Epicardial Collateral Artery Balloon Dilatation Facilitates Microcatheter Passing for a RCA CTO Case with Retrograde Approach

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History

- 78-year-old woman
- Exertional dyspnea for years, with past history of acute coronary syndrome
- EKG: QS pattern at V1-4
- Treadmill: positive

- 2011.9.12 PCI for RCA failed in other H.
- 2011.10.8 referred to our H.
LVG

Anterior
Inferior
walls
hypokinesia
PCI
2011.10.8

Antegrade: AL1 ST

Fielder FC
Conquest pro

Finecross 150
PCI
2011.10.8

Antegrade: Conquest in false lumen

Retrograde: via septal a.

SL3.5 7F
Even Finecross and Corsair were used in LAD at the same time, patient still asymptomatic.
Retrograde:
Via LCX epicardial collateral
Retrograde:

SL3.5 7Fr
Finecross 150

*Fielder FC*
*Sion Blue*
*Fielder XT*
Both Finecross and Corsair cannot pass the collateral, even ST01 was used.
Epicardial collateral dilatation with small balloon

No event occurred, then fine cross can cross.

Mini-Trek 1.2x10mm
2atm
Ante/retro kissing wire technique cross.

Ante: Conquest Pro

Retro: Miracle 3
Conclusion

- Epicardial collateral dilatation with small balloon is no more contraindication in CTO approach.
- Forceful advanced the Corsair may be working, but needed more experience for operator.
- After dilatation, Finecross is the first choice for collateral re-crossing.