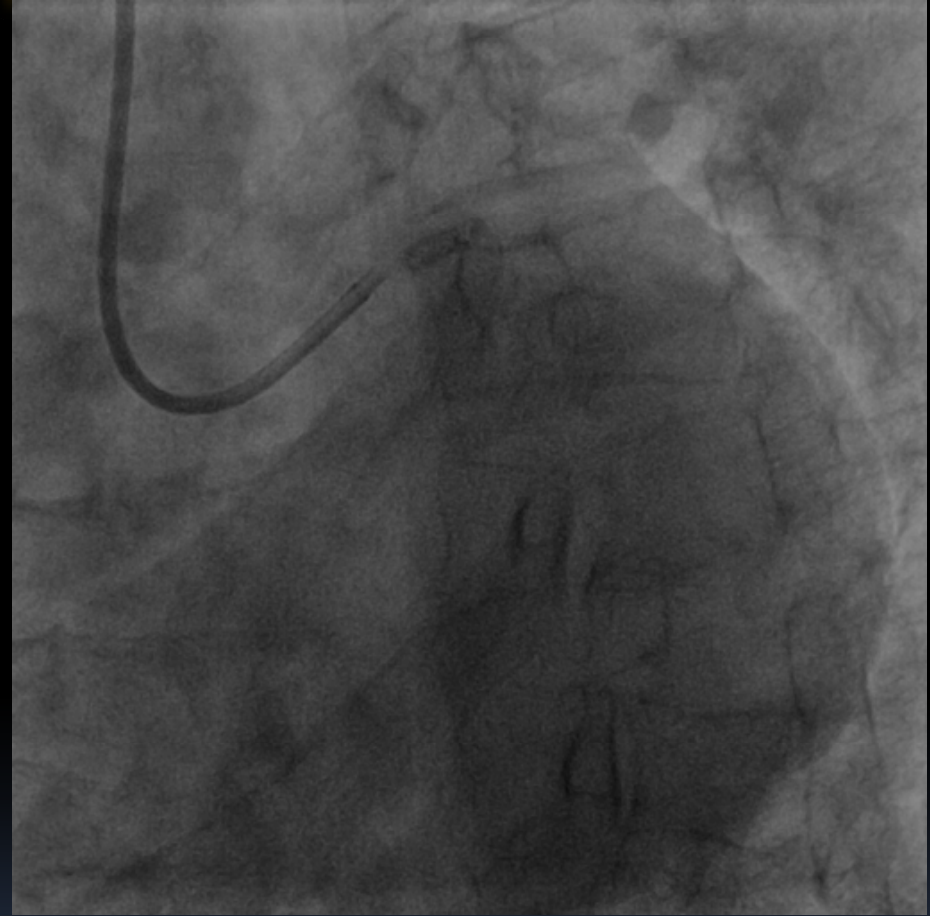
✓ Maybe “fresh” occlusion

✓ Distal vessel visible

✓ But...



9 days later (2012.12.19)

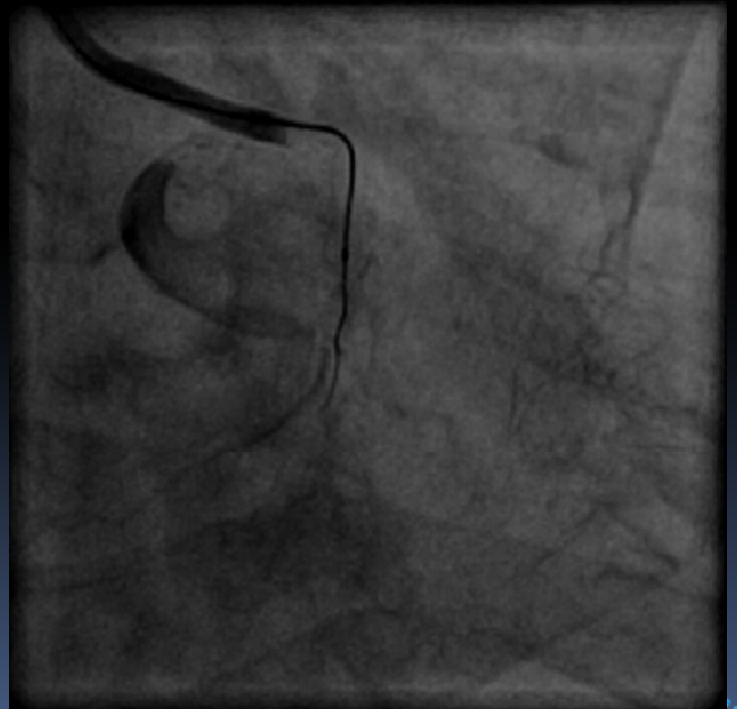
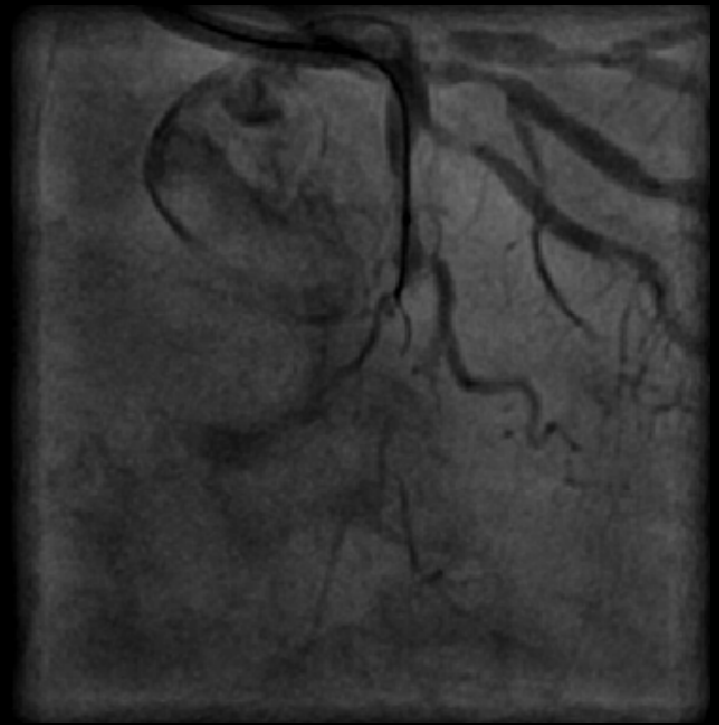


LCX- PCI 6F EBU 3.75



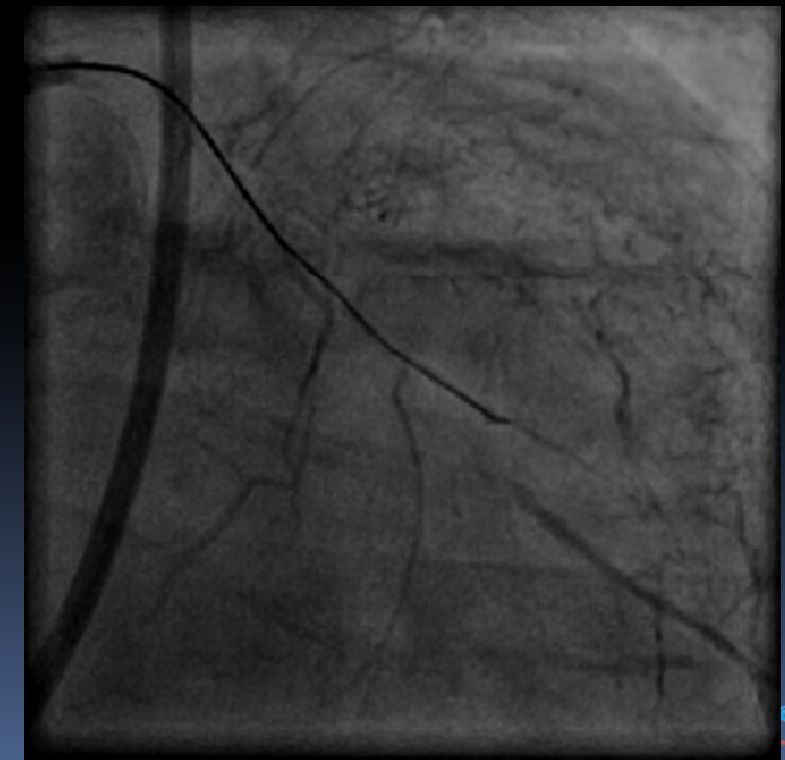
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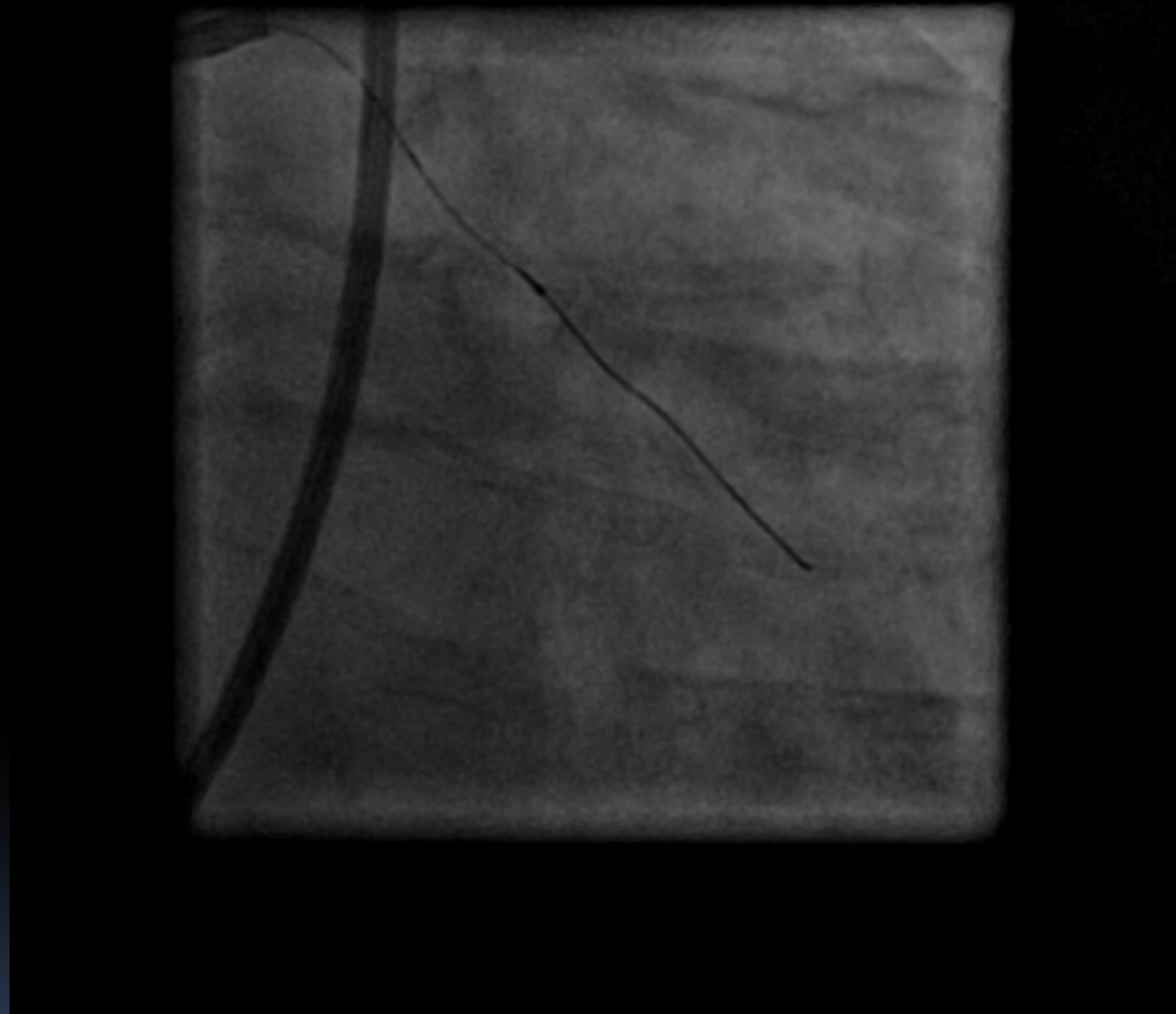


- Finecross
- Filder XT → Pilot50
- Double wire technique





- Double wire technique
- Pilot 50/Conquest pro

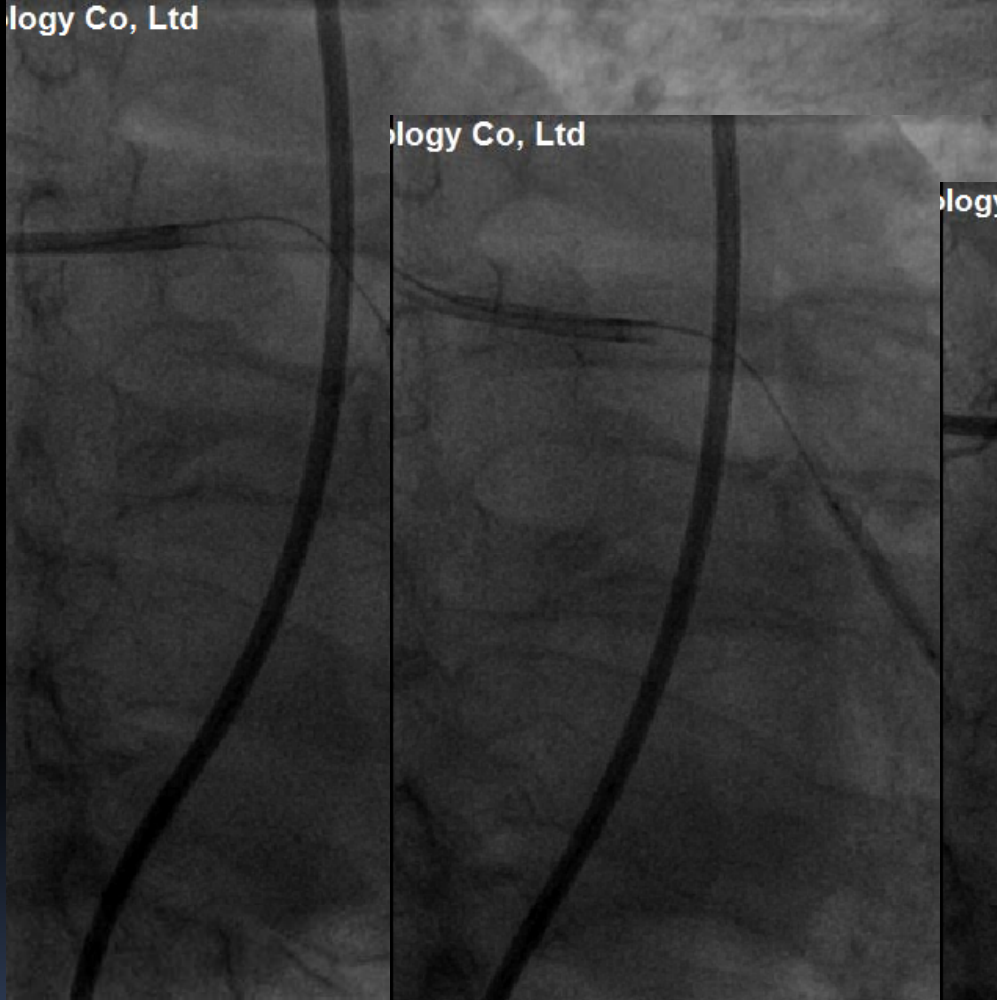


- Side branch technique – Pilot 50

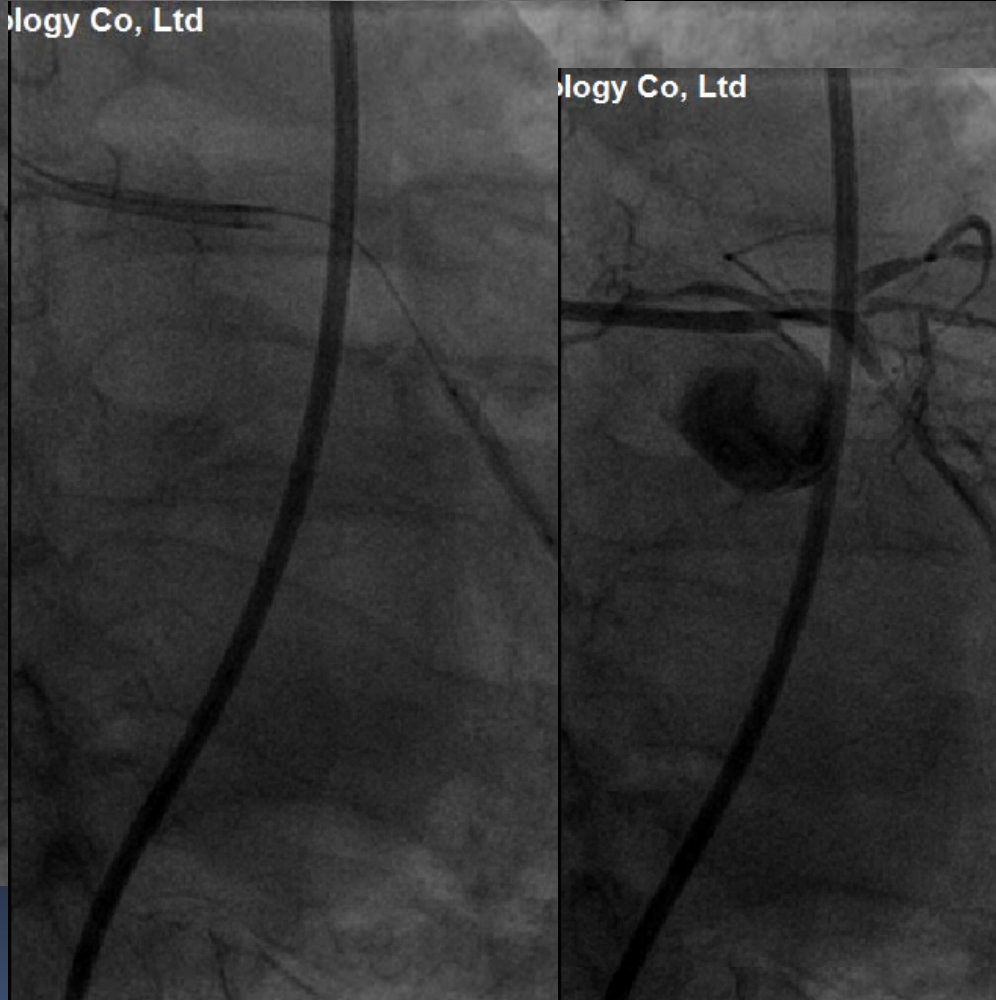


# Pre-dilatation

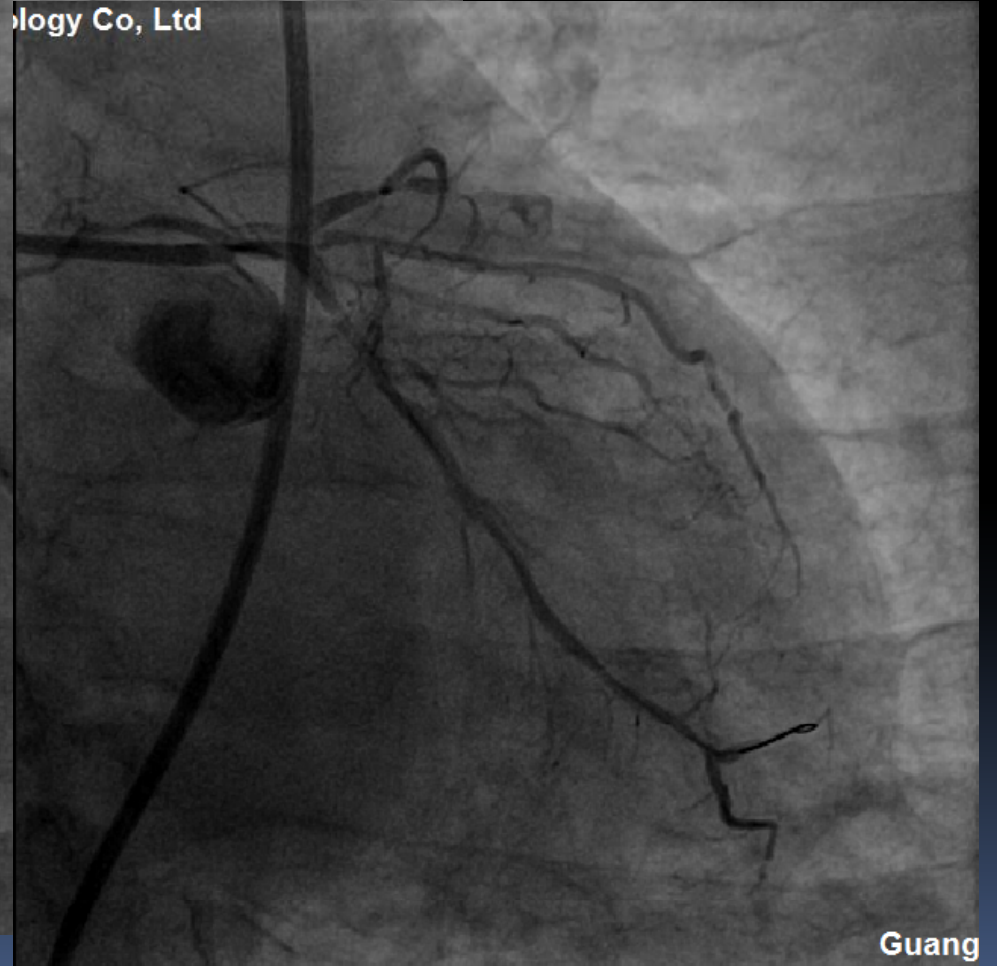
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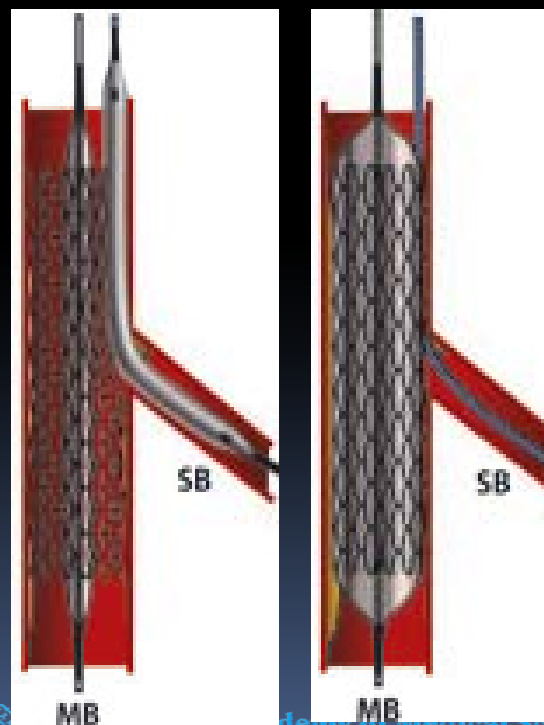
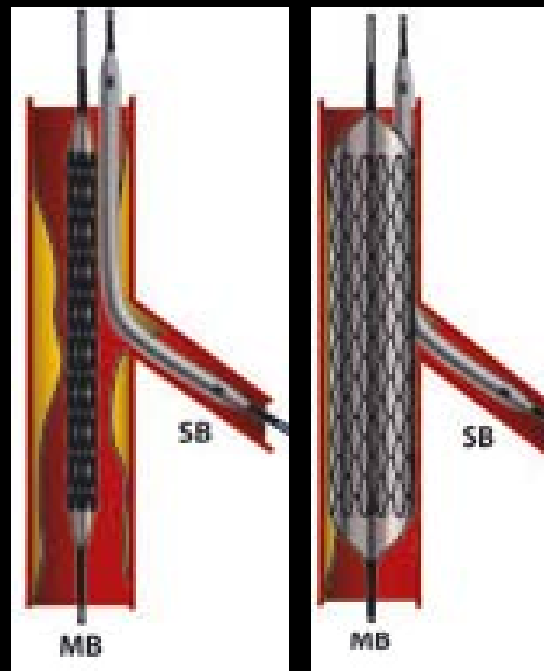
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# Jailed balloon technique

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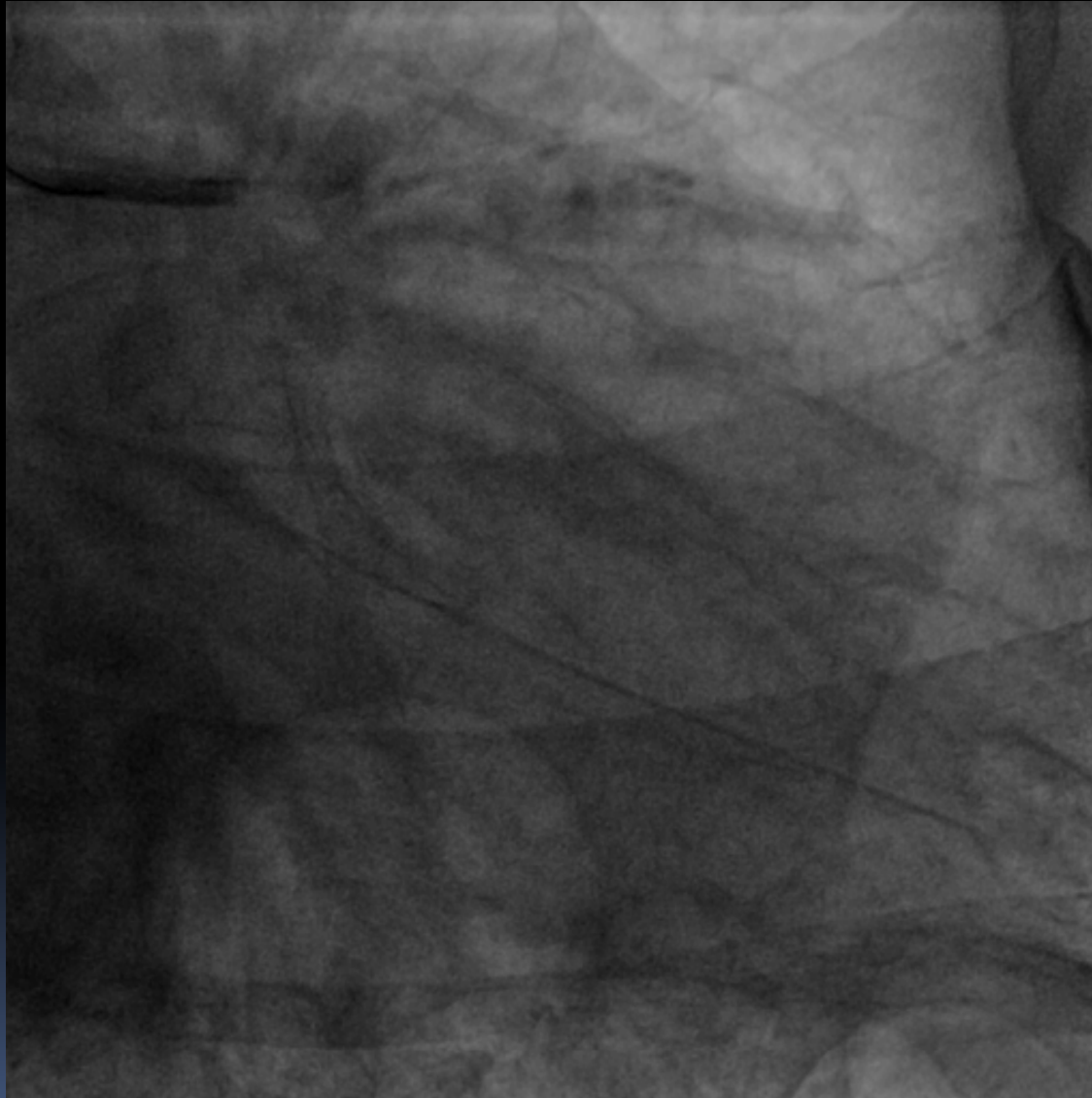


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# Result

K62011



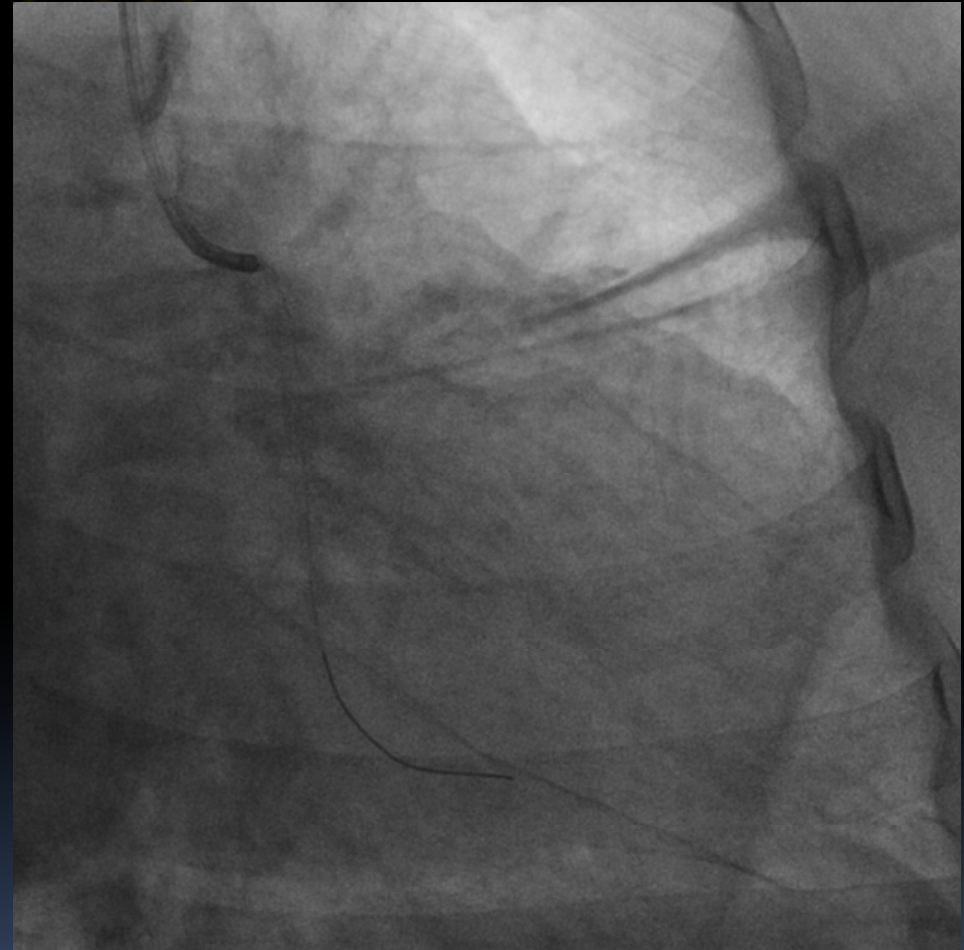
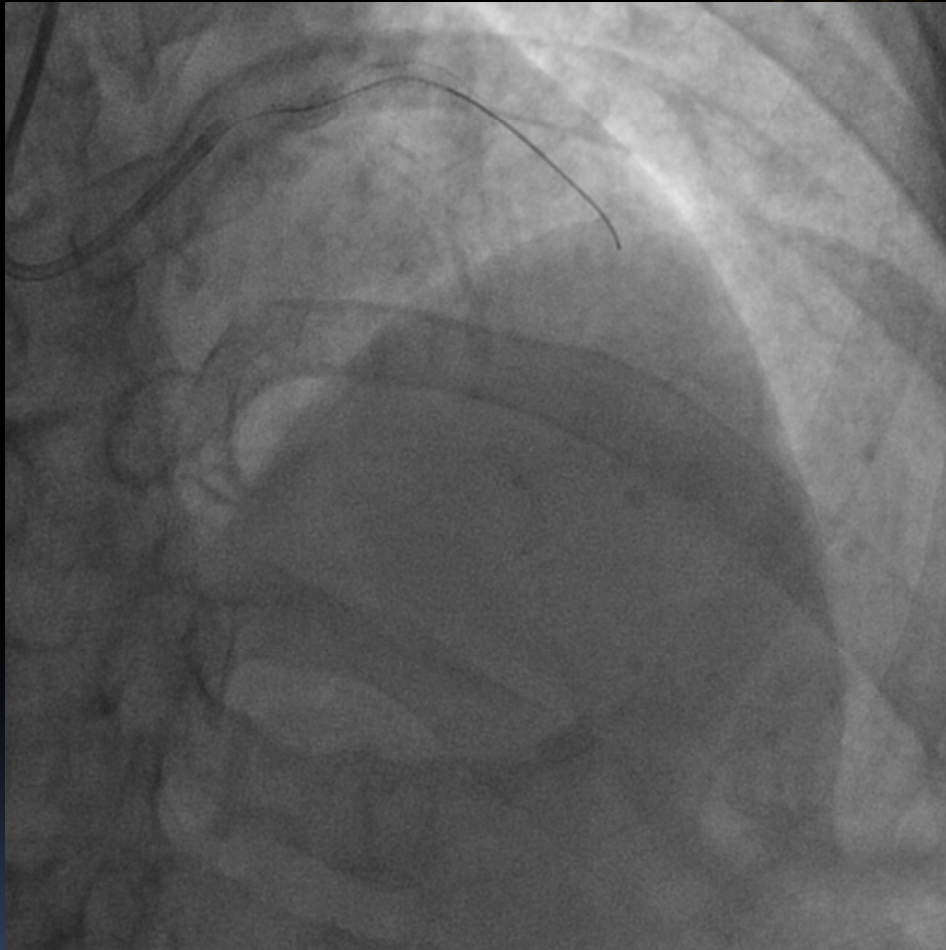
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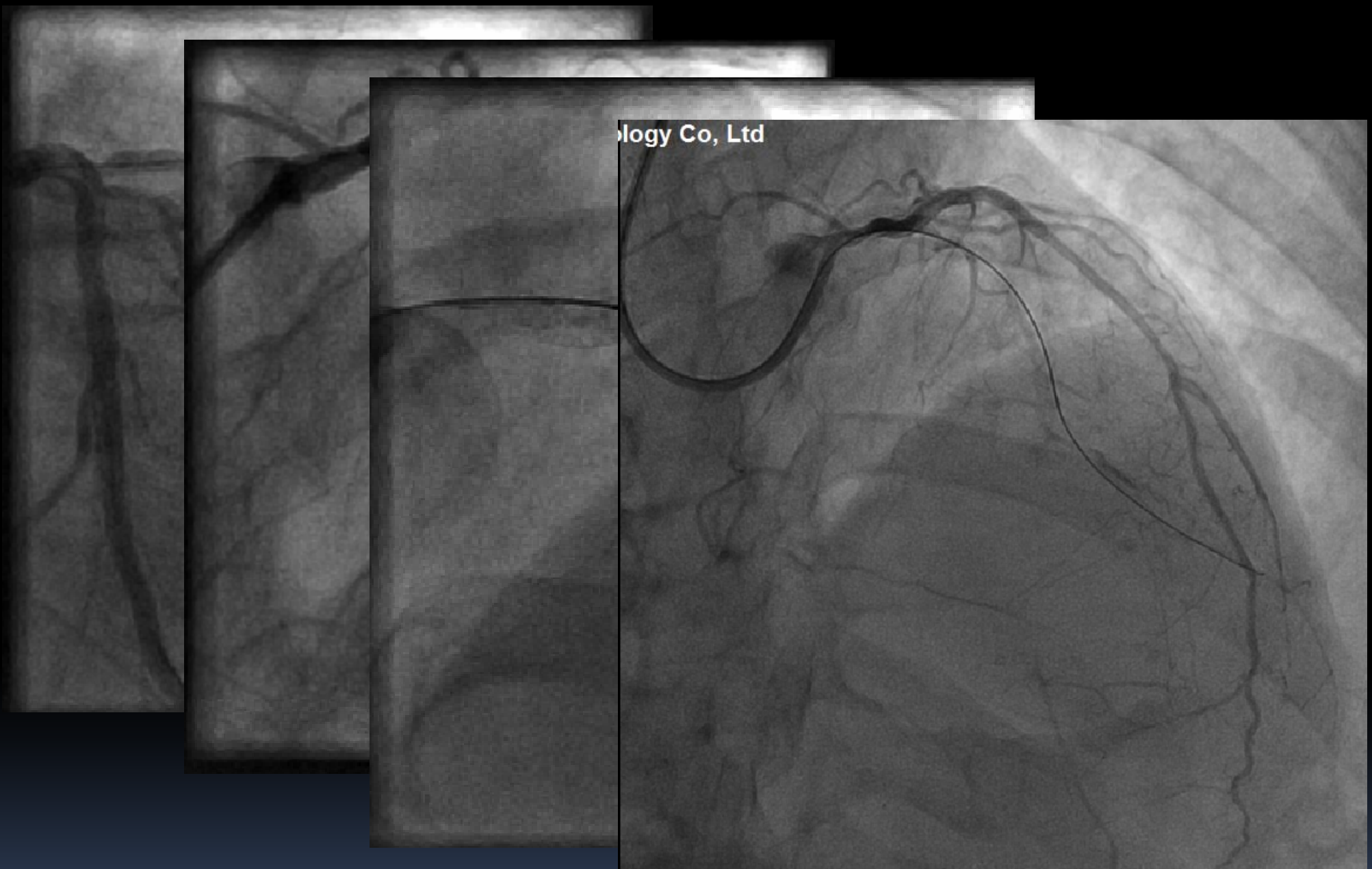
# LAD-PCI 1 month later

(2013.1.21)



- Angina relieved ( from CCS grade 3 to 1)
- Exercise tolerance improved traumatically

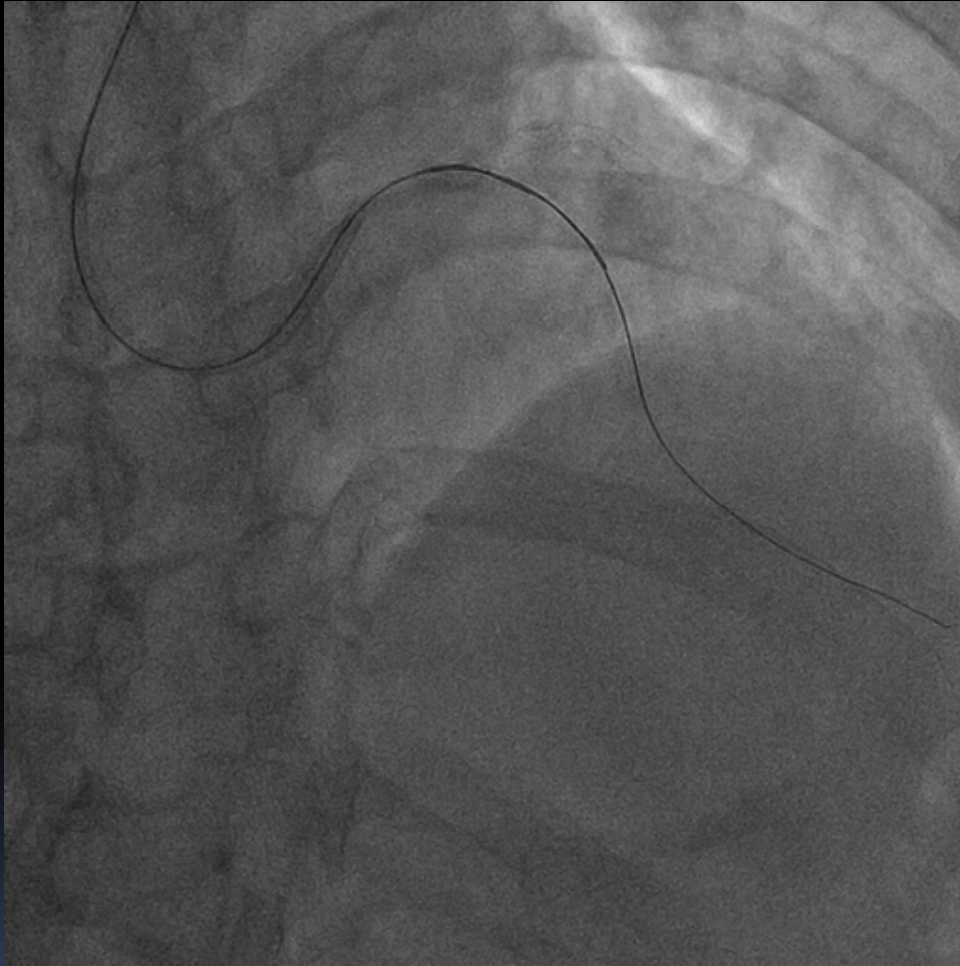




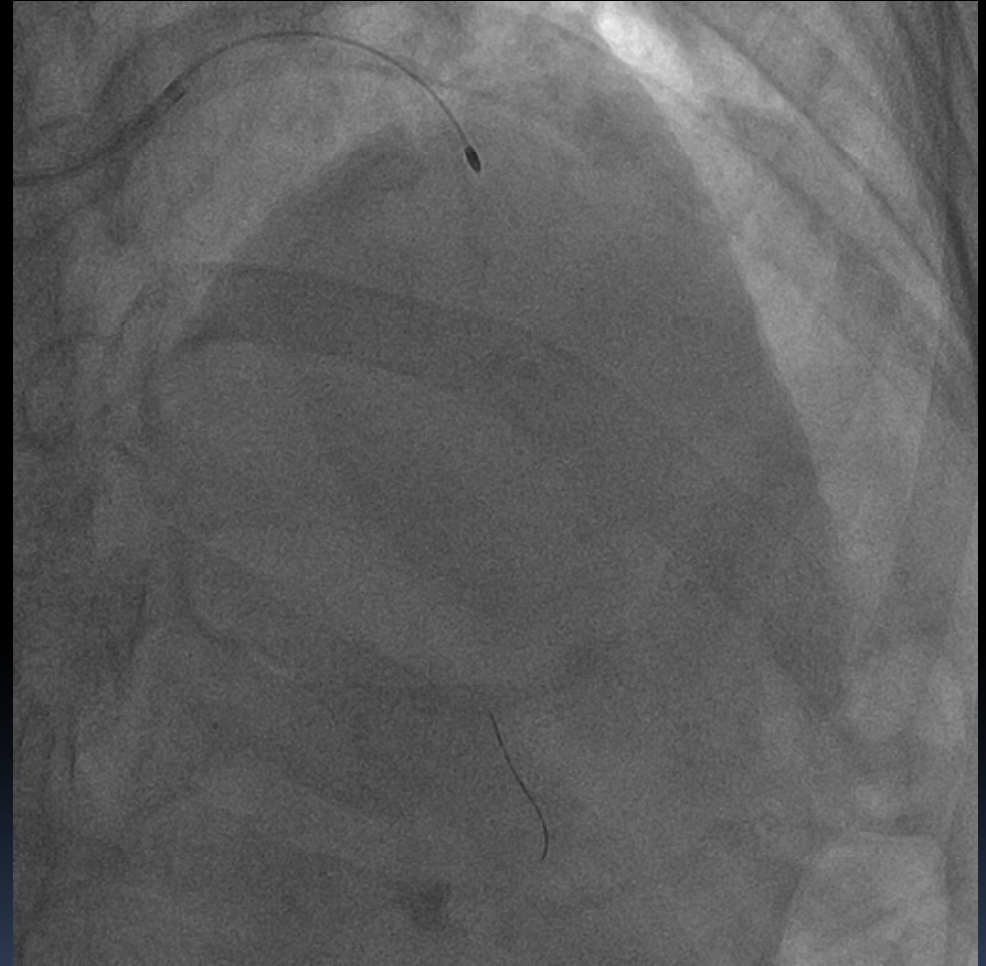
- Fielder XT → Pilot50 → Pilot150  
→ Conquest Pro → Conquest 8-20
- mini trek 8\*1.20 x 2



# Side branch technique / Rotablation



- finecross/rota wire

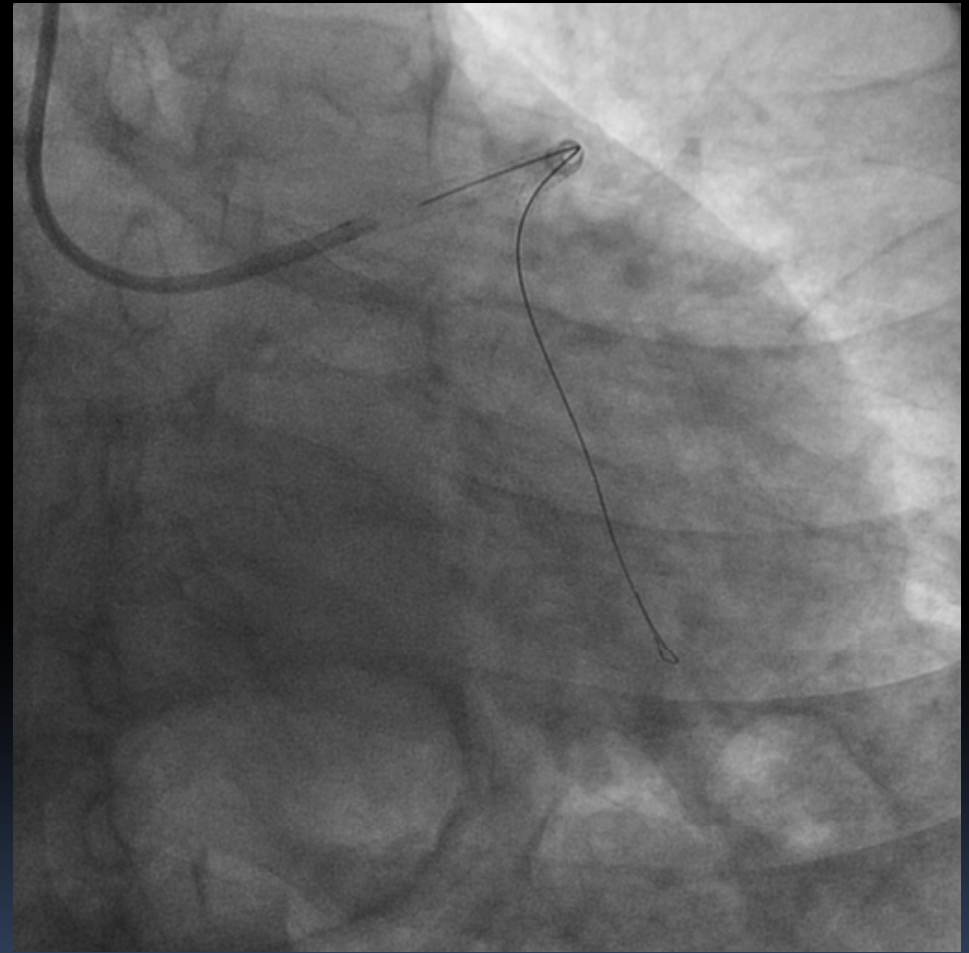
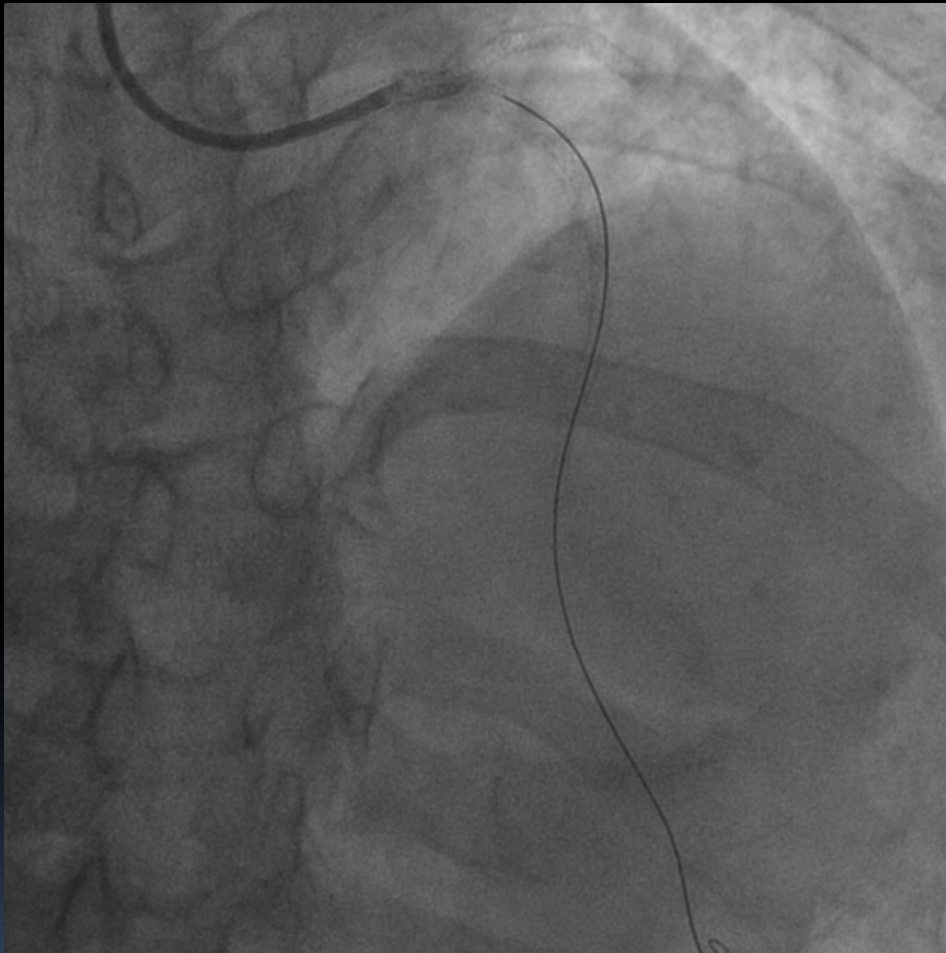


- Bur 1.5 150,000rpm/min

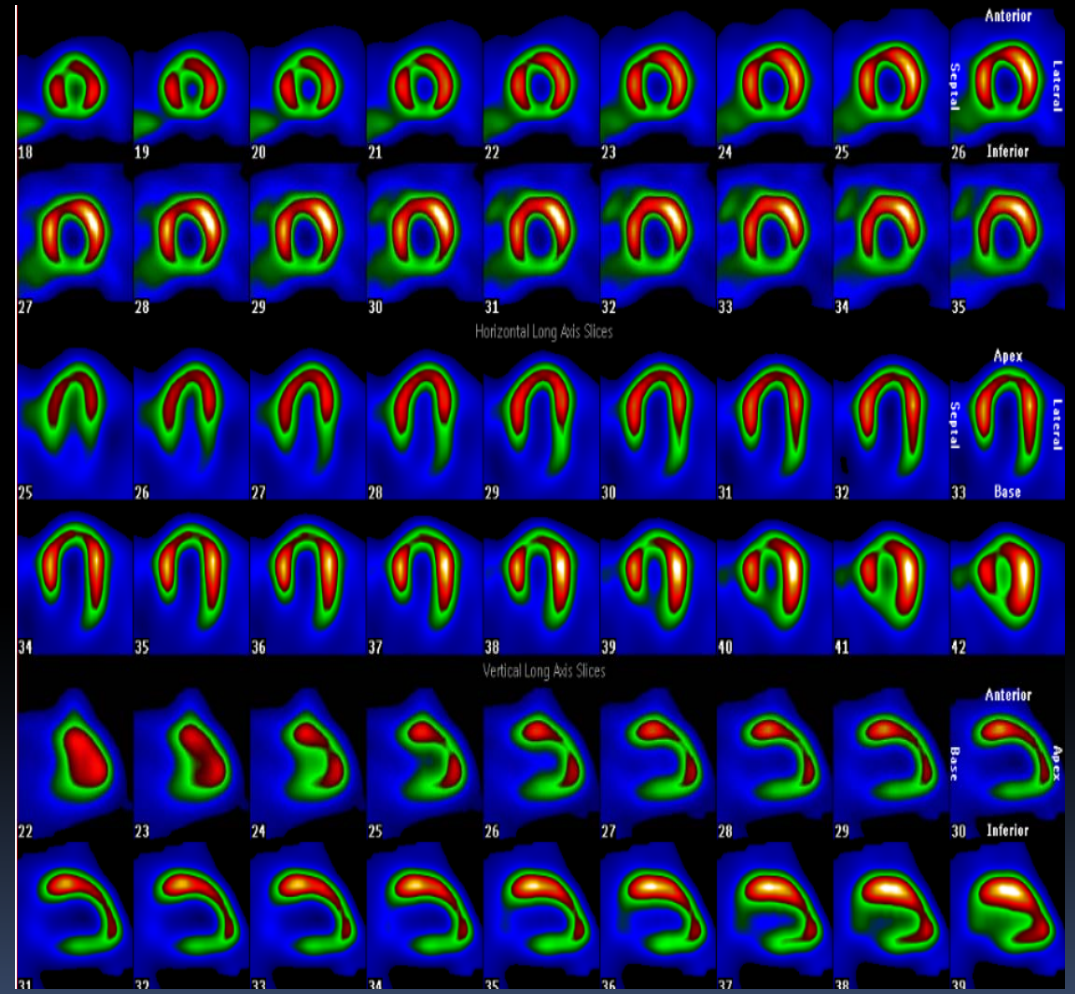
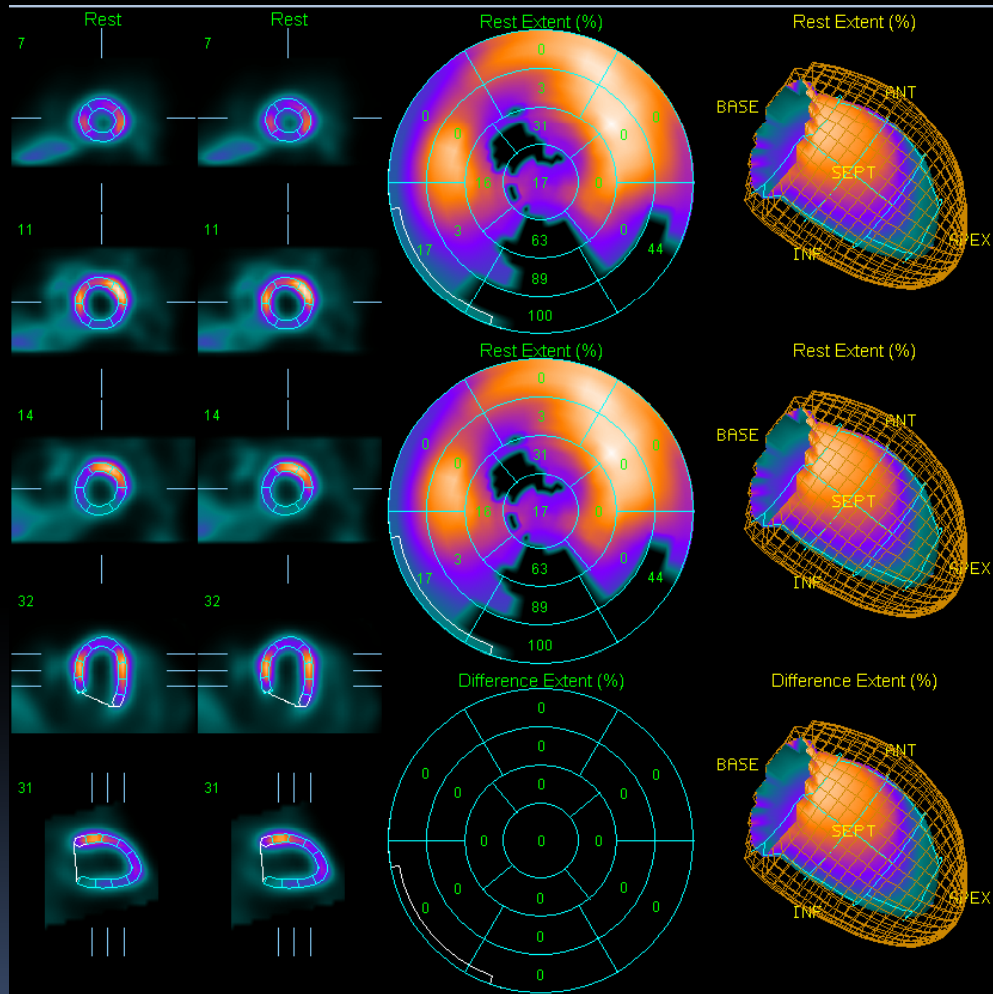


# Final Result

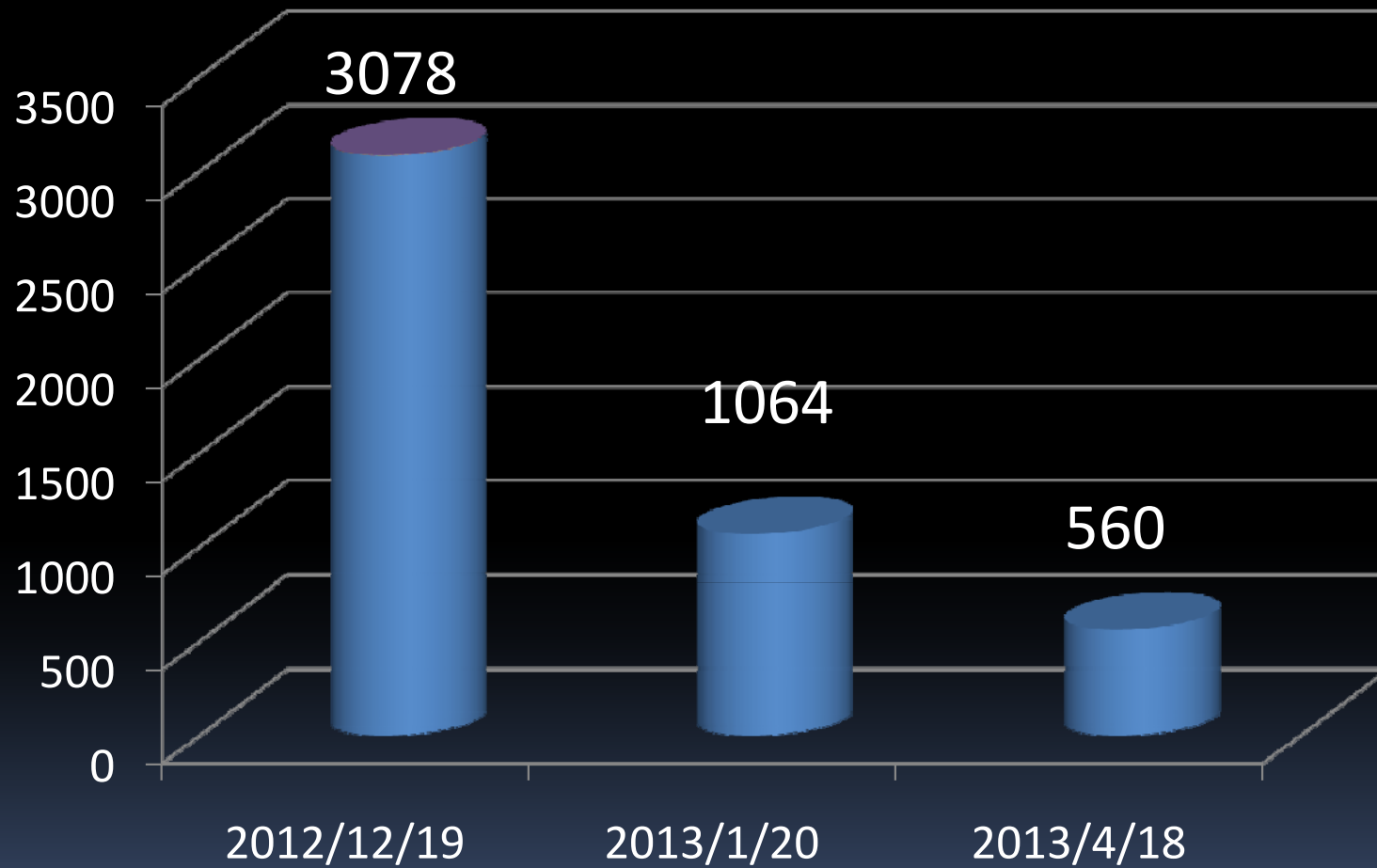
Final Result



# Follow-up (2013.4.18)



# NTpro-BNP

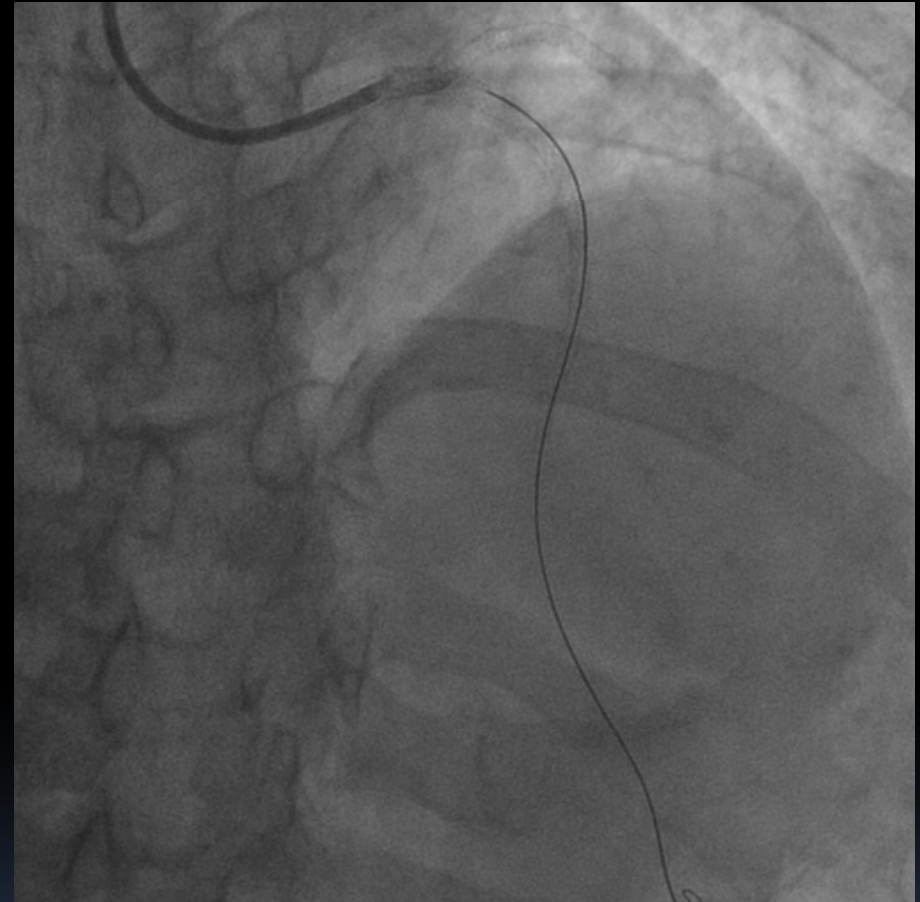


# Take Home Message

- Making strategy for multi-CTOs should base on patient, anatomy and technical issue
- Successful PCI for CTOs improves patient' s clinical outcome



# Question



- Should intervene RCA?
  - When and How ?





*Thank You!*

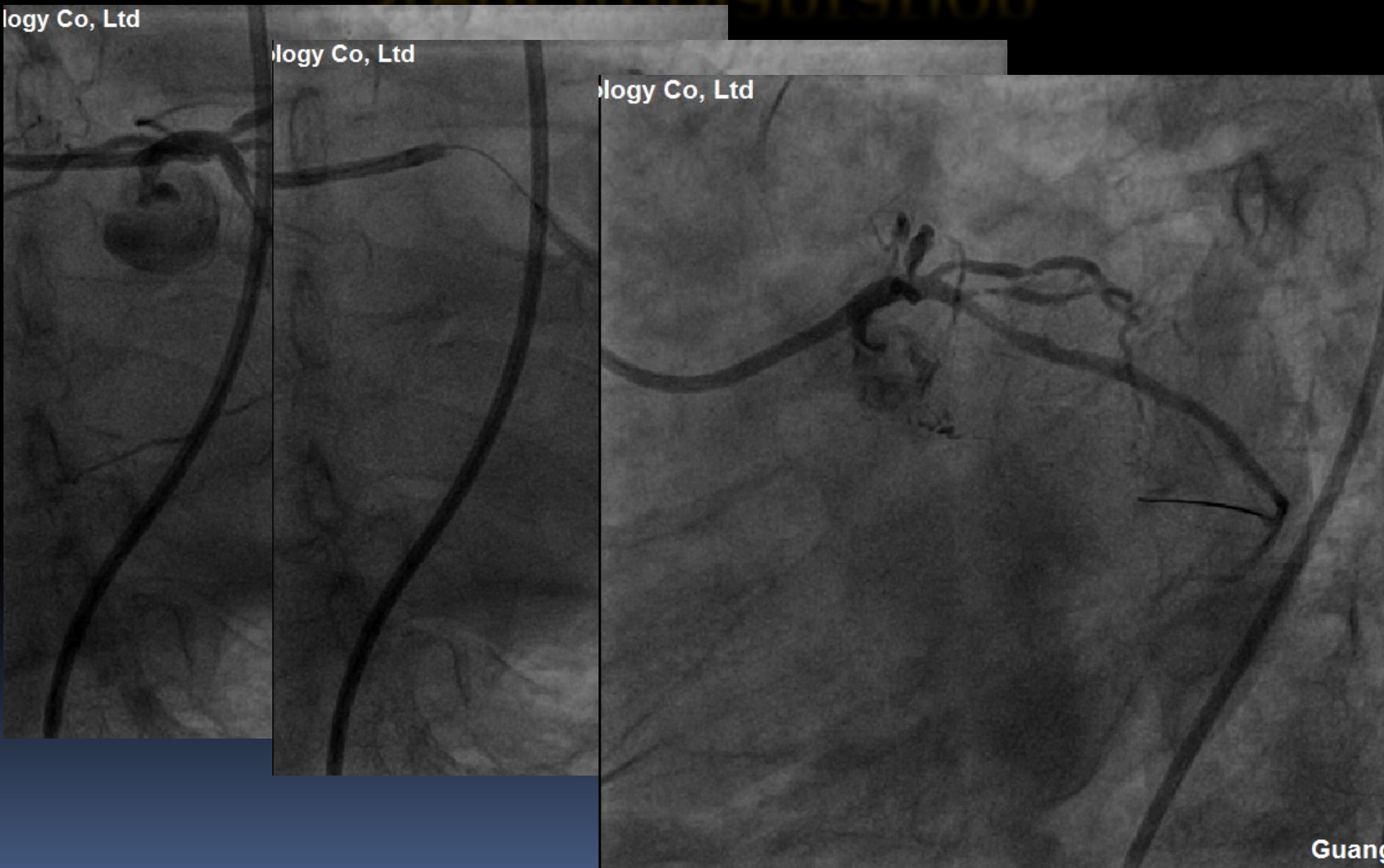


# Stent implantation

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