CONTRALATERAL ANCHORING TECHNIQUE (CAT) FOR INTERVENTION OF RIGHT CORONARY ARTERY ARISING FROM THE LEFT CORONARY VALSAVA

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Introduction

- Incidence of anomalous RCA arising from left sinus valsava : 0.05-0.1%
- Several report of the coronary intervention of this anomalous has been reported
- Proper choice of guiding catheter is essential for :
 - Optimize cannulation
 - Better support for intervention
- □ Guiding catheter : XB 4.0, JL 4.0, AL-1, MP1

□ Sometimes it quite frustated :

Cannulation

Could not give support

Time consuming

□ Tips and tricks :

Essential to make the procedure more easier

Case Report

- □ A 64 yo male with history of CAD
- □ In 2008 :
 - Coronary angiography via a. Radialis :
 - LAD stenosis 70% at proximal segment
 - RCA stenosis 90-95% discrete at mid segment
 - PCI : guiding AL-1 (could not cannulating RCA)
 - Change several guiding \rightarrow finally AL-3
 - Stent DES 3.5x14 mm at RCA, stent DES 3.5x23 mm at LAD

Problems

- Procedure time : 70 minutes
- □ Flurouscopy time : 25 minutes
- Used of several guiding catheter

TIME CONSUMING FRUSTATION !!!

- Patient came again 3 years later with angina on exertion.
- □ TMT positive
- □ Coronary CT :
 - Stent at LAD and RCA are patent
 - Stenosis significant at the distal RCA

Angiography (transradial)

Optitourqe



Angiography (transradial)

AL-1

Subtotal occlusion at RCA distal

How to cannulate the RCA

- Try to use XB
- □ Try to use AL1 or AL-3 (like previous PCI)

CAT

□ Try a different methods :



GW Rinato to LAD for anchoring



GW Sion to RCA but could not cross the subtotal occlusion at distal RCA



Very stable guiding support

Microcatheter Corsair







Final result

DES Biomatrix 2.5x28 mm, 8 atm



- Procedure time : 39 minutes
- □ Fluroscopy time : 16 minutes
- Pt was discharged the next day
- □ F-up 6 month
 - Symptoms free
 - TMT negative ischemic response
 - Echocardiography : EF 83%

Take home message

- Intervention for anomalous origin of RCA ostium from the left sinus valsava is very challenging.
- Cannulation and guiding support are very important for such cases.
- Using the technigue of CAT (Contralateral Anchoring Technigue) provide easy cannulation and better guiding support for the coronary intervention