



Angioplasty Summit 2008, Seoul
2008/4/24 1115-1130 Symposium Arena
Euro – Asia CTO Club

HeartCT guided CTO-PCI

Satoru Sumitsuji MD FACC.

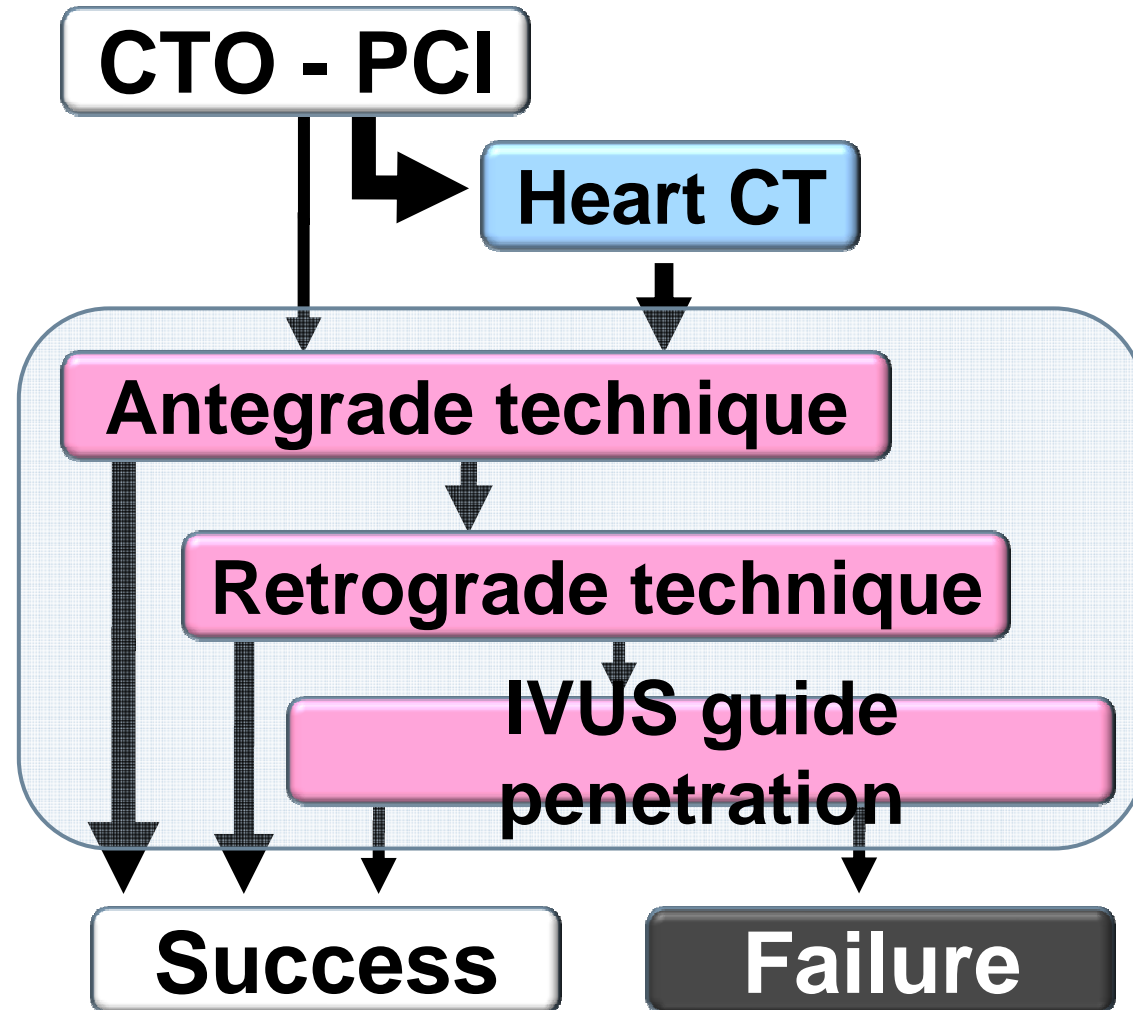
Director of Heart Center, Tokushukai Hospital

Associate Professor, ACT of Osaka University

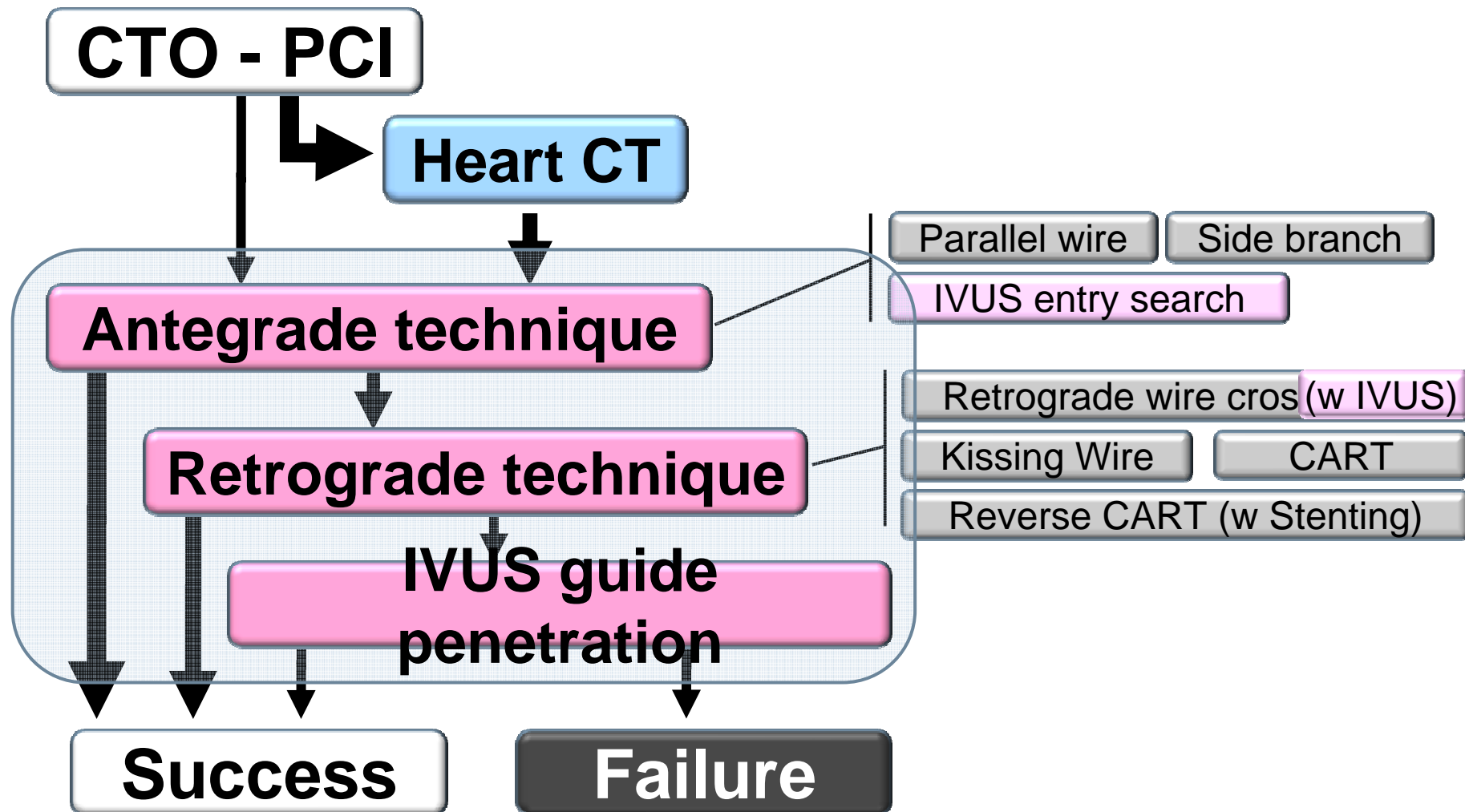
My schedule in TCT-Asia

Date↕	Time↕	Place↕	Session↕	Subject↕	Title↕	Role↕
April 23, 2008↕	3:30 PM ~ 4:30 PM↕	Coronary Arena↕	[Coronary Arena] Intensive Live Case Session 1↕	Live Case Transmission from Toyohashi Heart Center, Japan↕	↕	Discussant↕
April 24, 2008↕	11:15 AM ~ 11:30 AM↕	Symposium Arena↕	Euro-Asia CTO Club↕	↕	Cardiac CT Guided CTO Intervention↕	Lecturer↕
April 25, 2008↕	07:10 AM ~ 07:20 AM↕	Room 2-3↕	Breakfast Meetings - Meet the Experts: Mini-Lectures and Case Discussions↕	#10. Physiology & Imaging: IVUS, CT, OCT, and FFR↕	Imaging Supported Complex PCI: Heart CT and IVUS↕	Lecturer↕

My CTO-PCI strategy (2008/4)



My CTO-PCI strategy (2008/4)

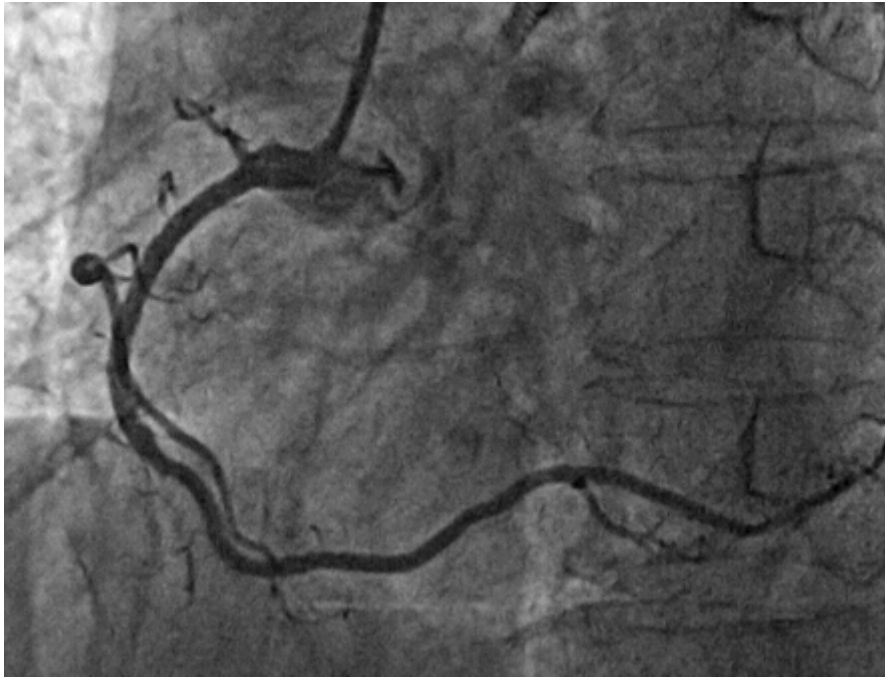


Advantages of Heart CT for CTO-PCI

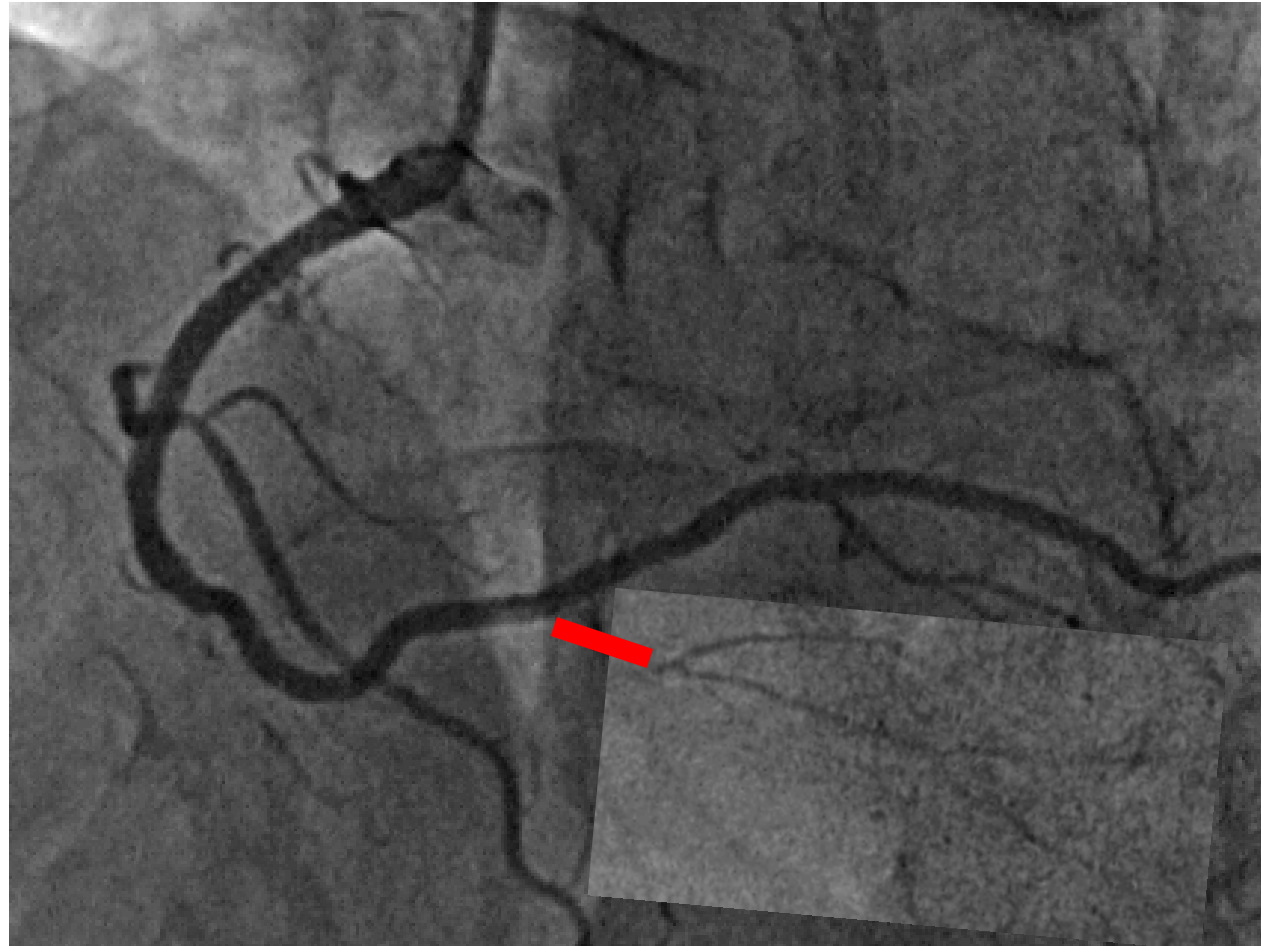


- With using Heart CT, we can get information of
 1. Position of entry point
 2. Length, size, tortuous in occluded segment
 3. Plaque character including Calcium
 4. Best projection angle

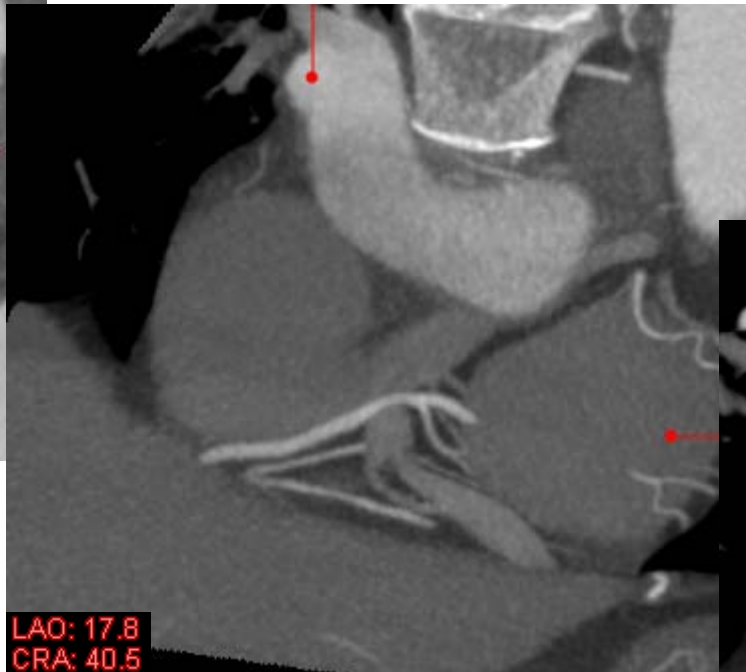
Case 1



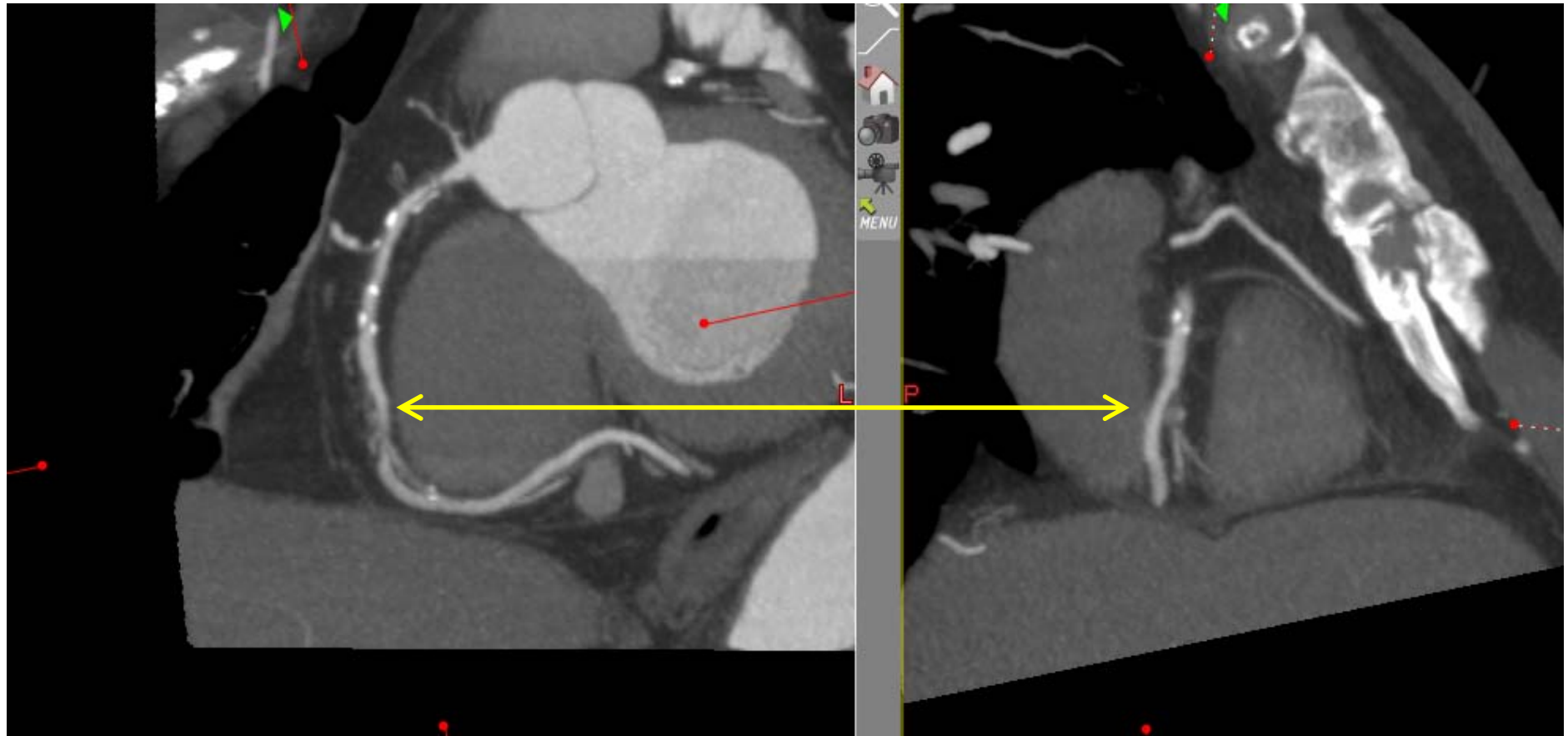
HCT supported CTO-PCI



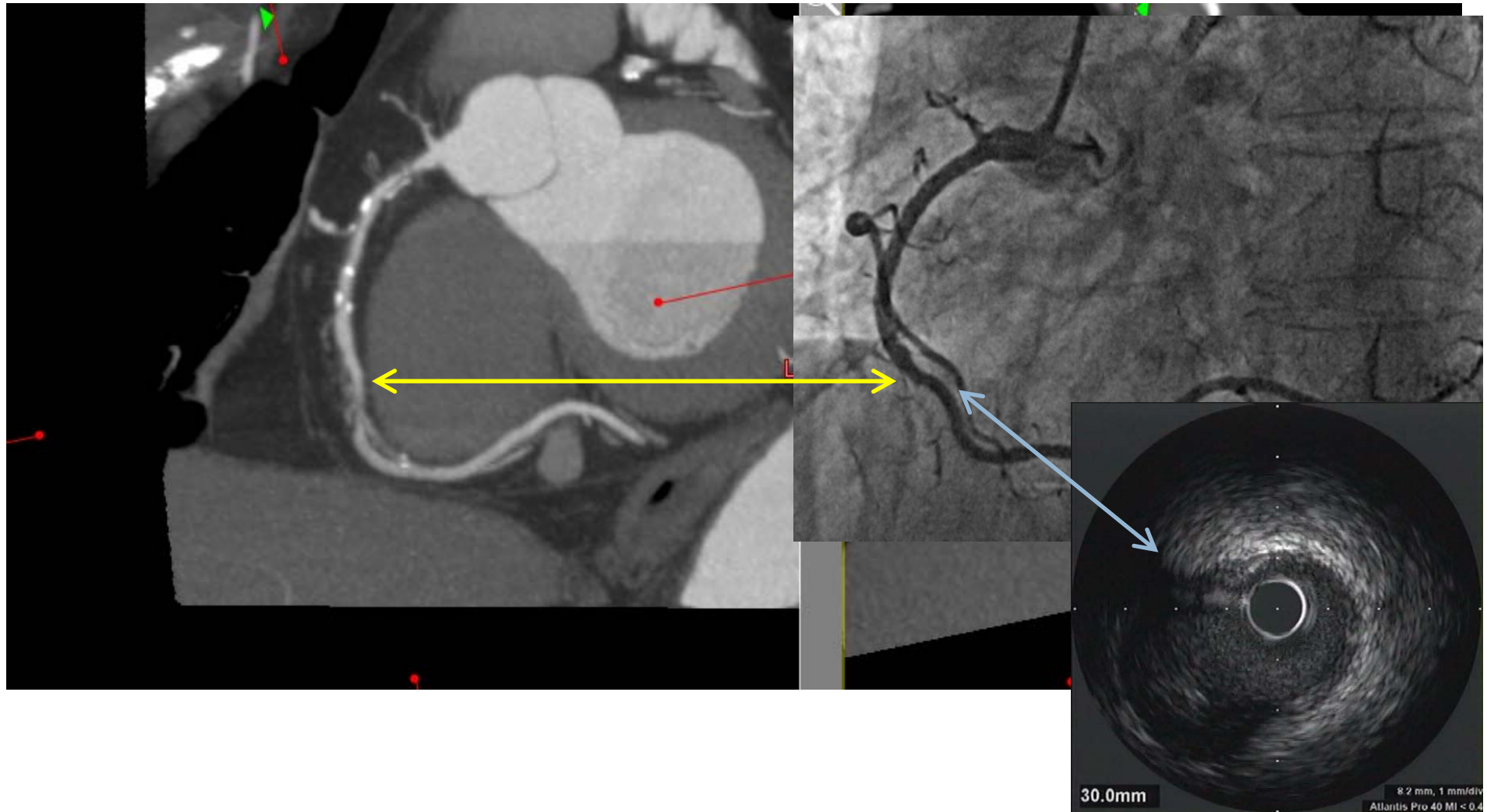
HCT supported CTO-PCI



HCT supported CTO-PCI



HCT supported CTO-PCI



HCT supported CTO-PCI



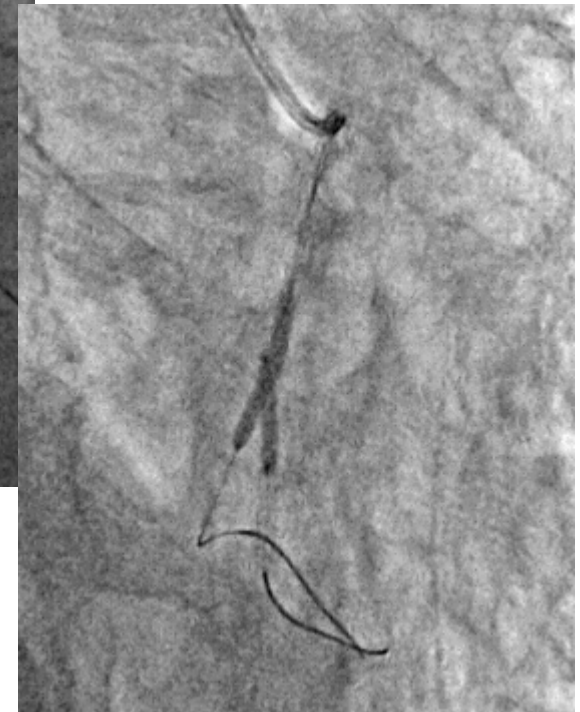
Wiring started with usual RAO view (RAO 40), however HCT showed better angle RAO50 CAU10.



HCT supported CTO-PCI



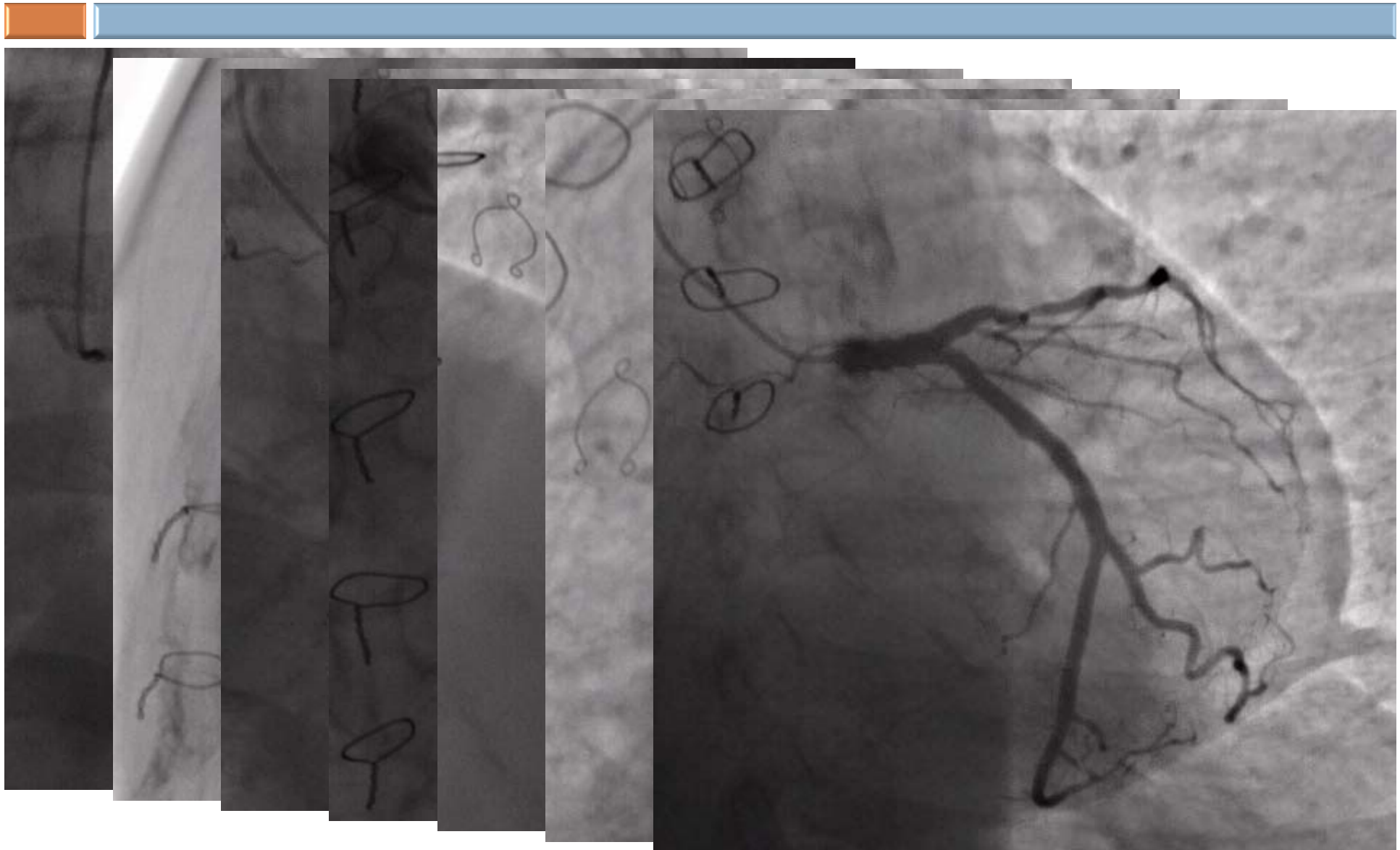
HCT supported CTO-PCI



HCT supported CTO-PCI



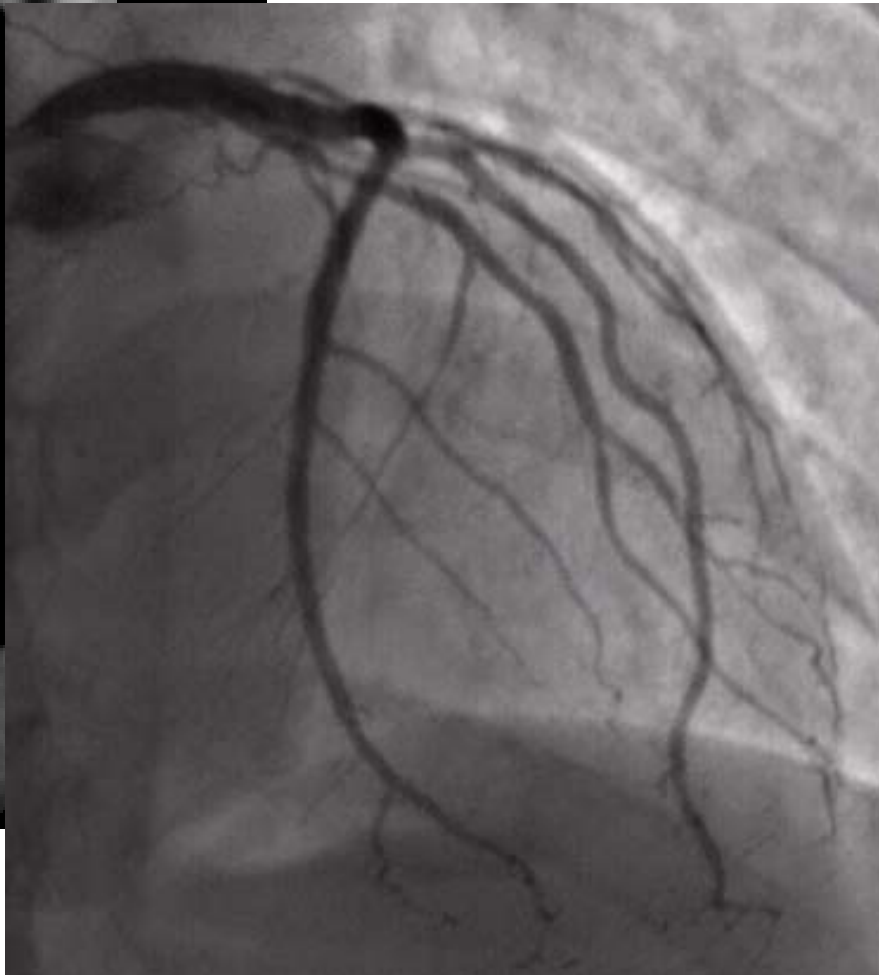
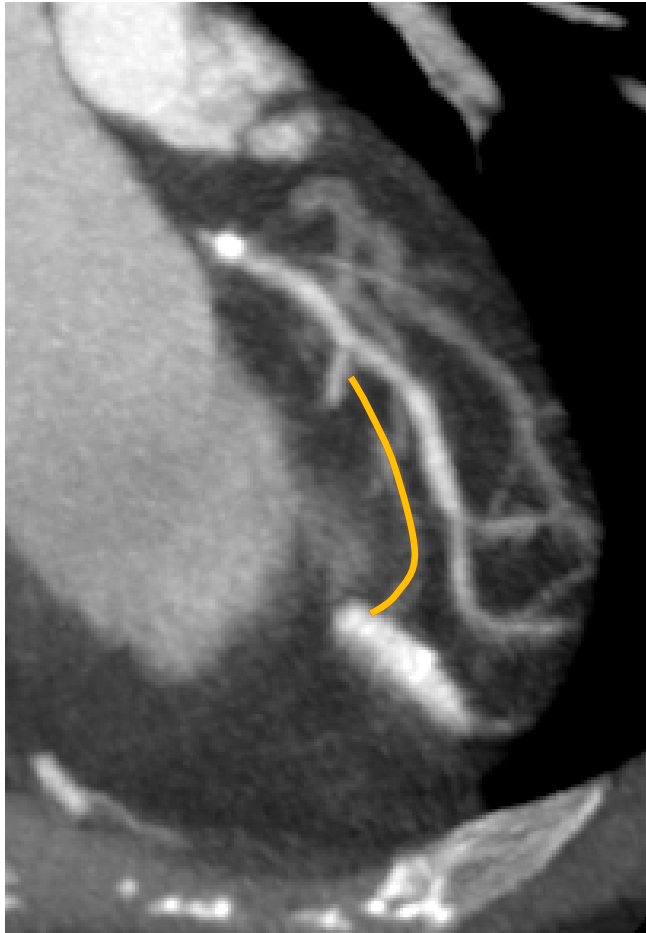
Case 2



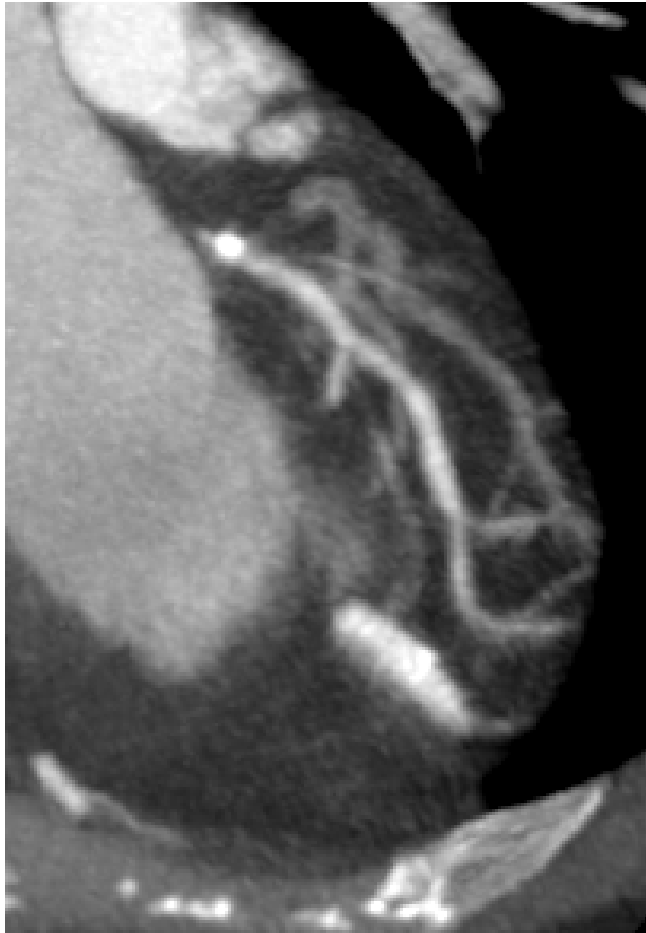
Case 2



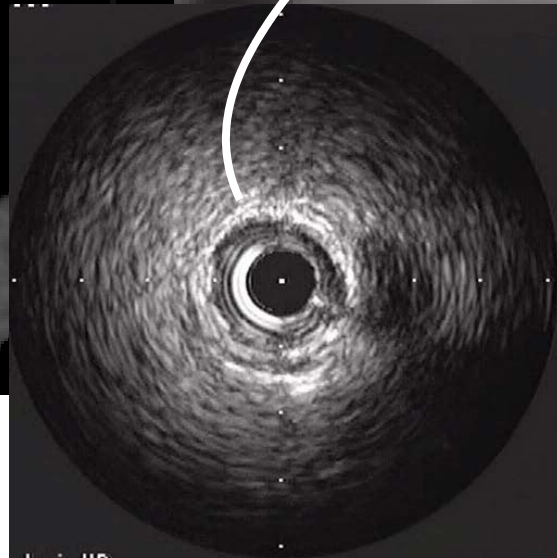
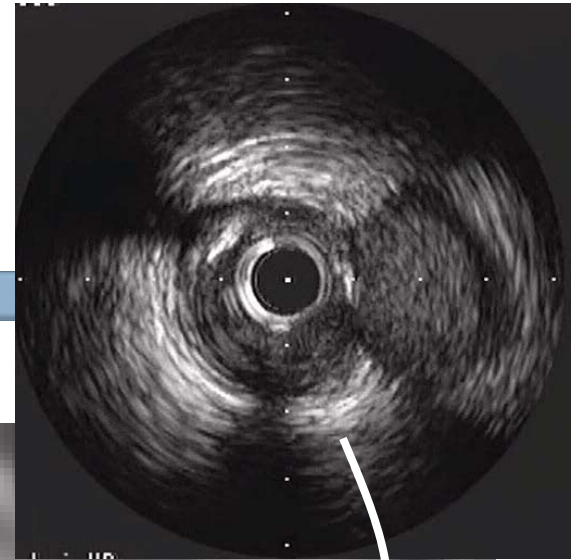
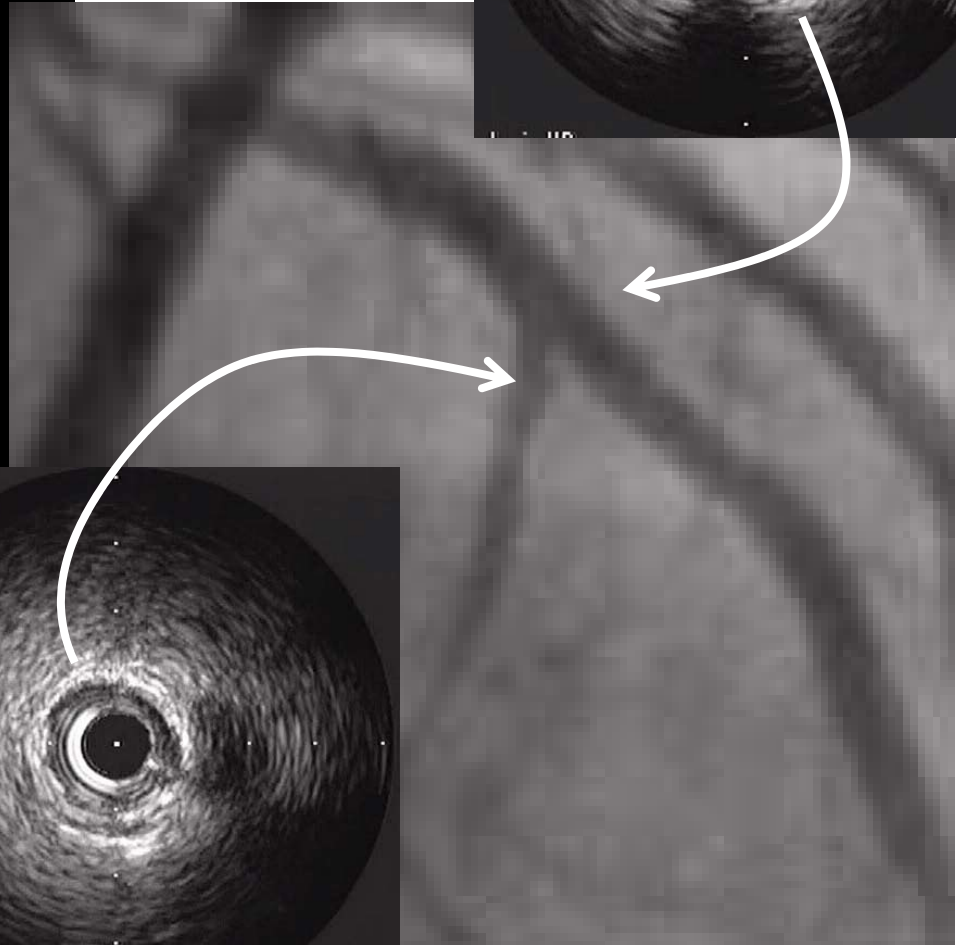
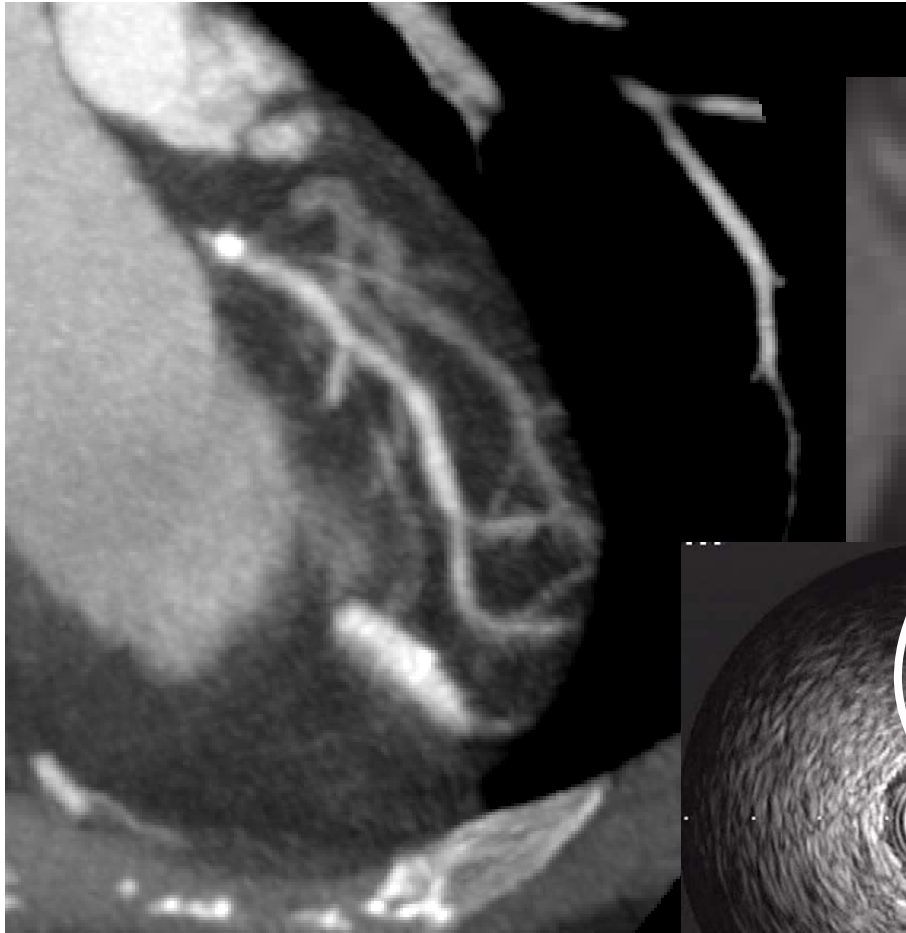
Invisible CTO



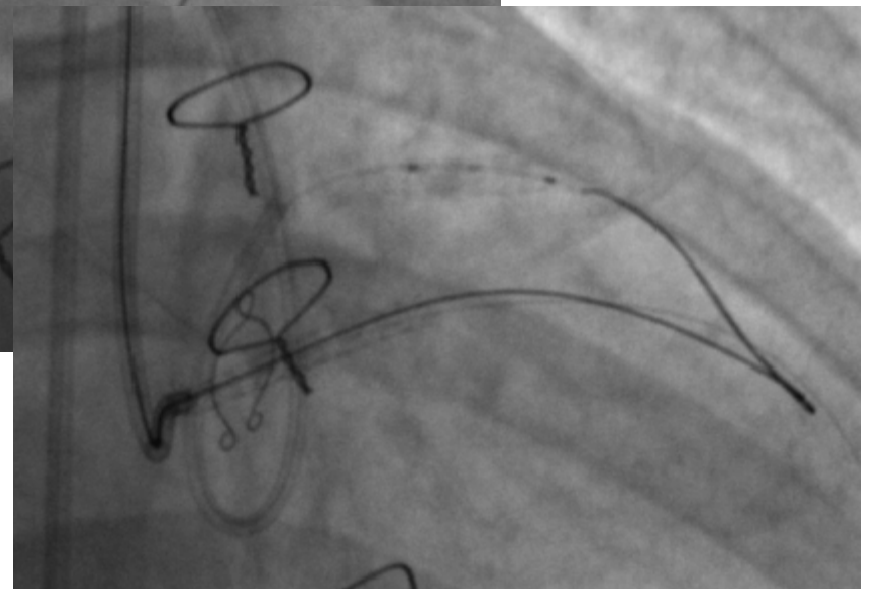
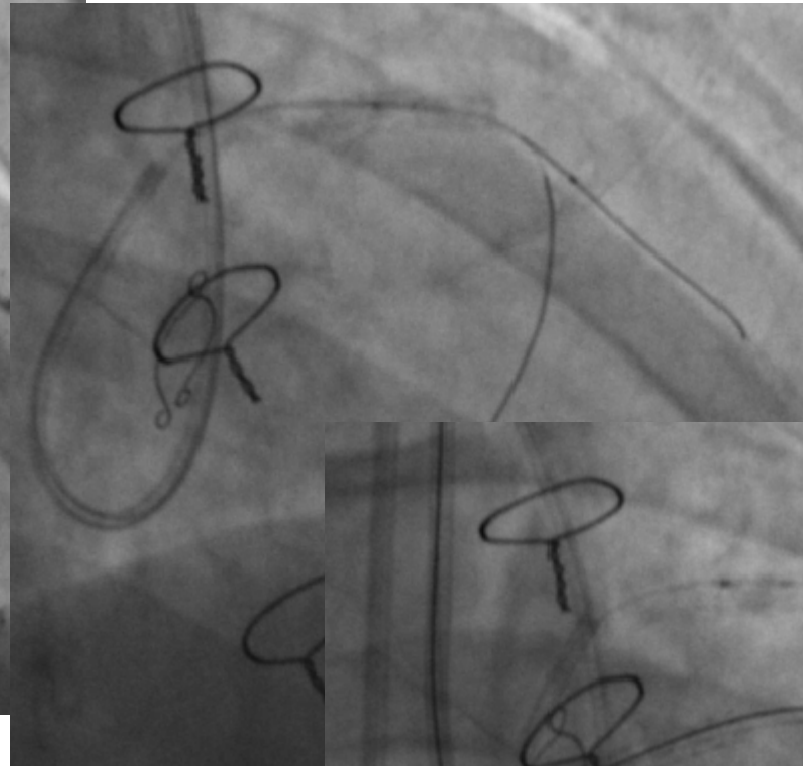
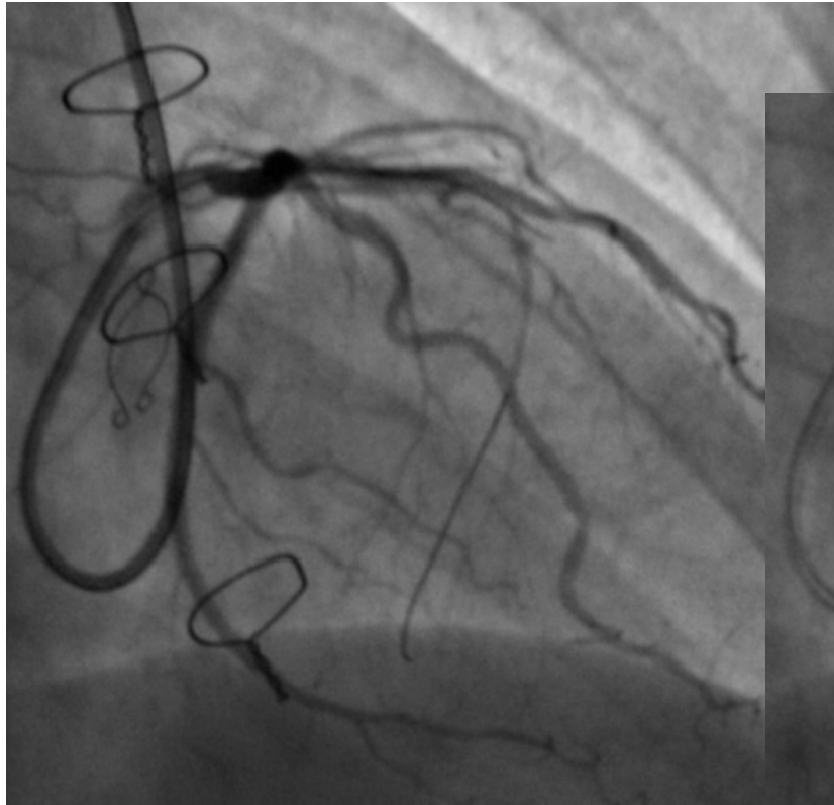
Invisible CTO



Invisible CTO



Invisible CTO



Case 3



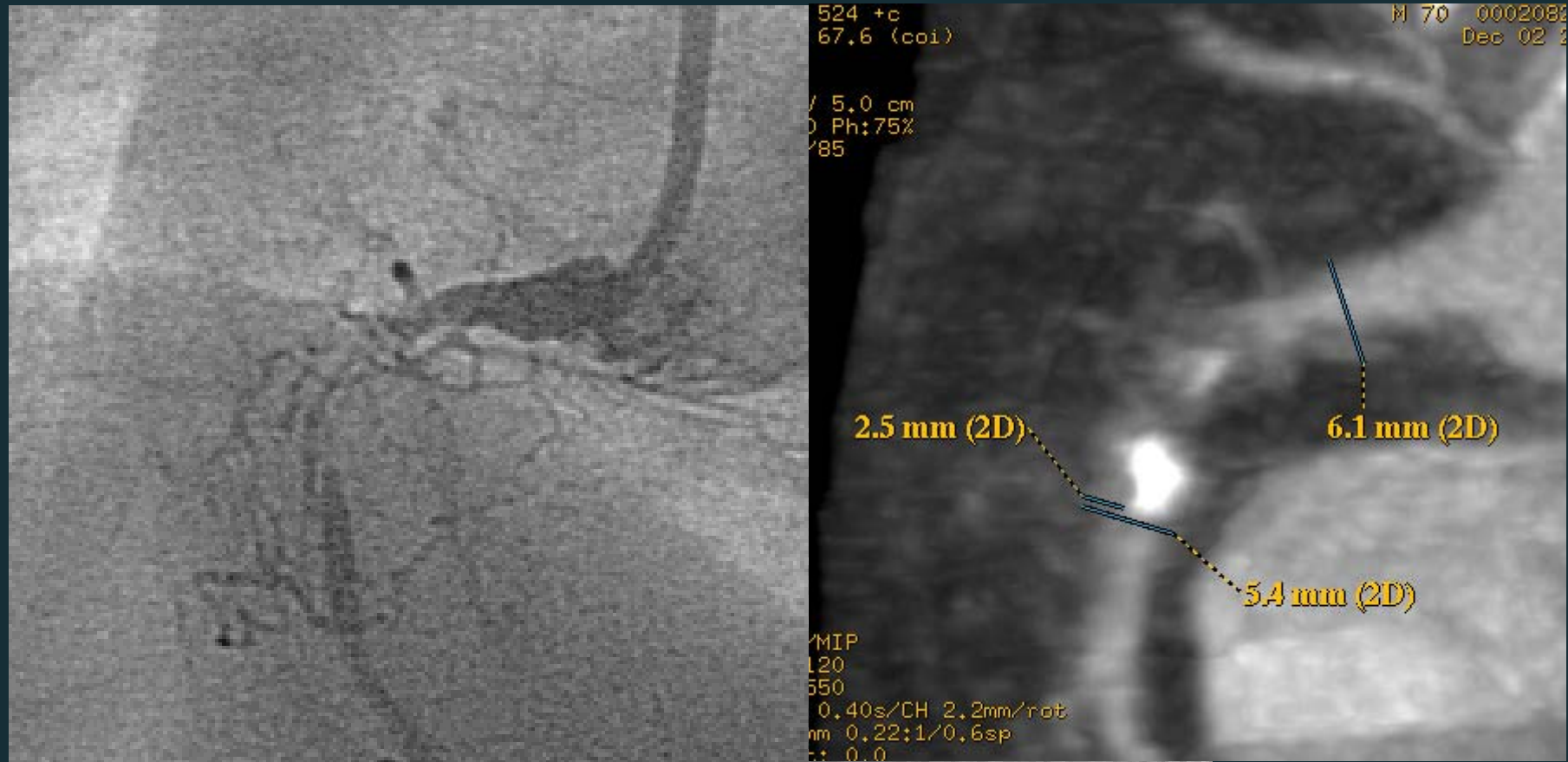
RGMC: 0412043 & 0502022



Case; CT made CTO more easier



Case; CT made CTO more easier

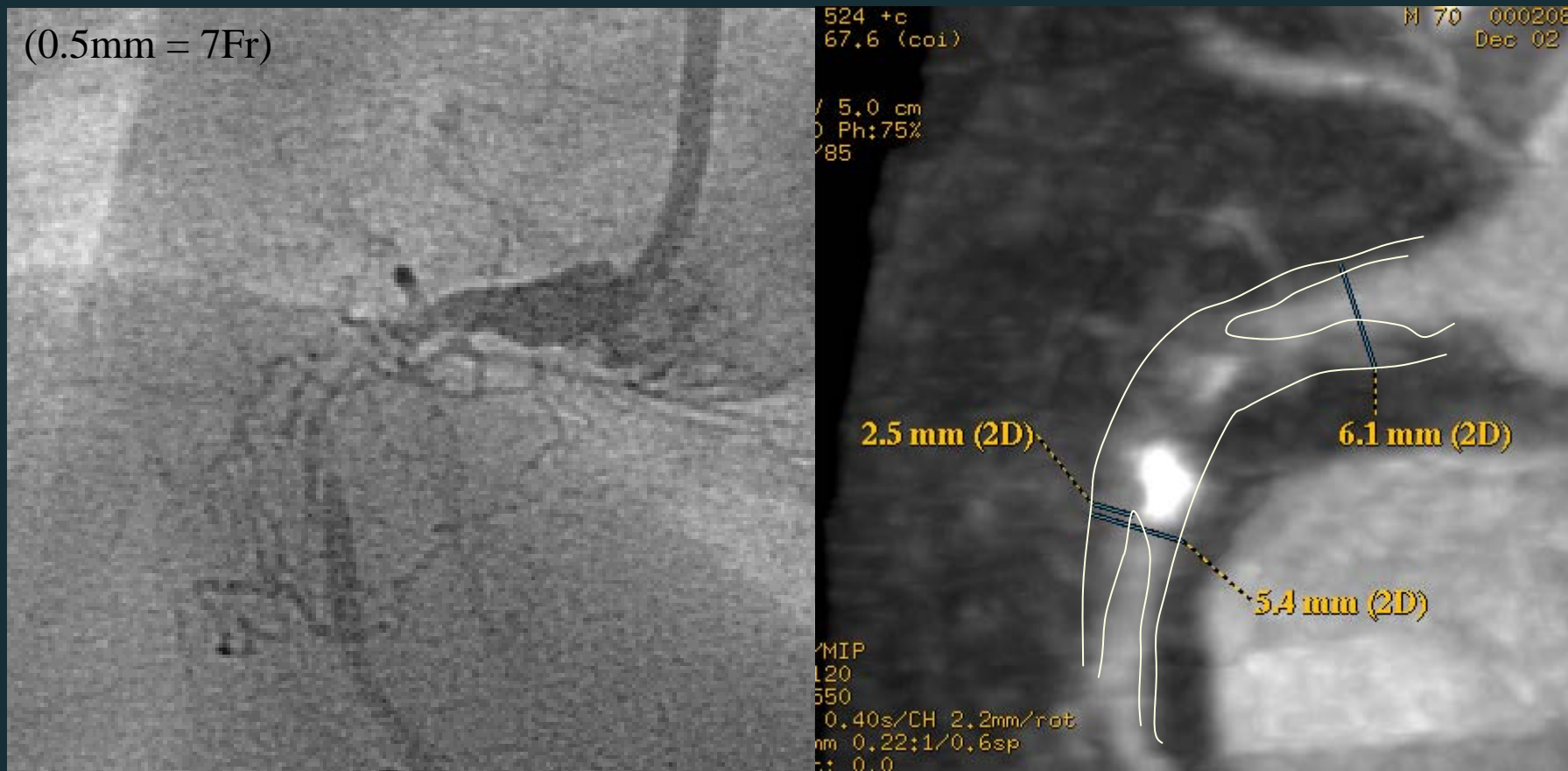




CTO PCI with MSCT

true route determination

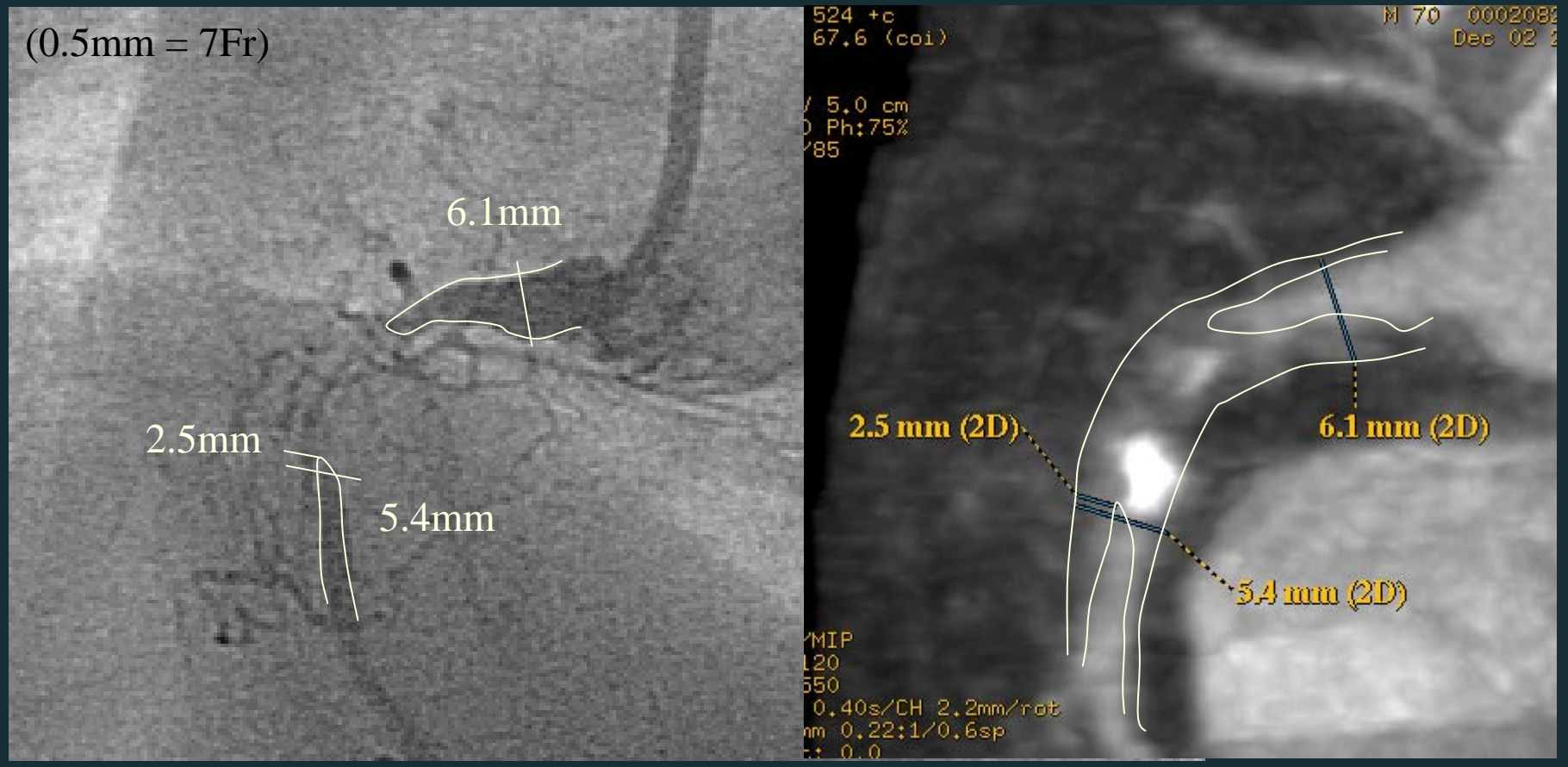
(0.5mm = 7Fr)





CTO PCI with MSCT

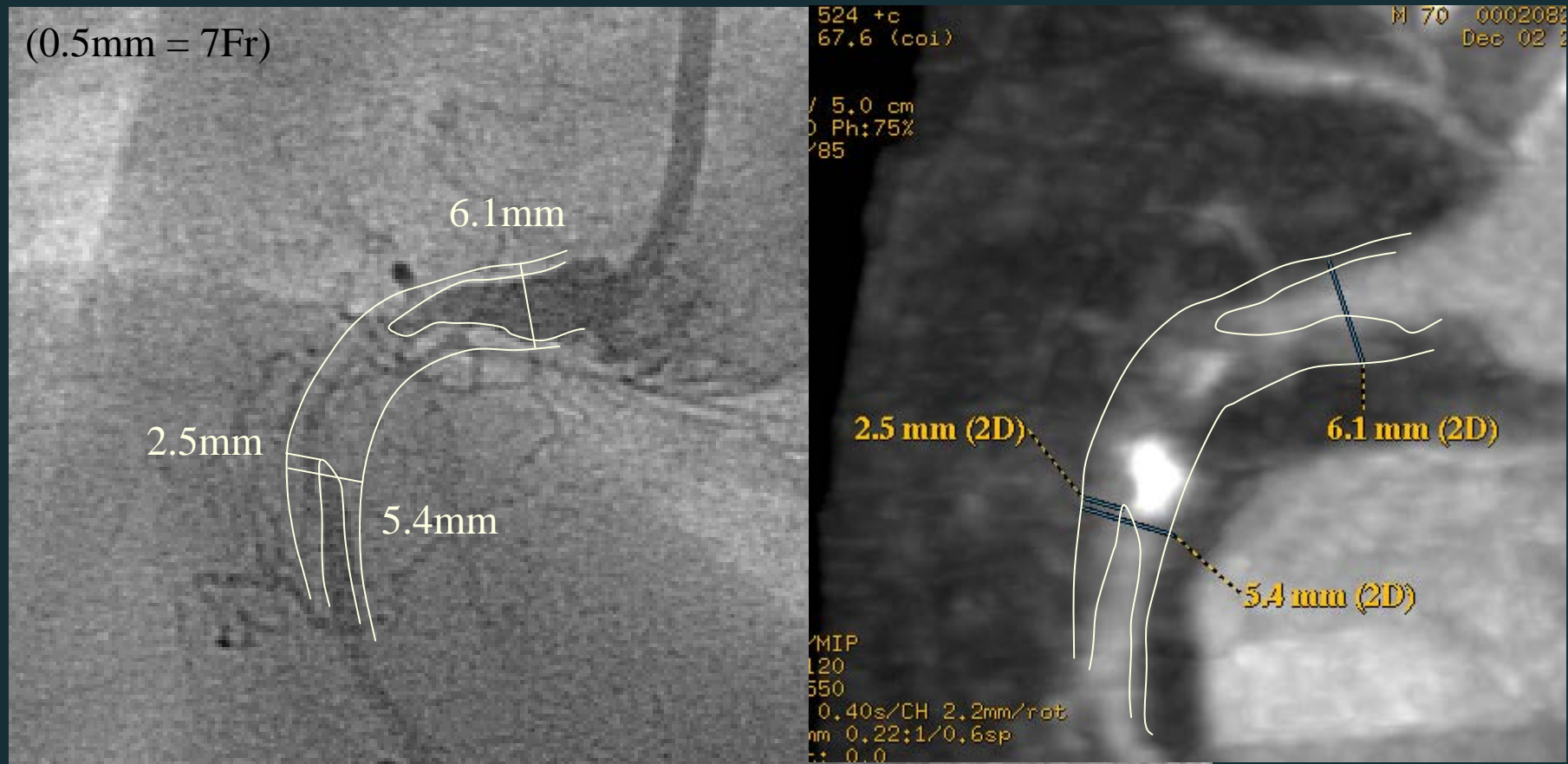
true route determination





CTO PCI with MSCT

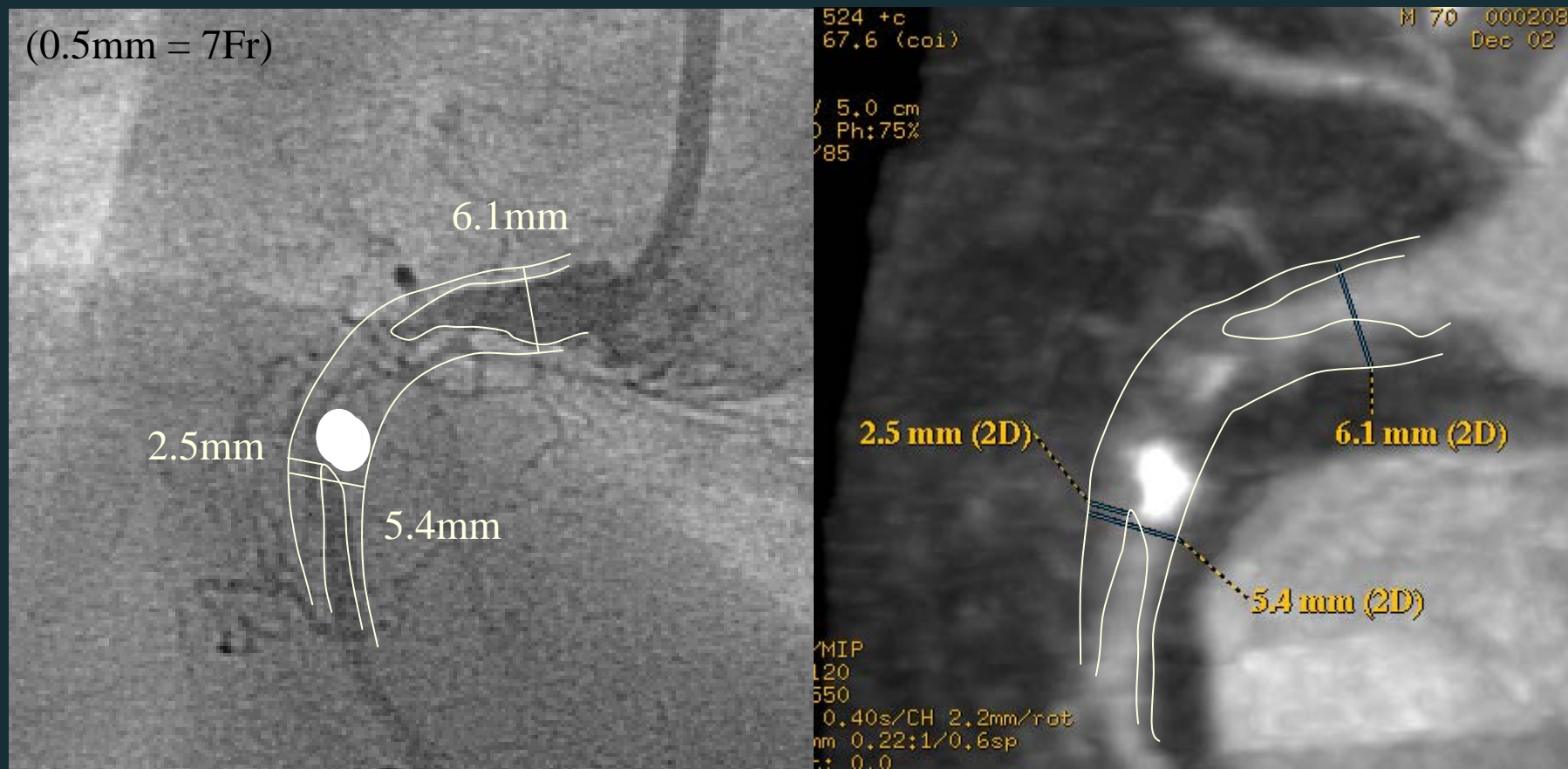
true route determination





CTO PCI with MSCT

true route determination



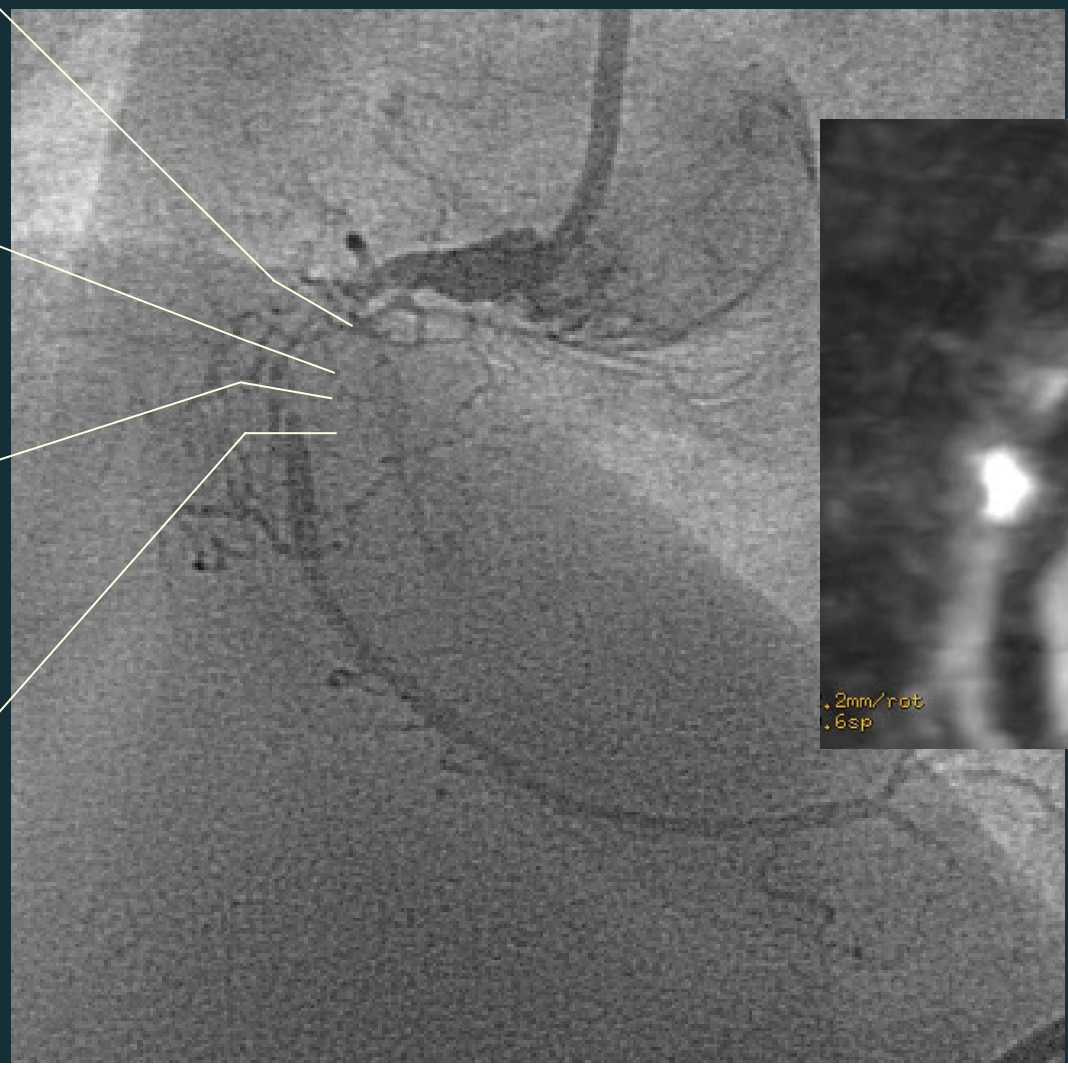
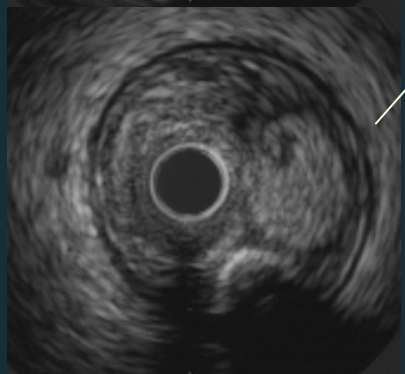
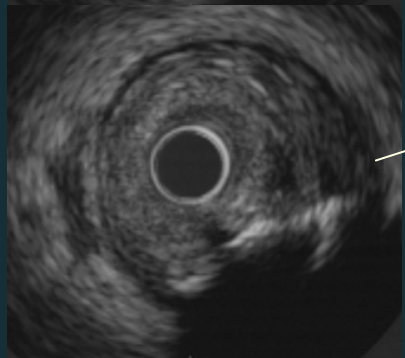
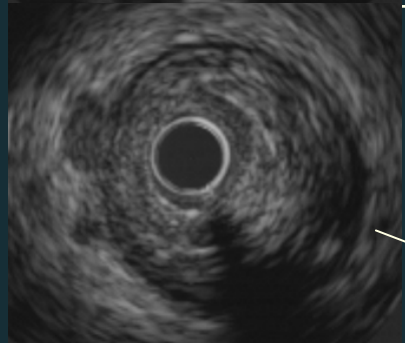
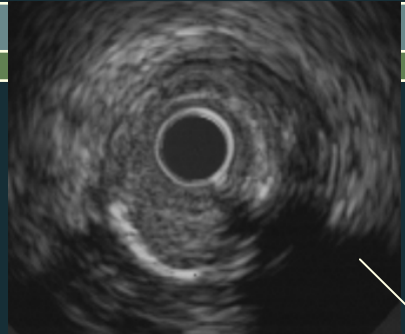
Case; CT made CTO more easier



RGMC: 0412043 & 0502022

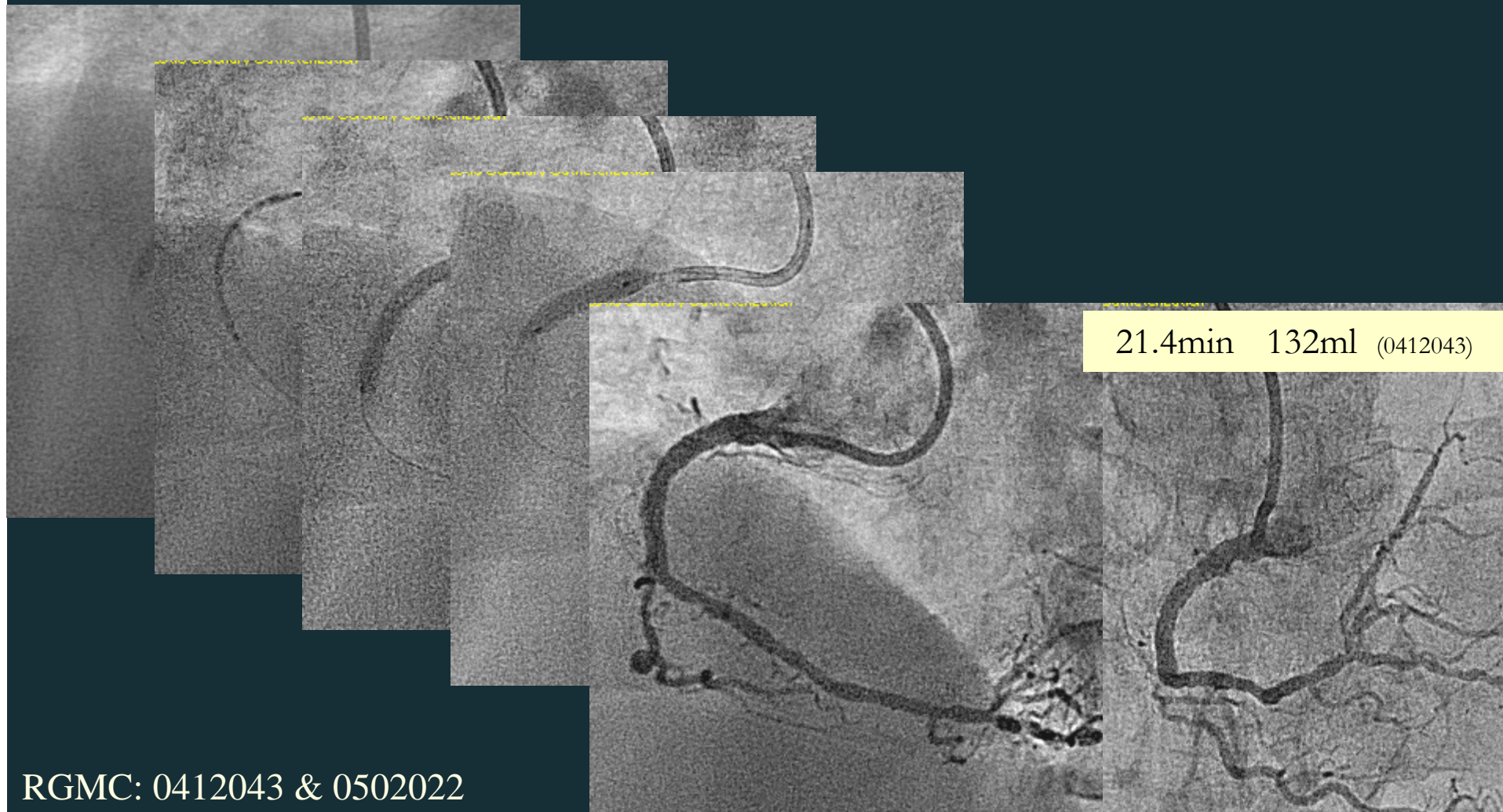


Case; CT made CTO more easier



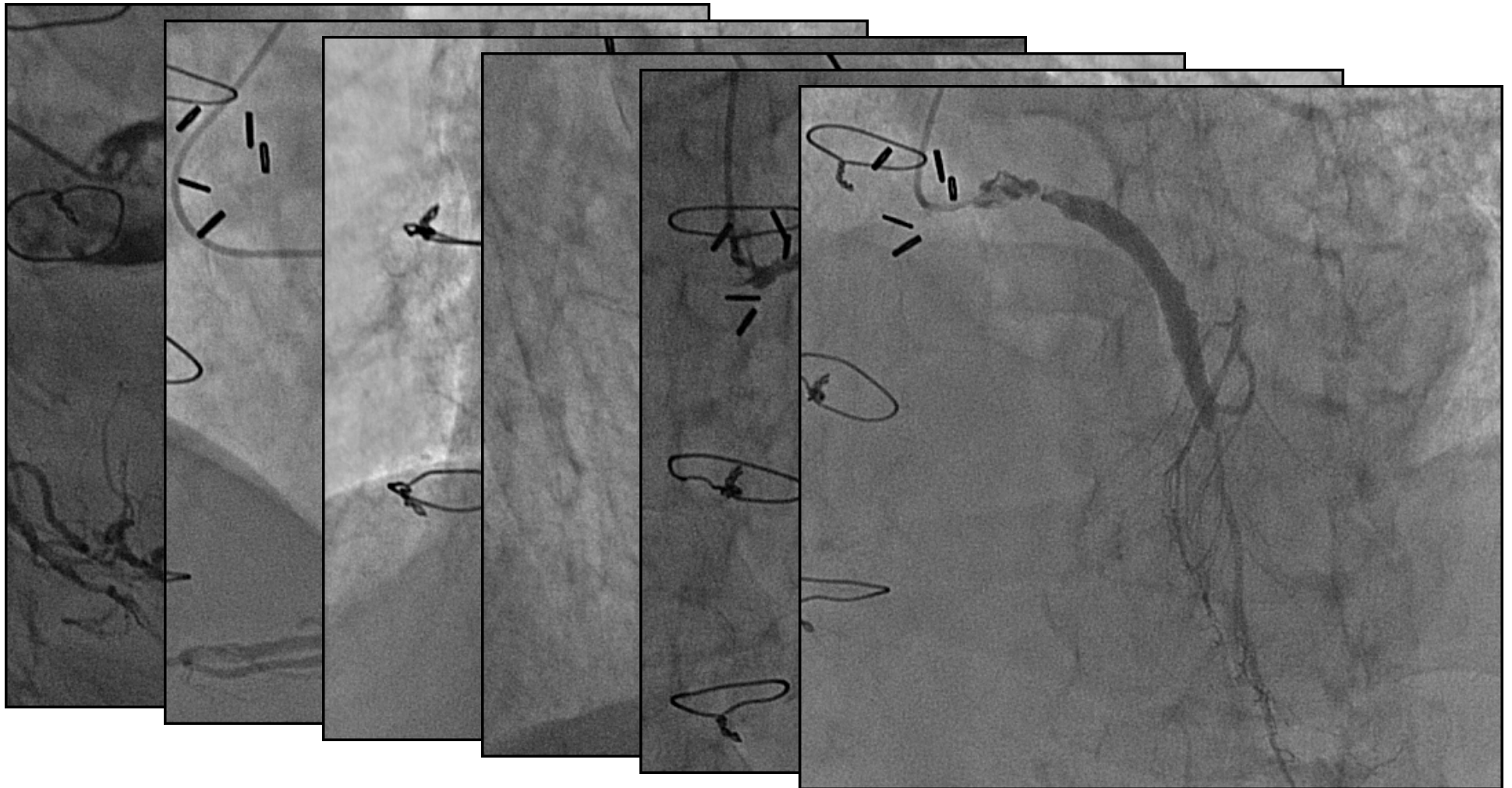


Case; CT made CTO more easier

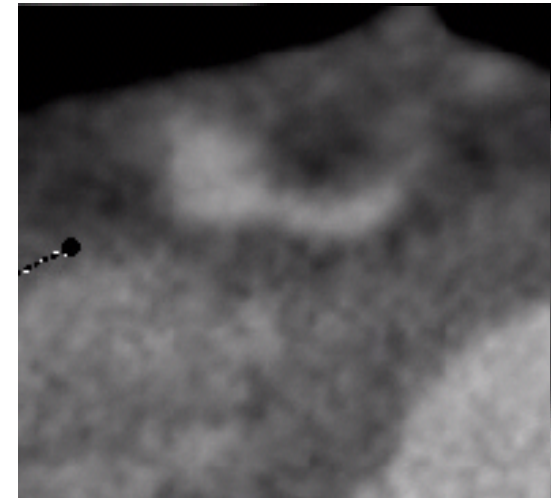
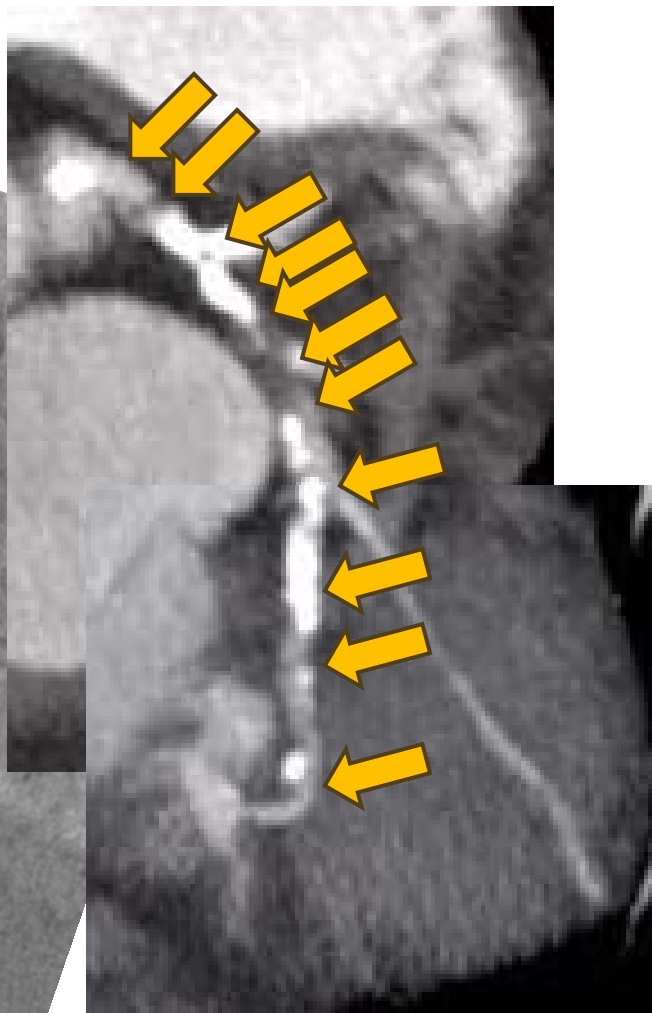
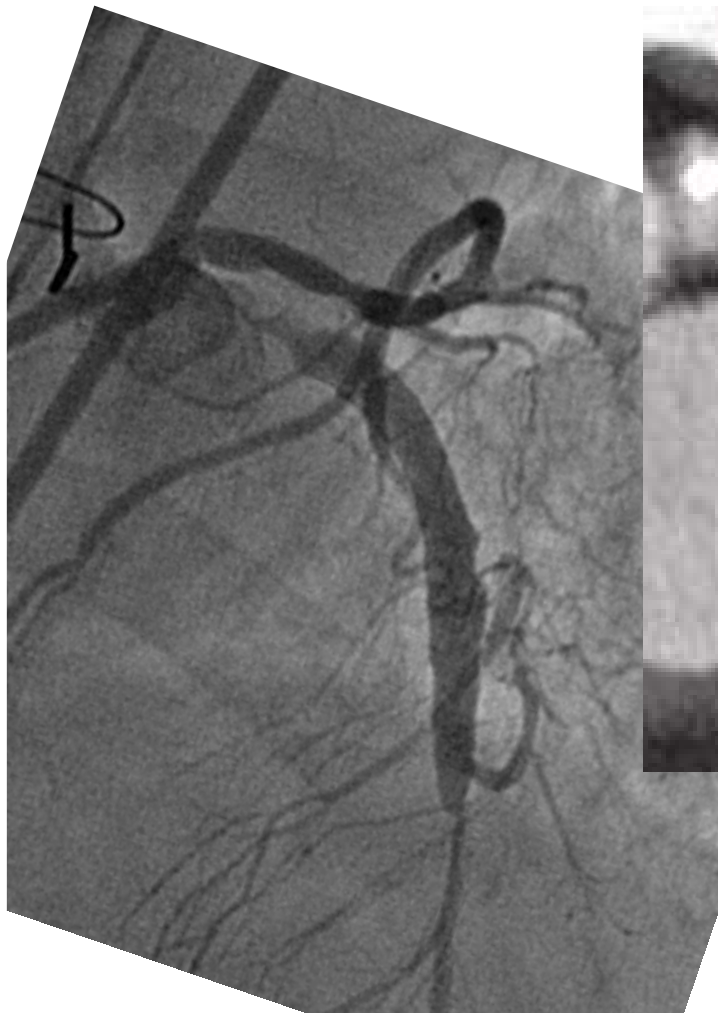


RGMC: 0412043 & 0502022

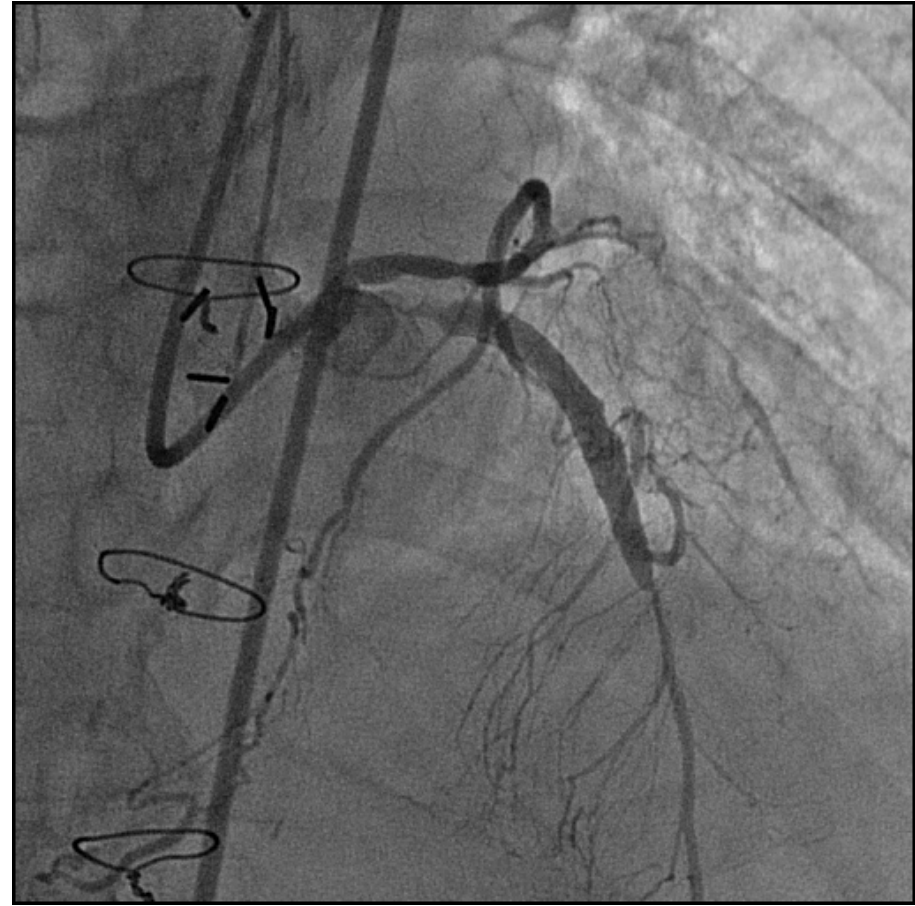
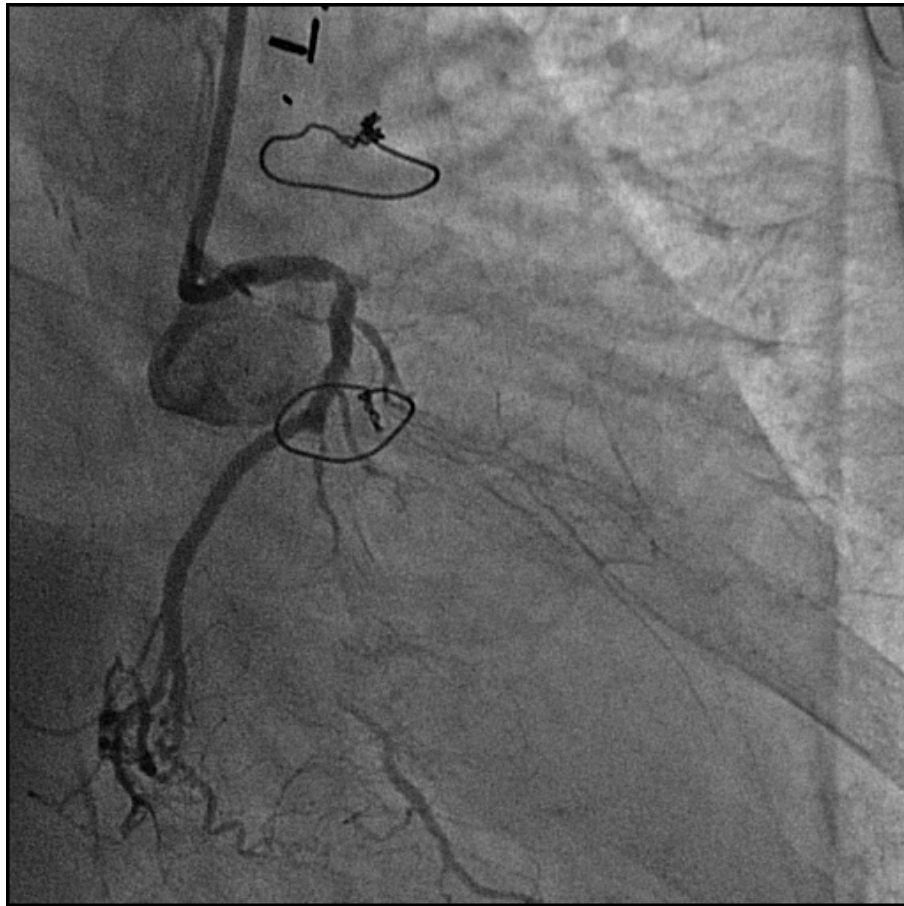
Case 4



Heart CT



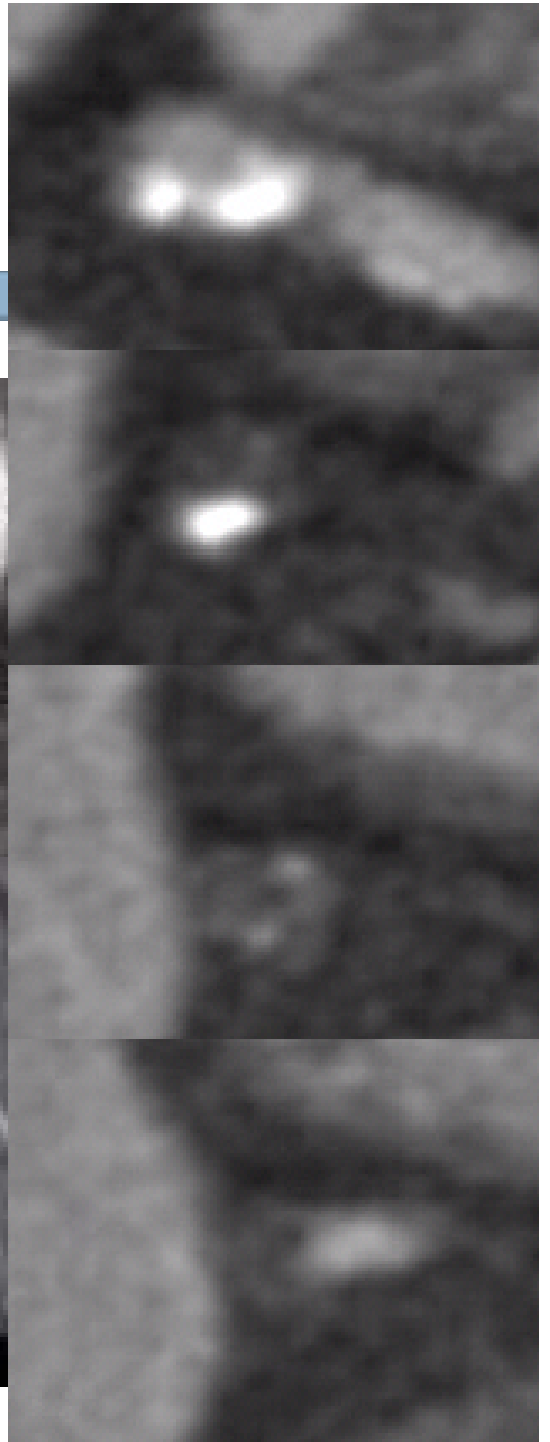
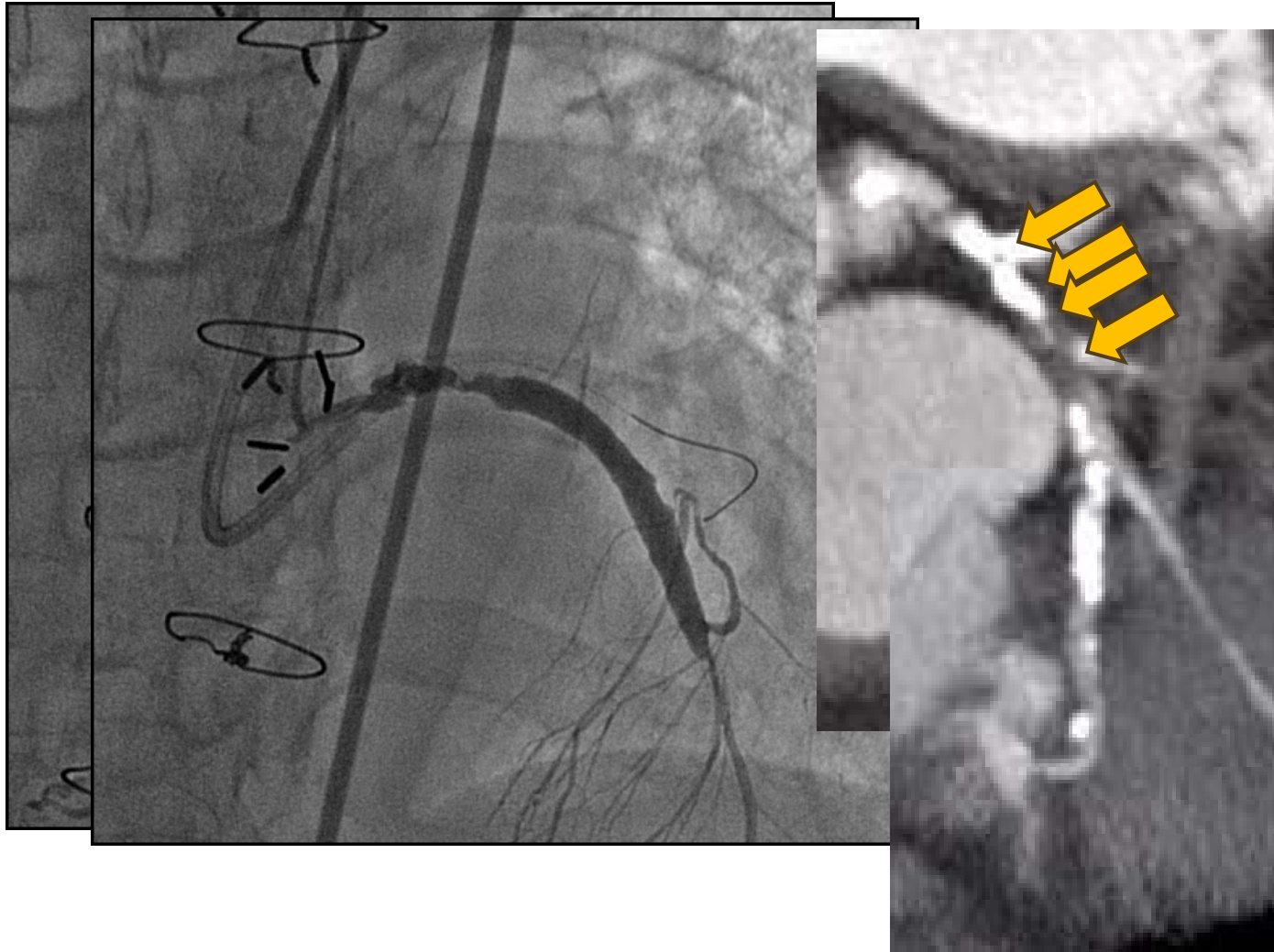
Stage1 CTO-PCI for LAD (1)



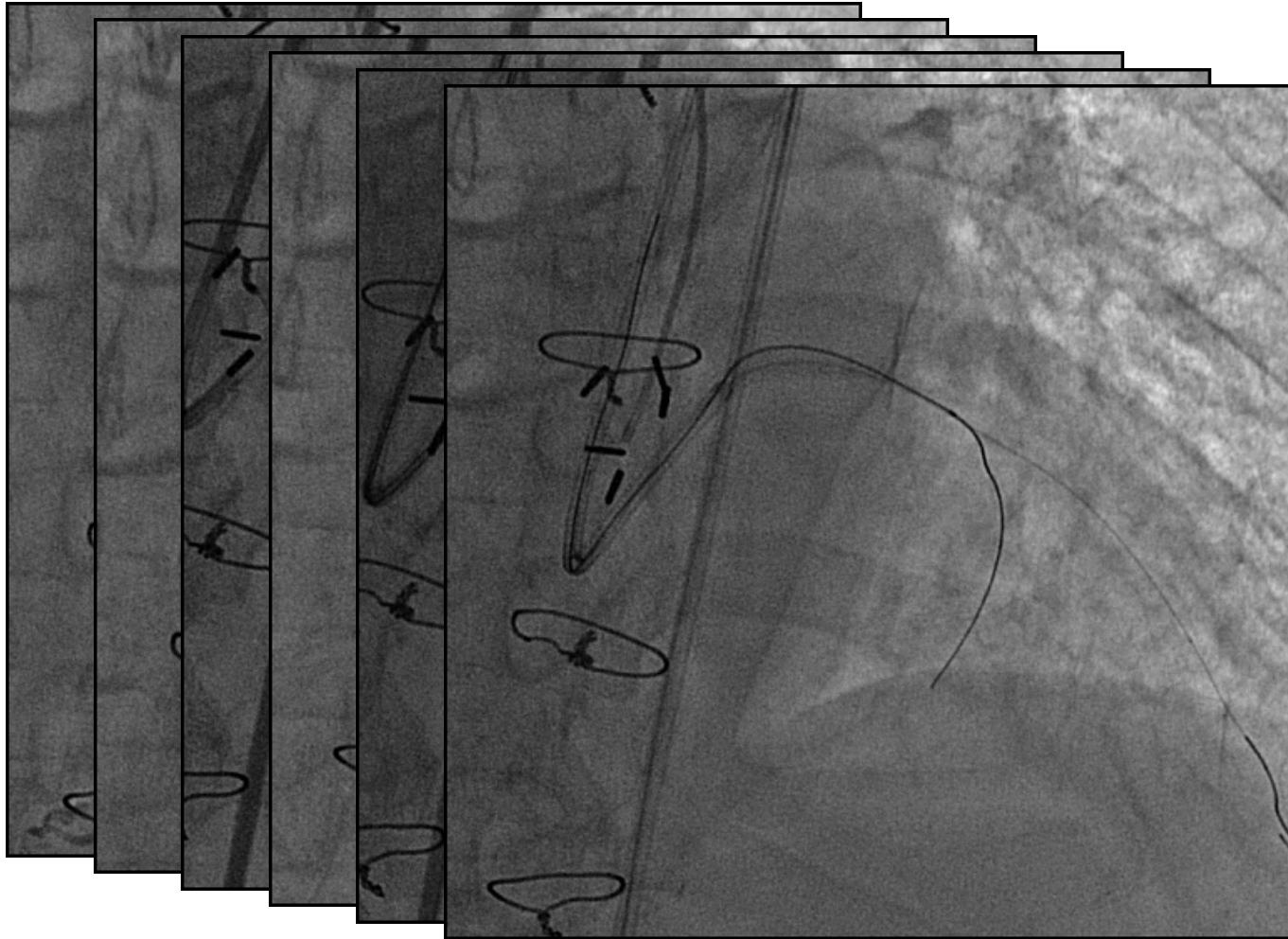
Stage1 CTO-PCI for LAD (1)



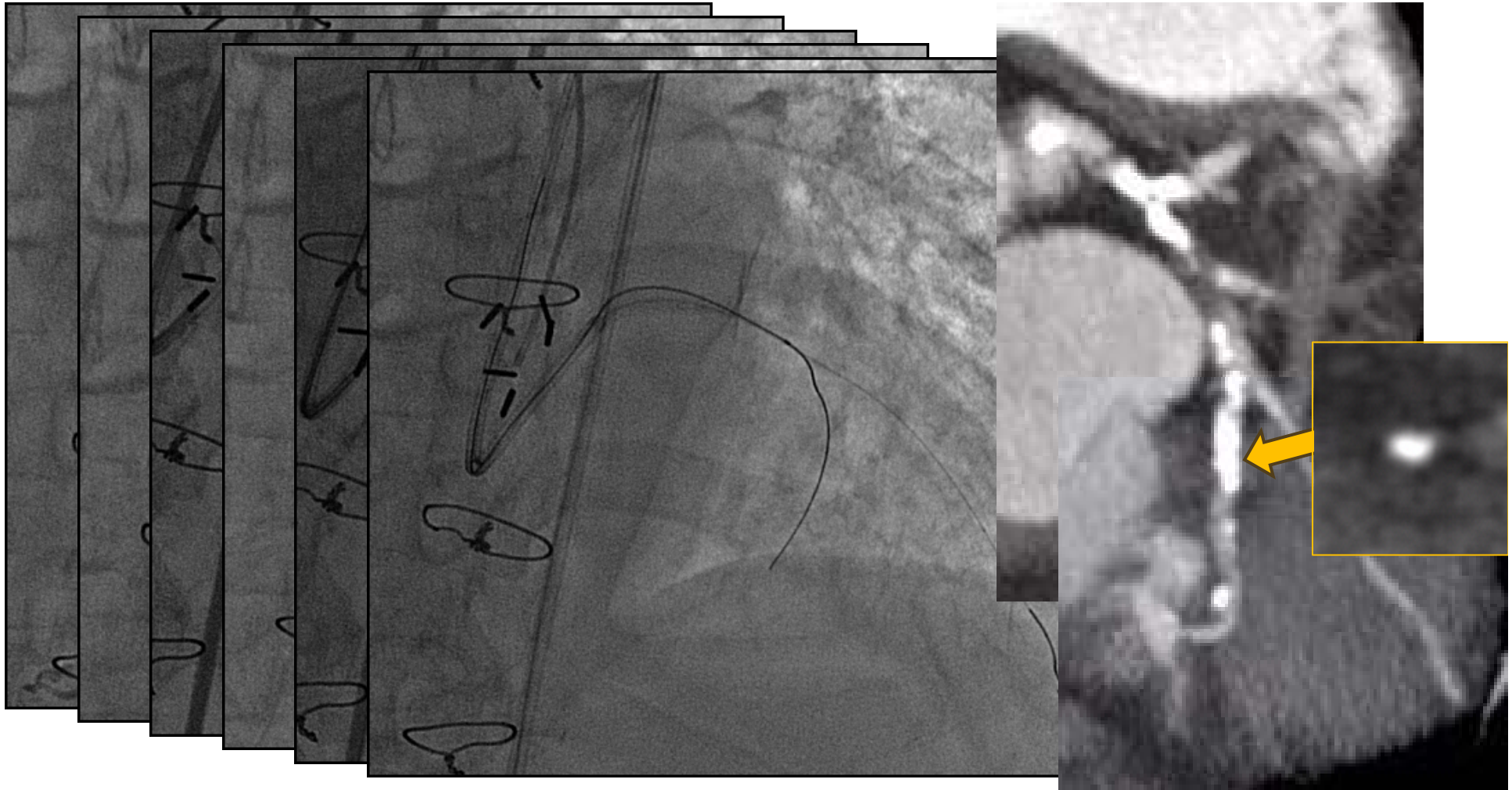
Stage1 CTO-PCI for LA



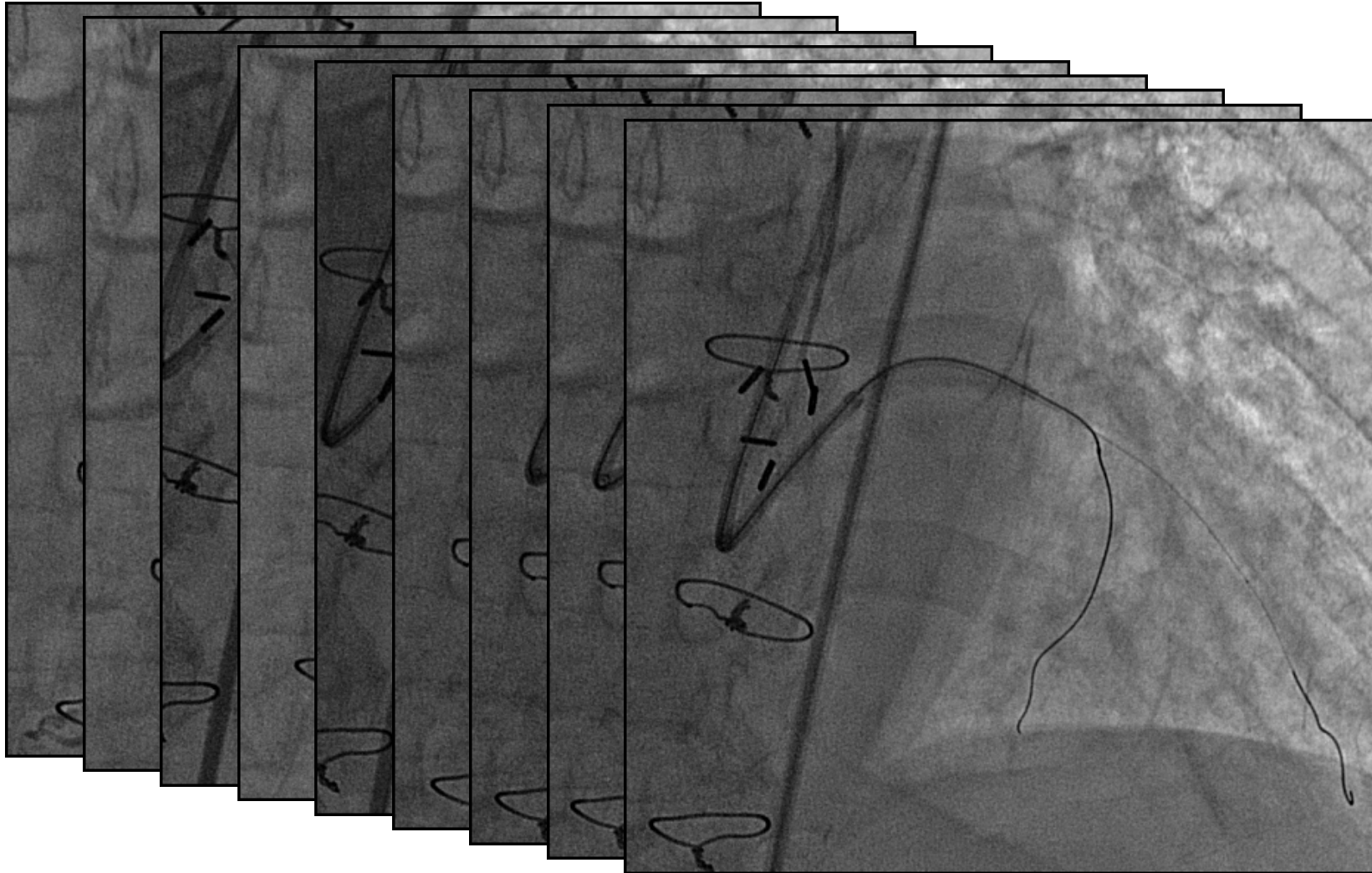
Stage1 CTO-PCI for LAD (1)



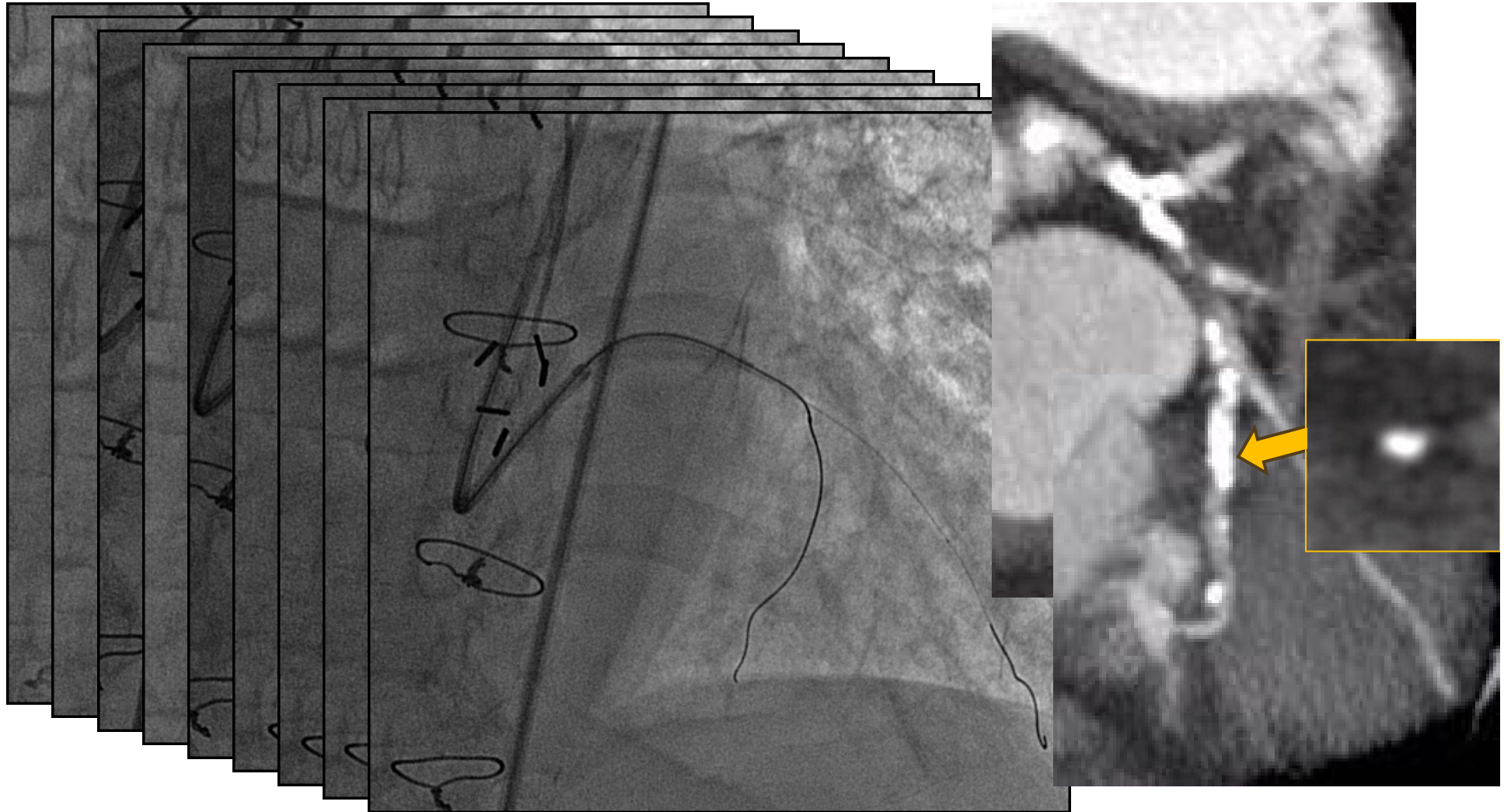
Stage1 CTO-PCI for LAD (1)



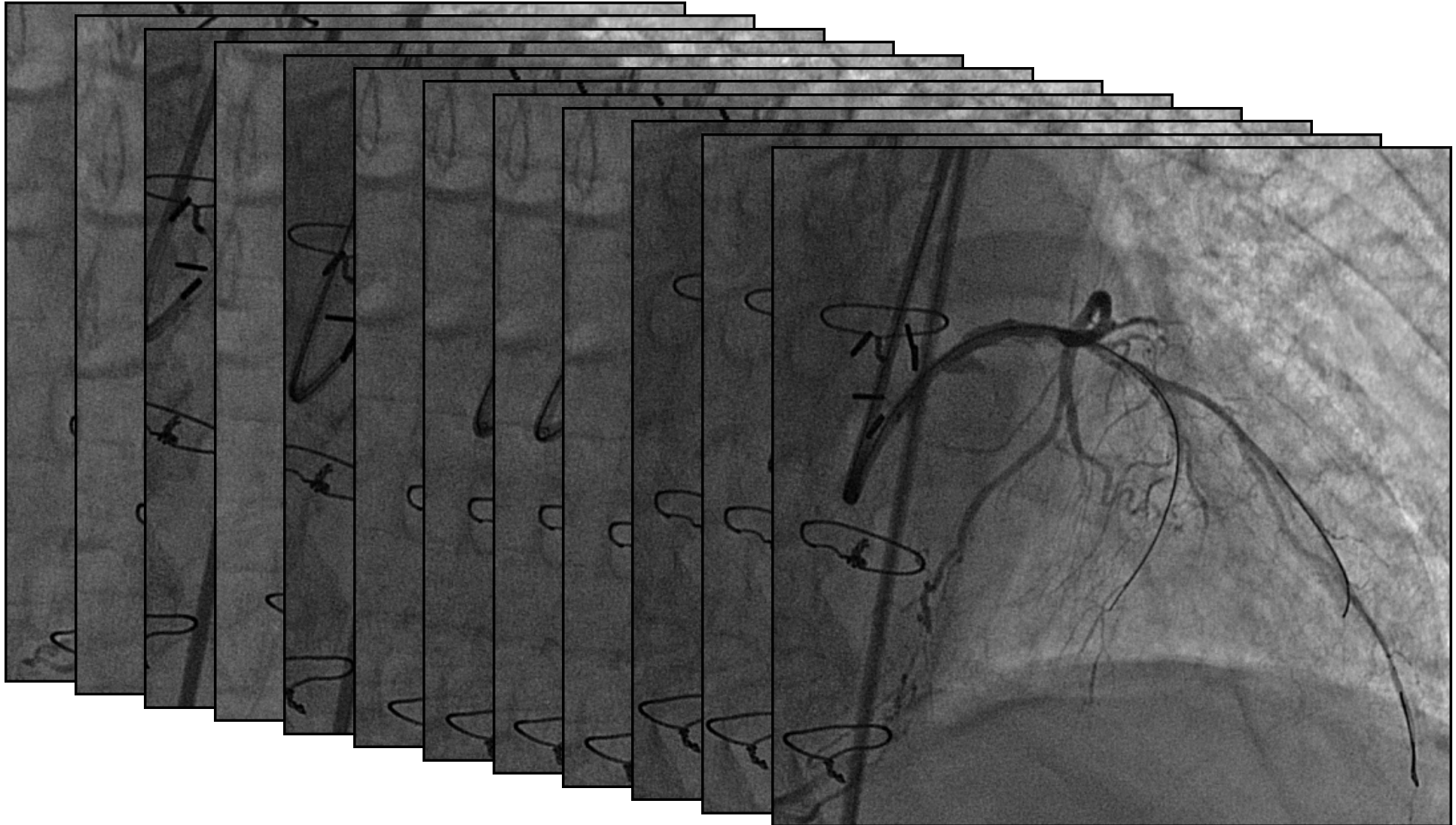
Stage1 CTO-PCI for LAD (1)



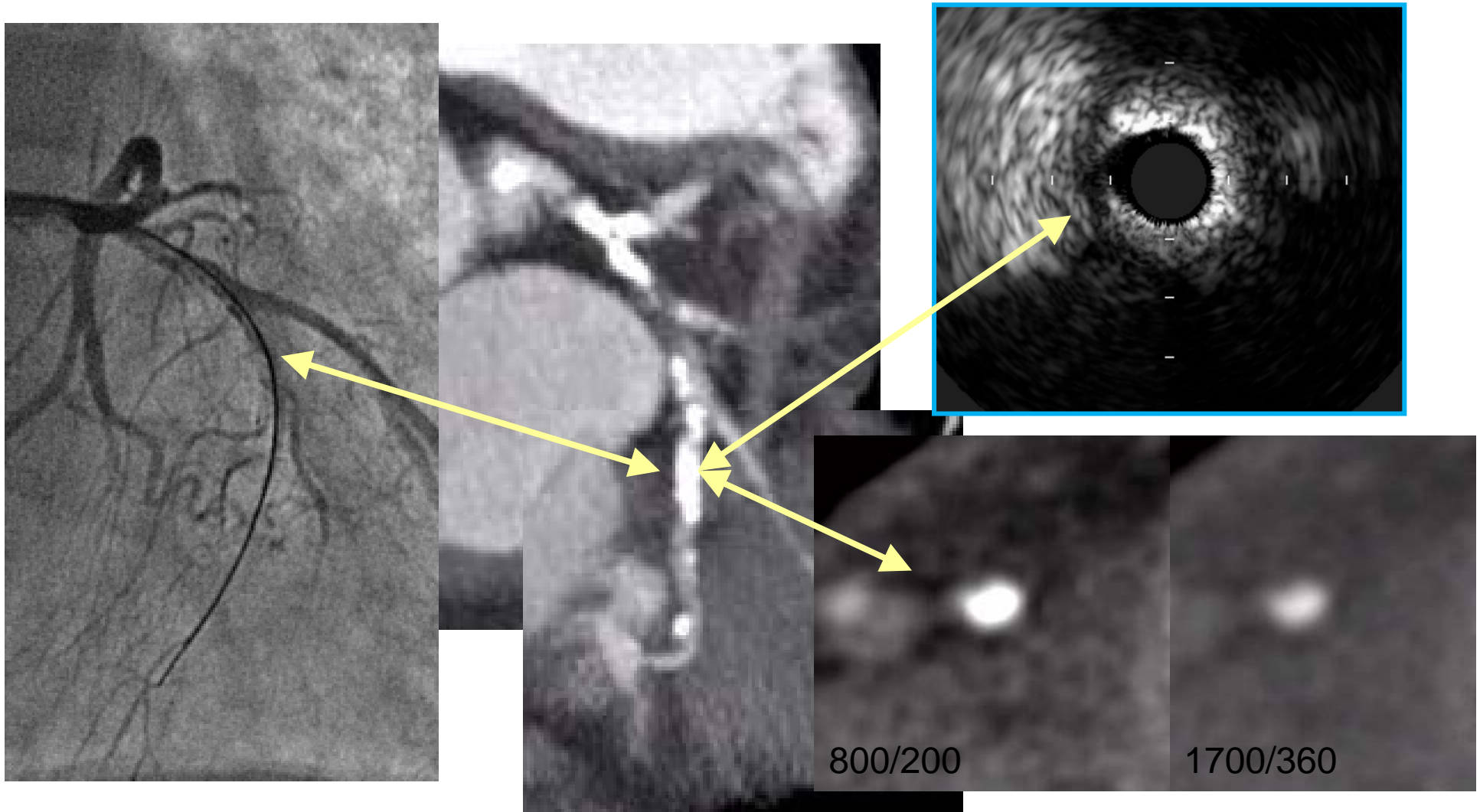
Stage1 CTO-PCI for LAD (1)



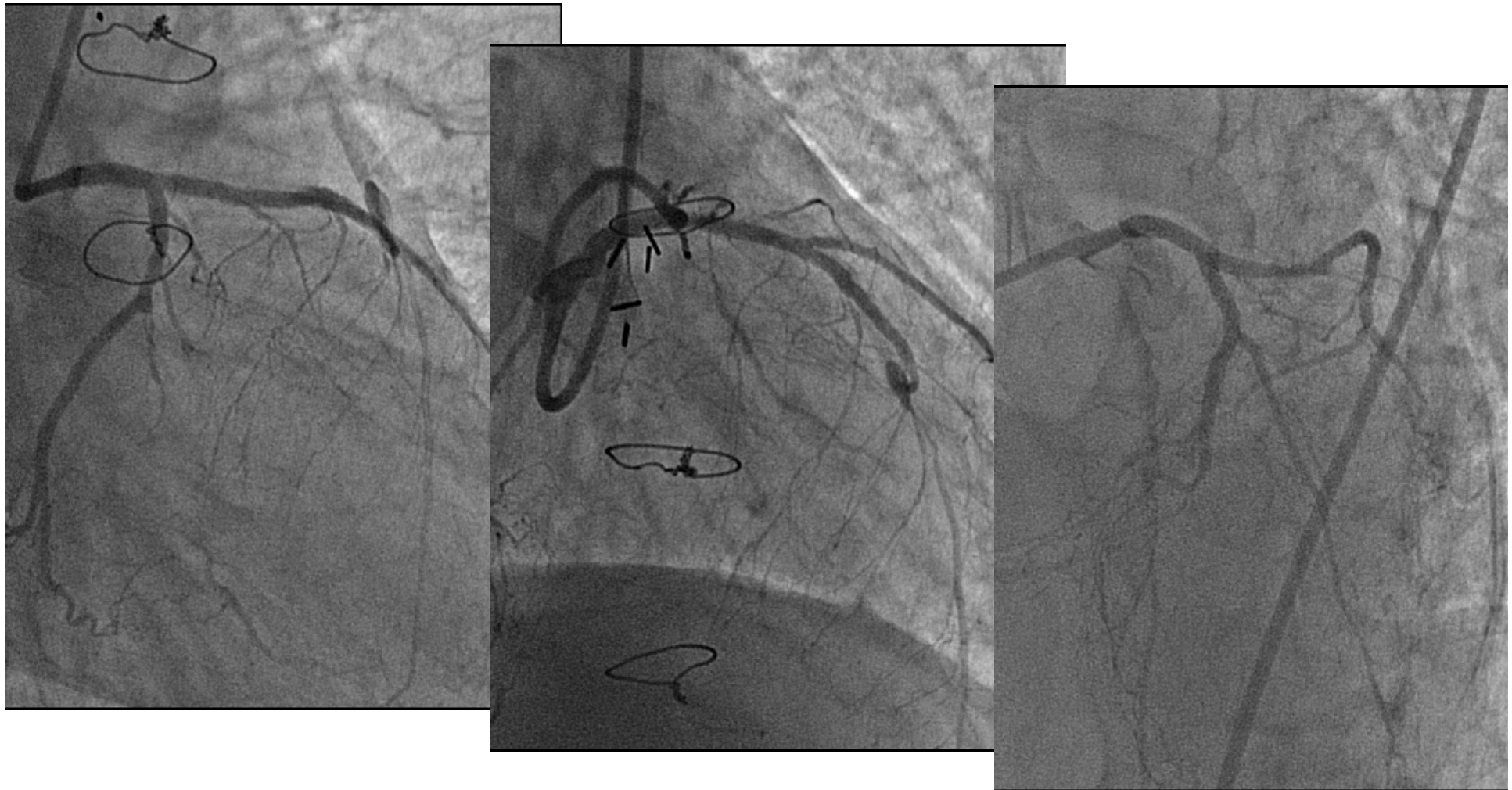
Stage1 CTO-PCI for LAD (1)



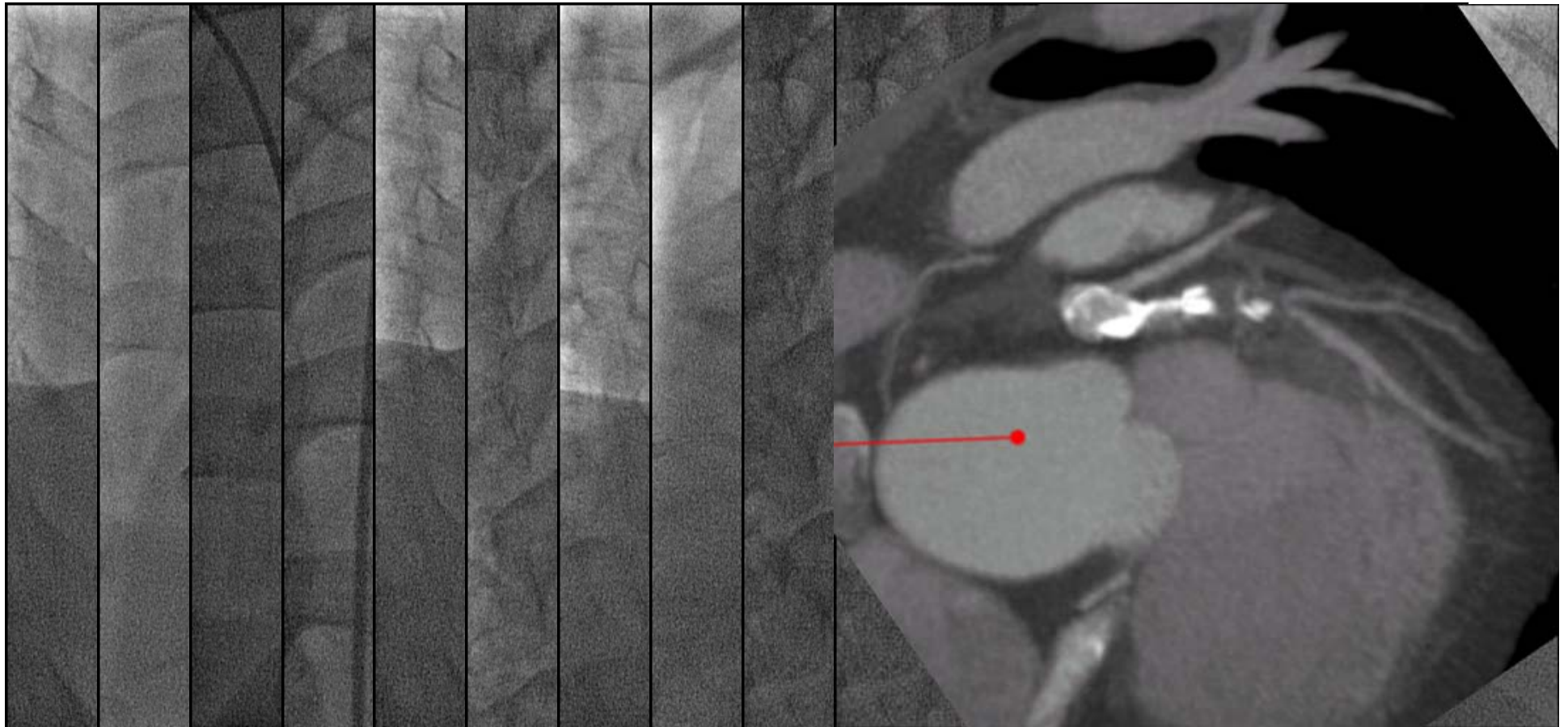
Calcium mass in CTO segment



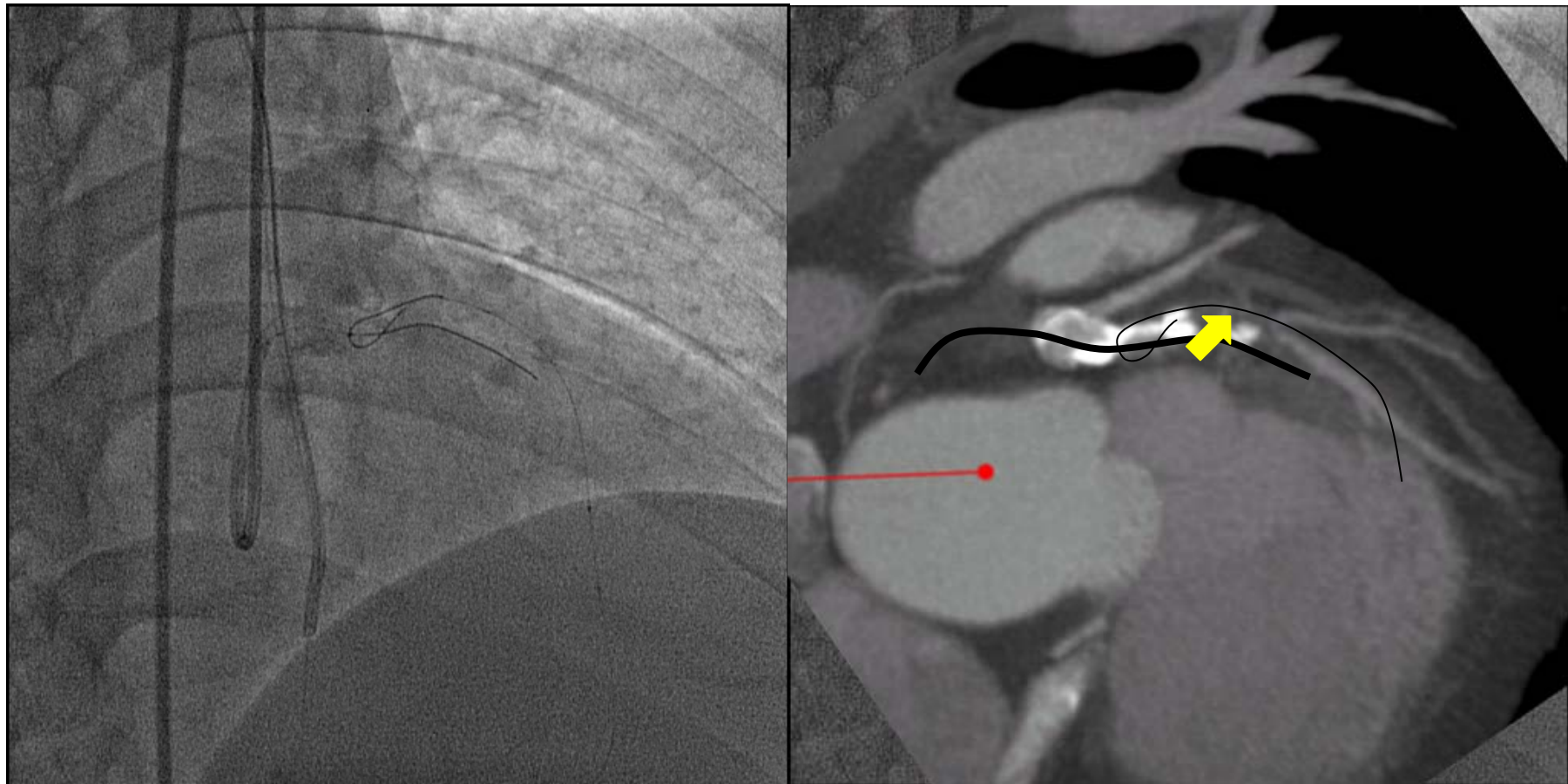
Stage1 CTO-PCI for LAD (2)



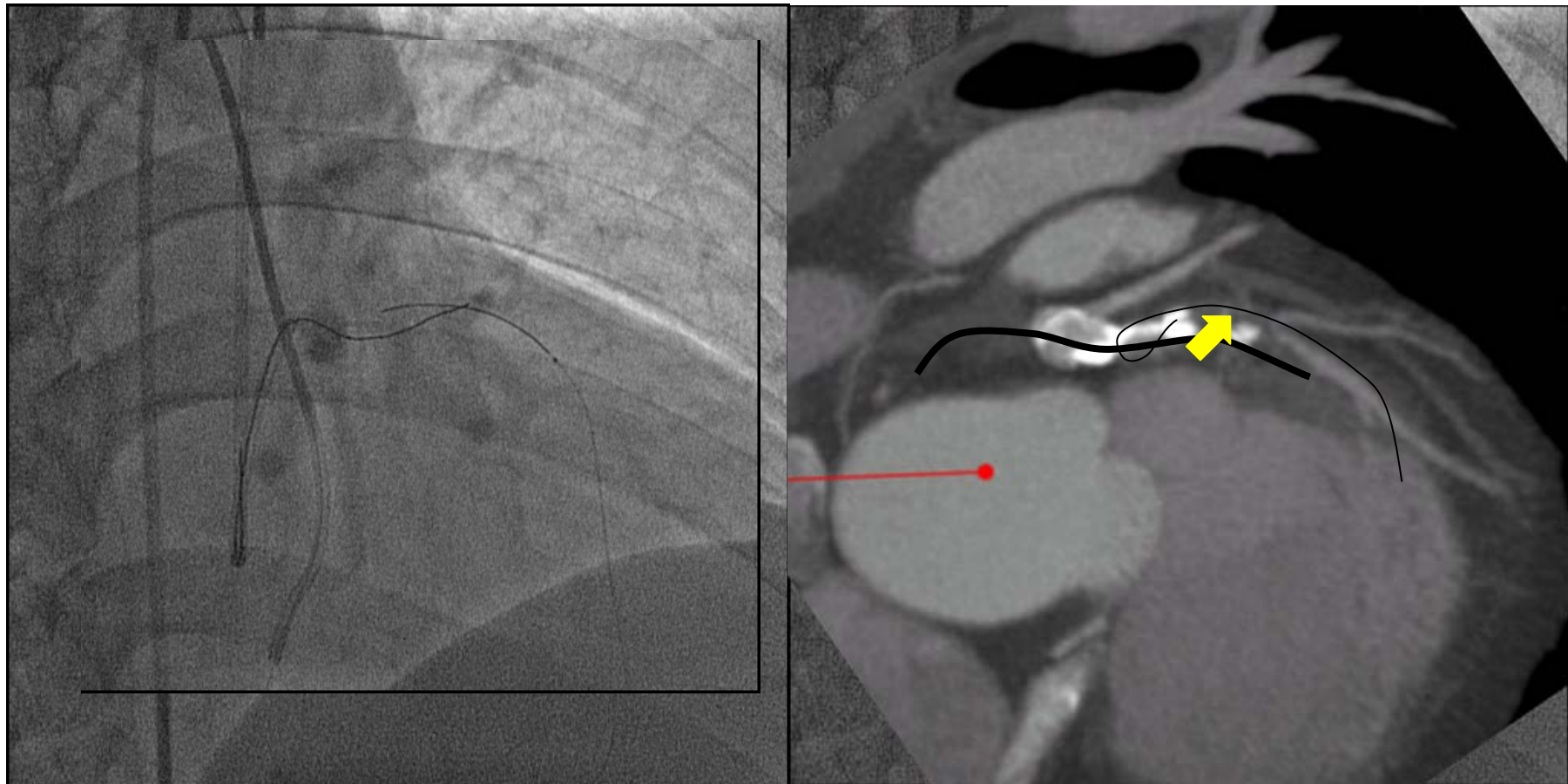
Case 5: retry case



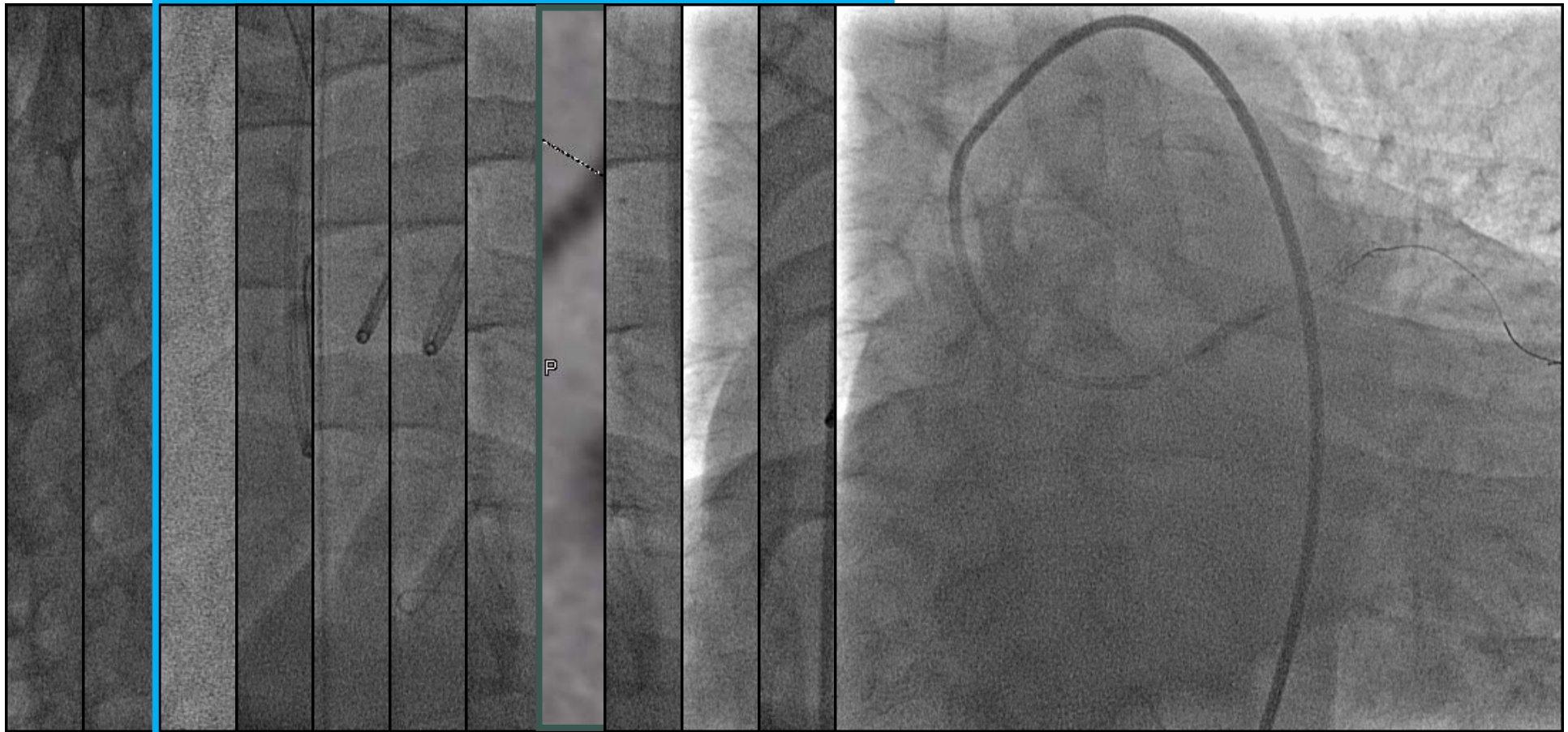
PCI 2nd stage



PCI 2nd stage



PCI 2nd stage



PCI 2nd stage



Summary: Heart CT for CTO-PCI

- Heart CT is not only screening tool for CAD but strong supportable tool for CTO-PCI.
- The advantages of Heart CT for CTO-PCI are
 1. where is the entry,
 2. how long, how size, how tortuous, how calcified
 3. which projection angle is better,
 4. which strategy will be required,
 5. how difficult this CTO-PCI is.
- With using Heart CT for CTO-PCI, we can get success result more easily and safely with appropriate case selection.