

Combined Antegrade & Retrograde Approach In A Proximal RCA CTO

Dr Charles Chan, MB, FRCP, FACC
Gleneagles Hospital &
National Heart Centre, Singapore

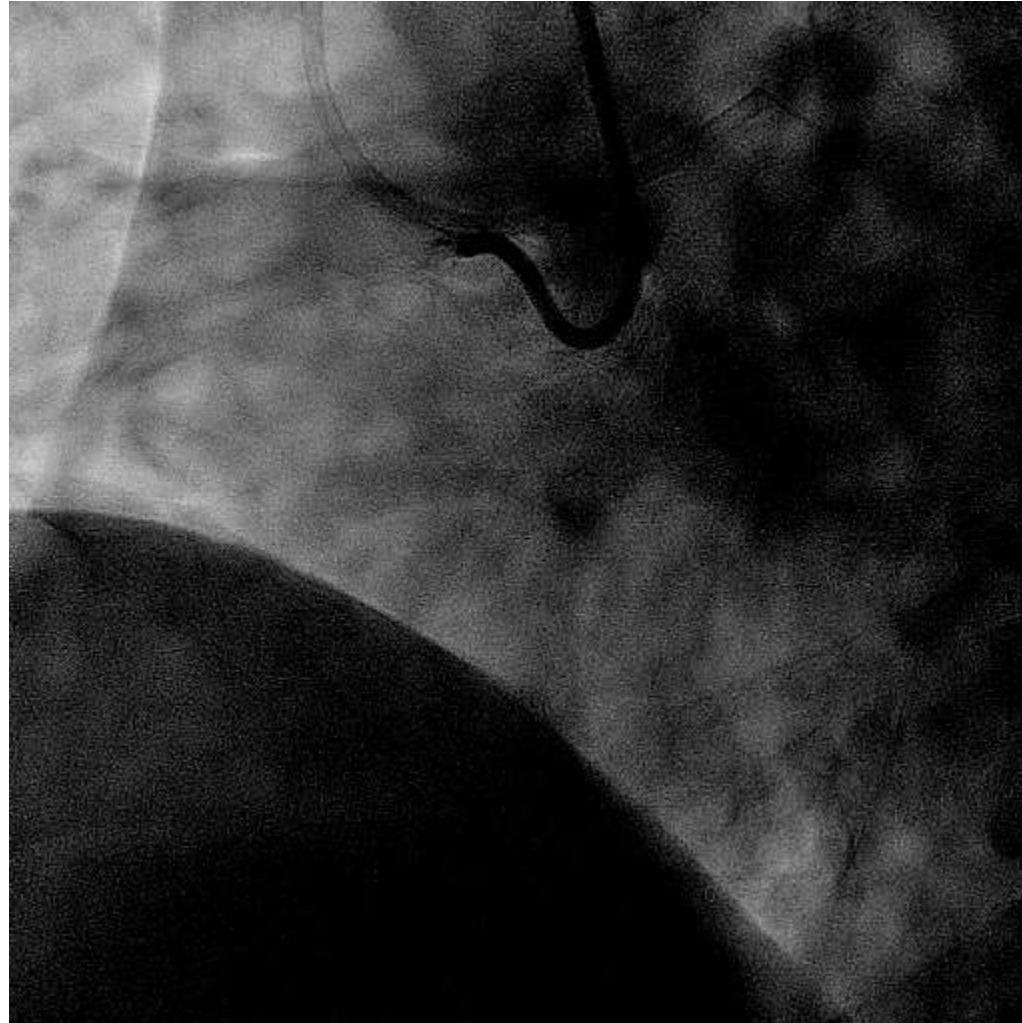
Case History

- 50 y.o. male
- Unstable angina for 2 weeks
- CAD RISKS: Hypertension, smoker, dyslipidaemia
- 2Decho: LVEF normal, no SWMA
- CAG in July 2014: LMT Normal, LAD Mid 25%, LCX Prox 90%, RCA Prox 100%

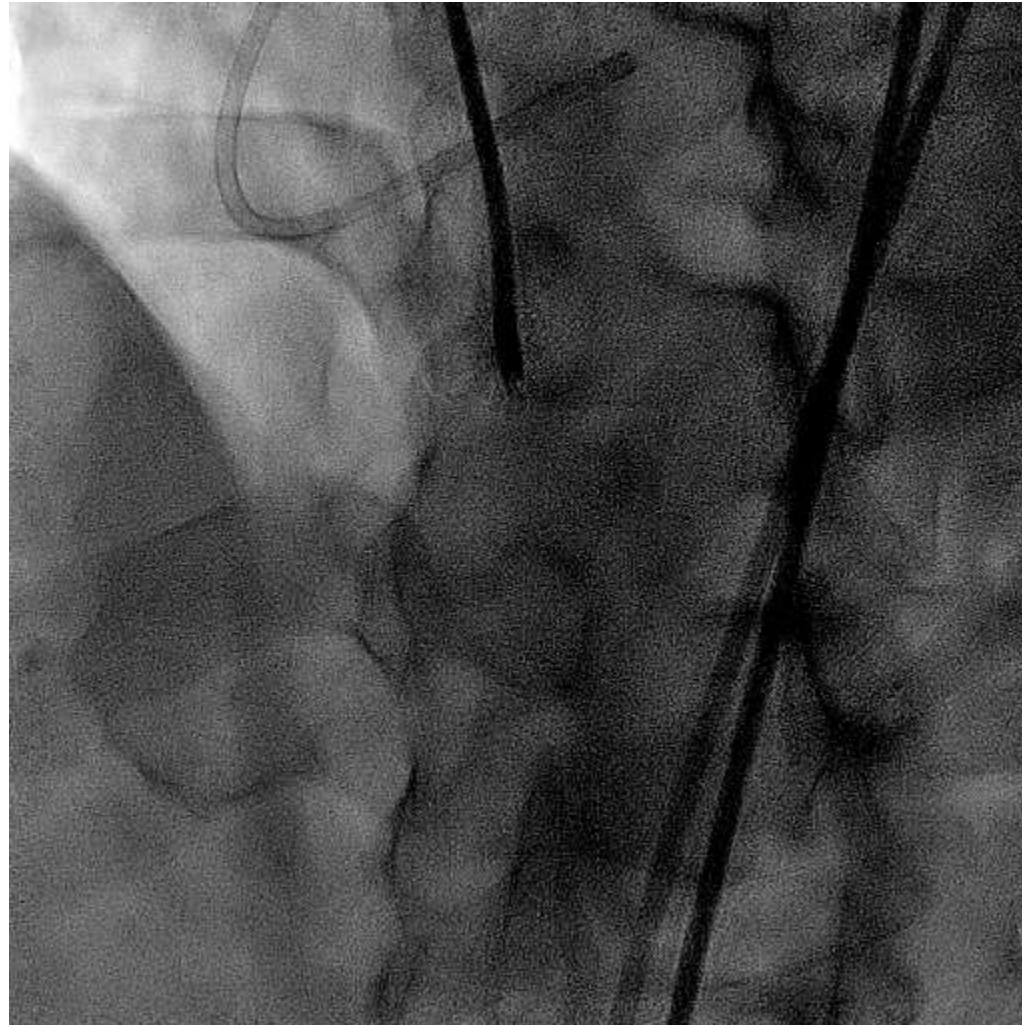
PCI TO LCX WITH 3.0 X 16 MM PROMUS

Staged procedure to RCA in August 2014

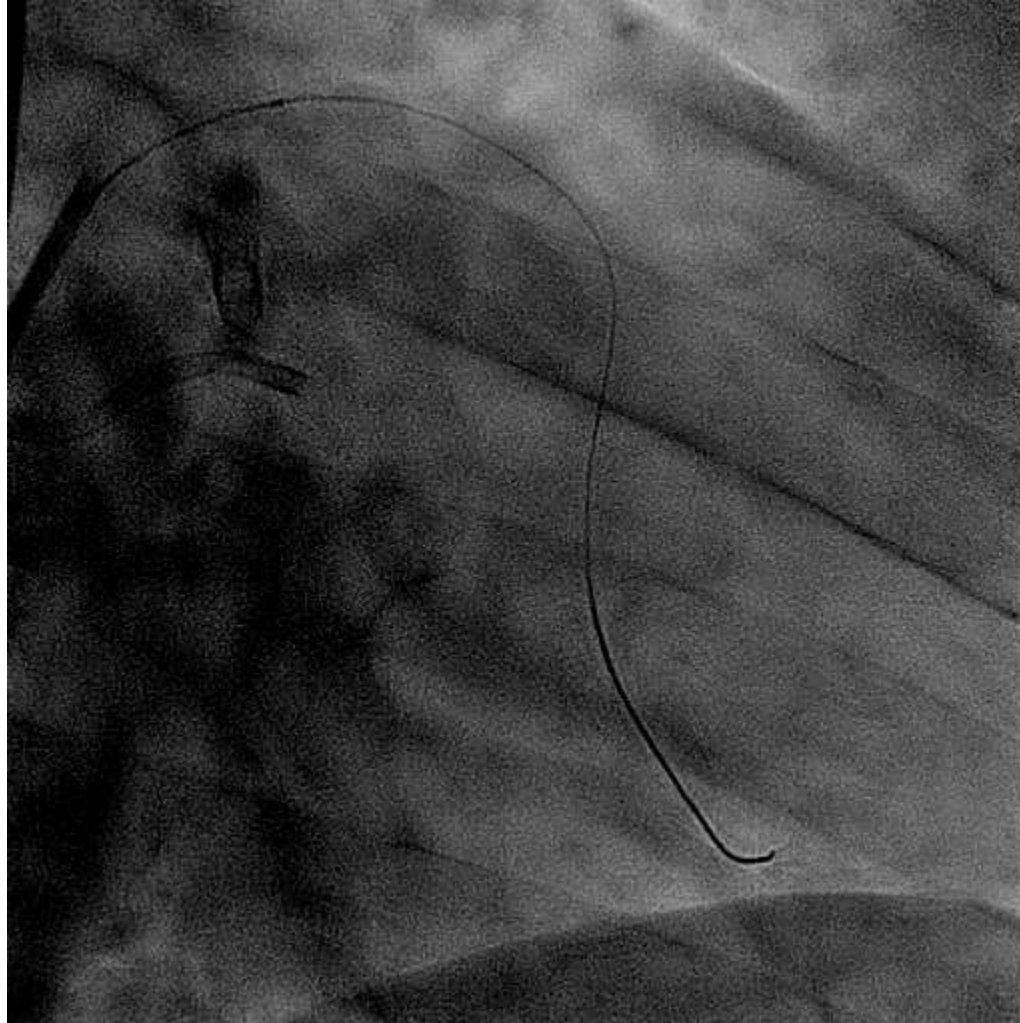
Pre-PTCA Angiogram (LAO)



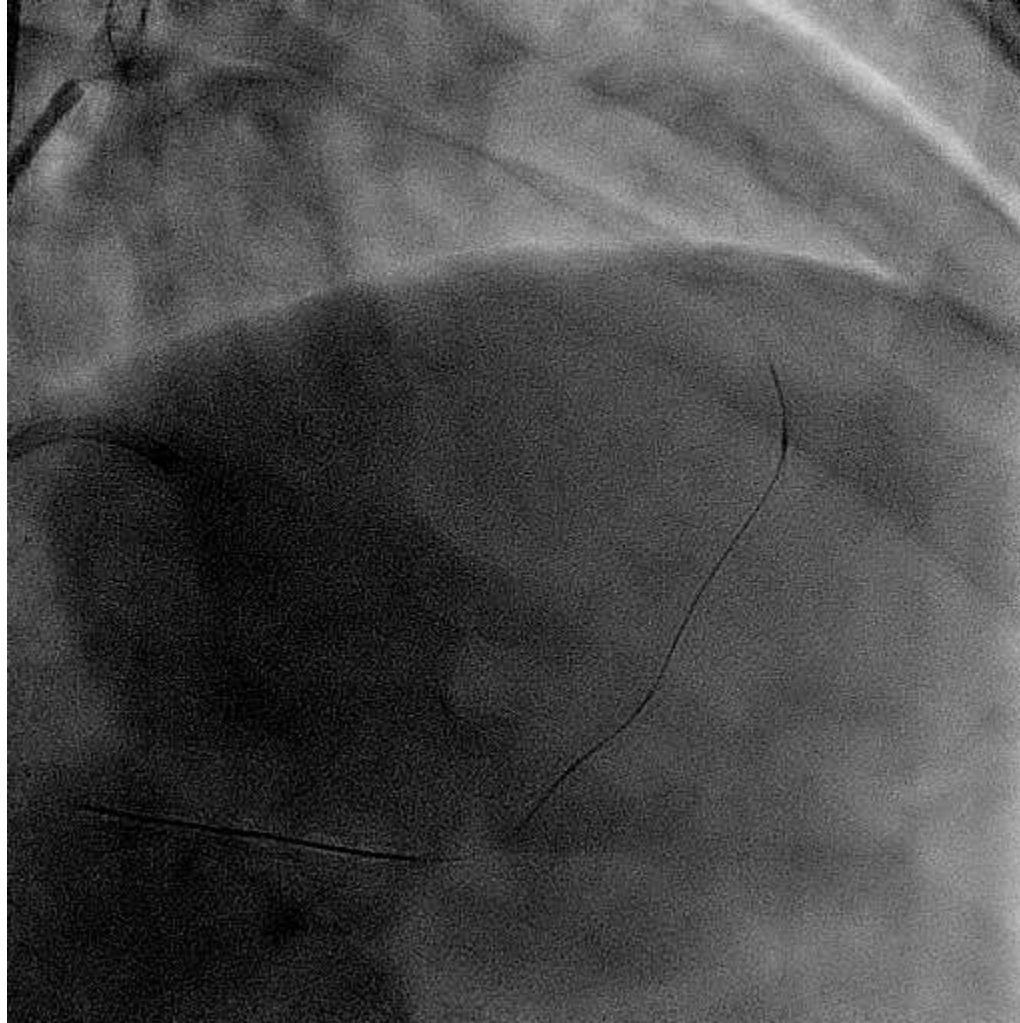
Pre-PTCA Angiogram (AP Cranial)



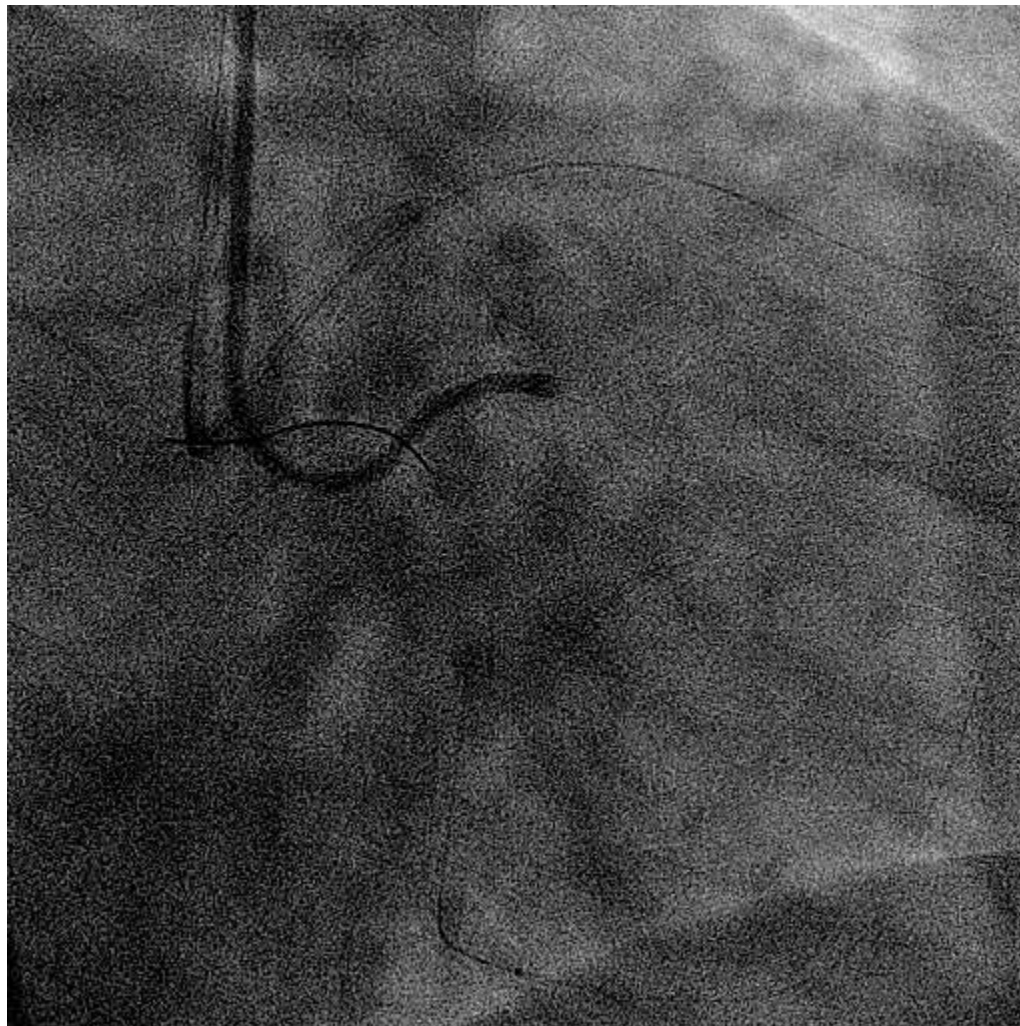
Wiring Septal Branch With a Fielder FC Wire/Finecross Microcath



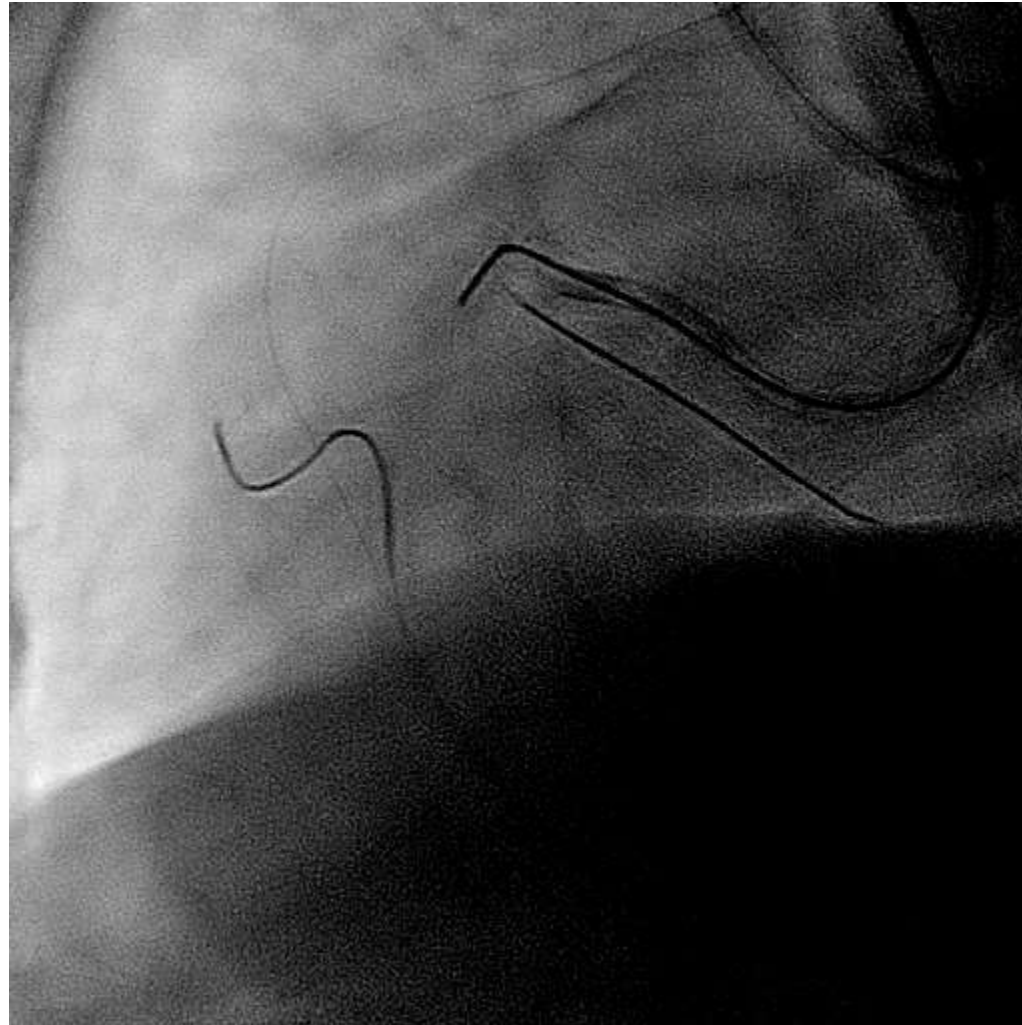
Successful Wiring Of Septal Collateral Branch



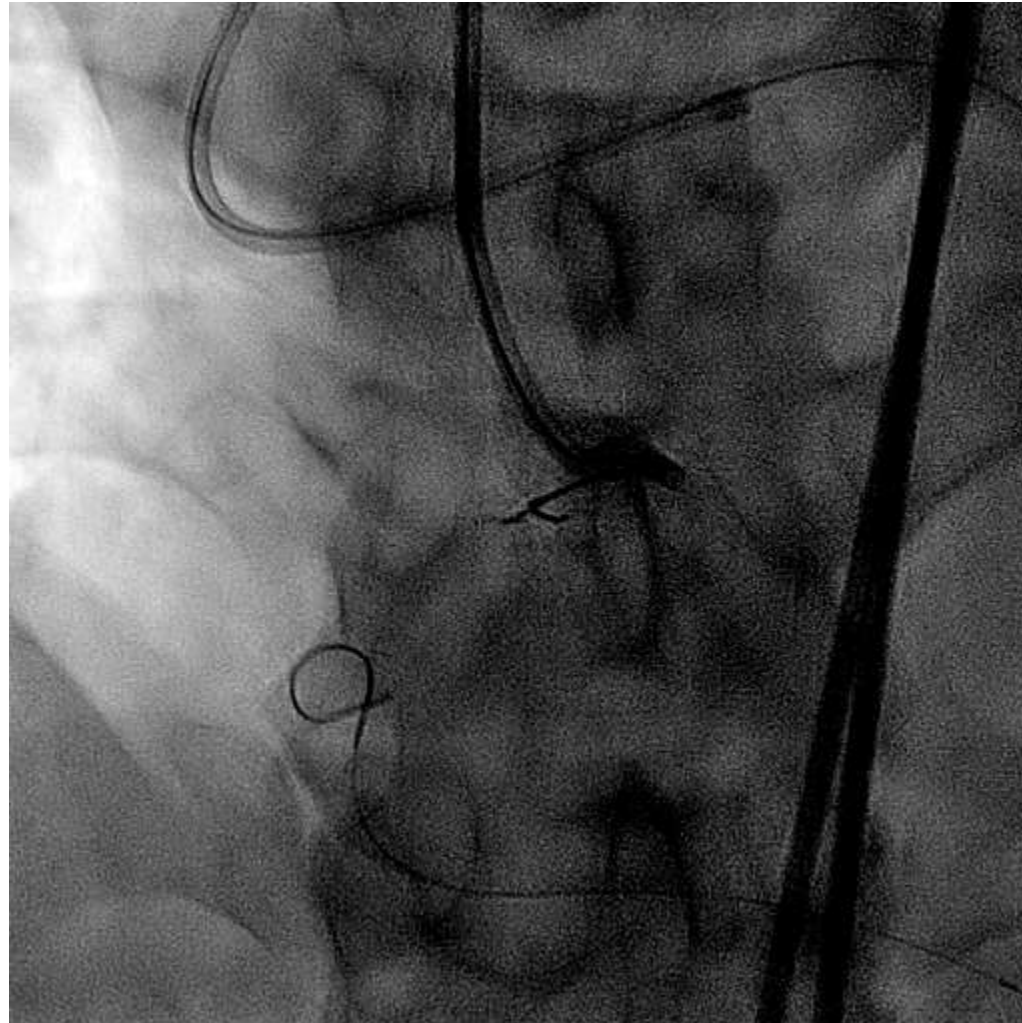
Retrograde Wire in RV branch



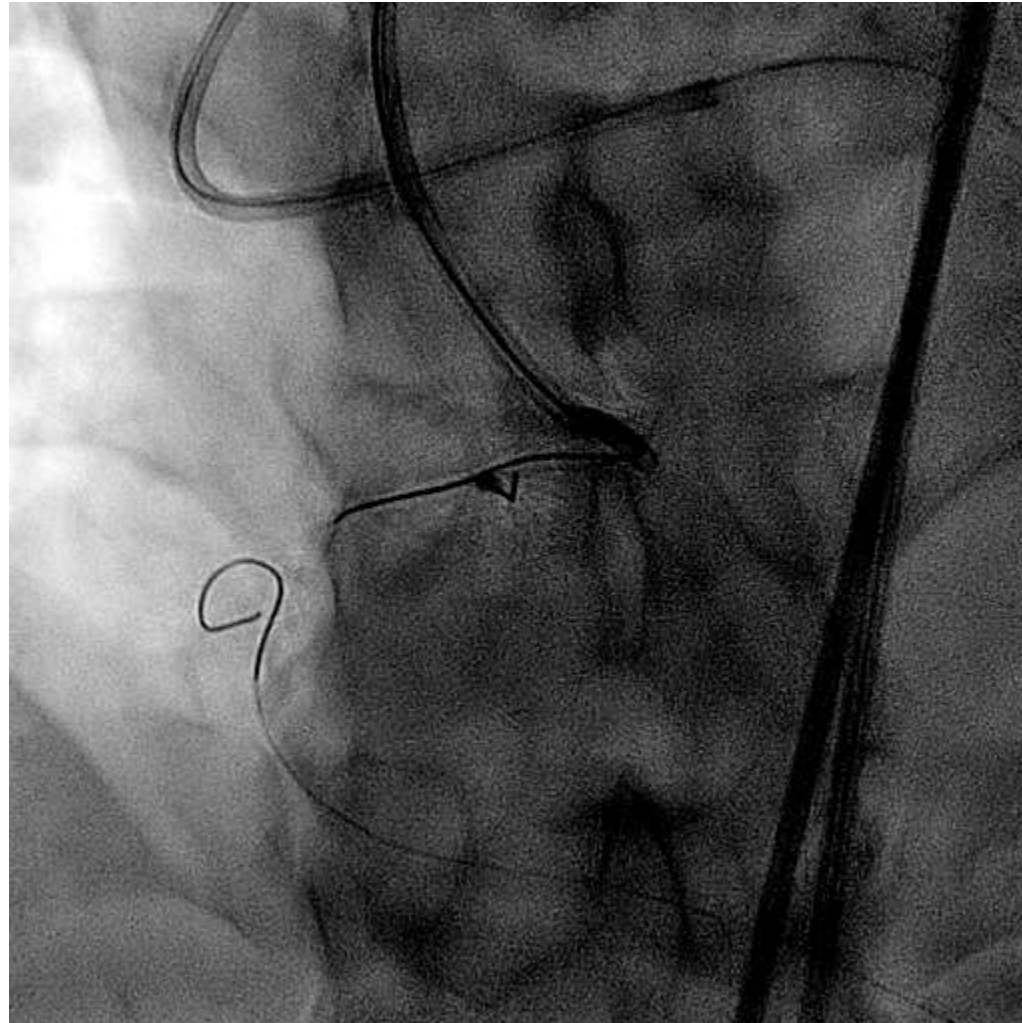
Antegrade Crossing With Ult Bros 3 Gm and Buddy Wire



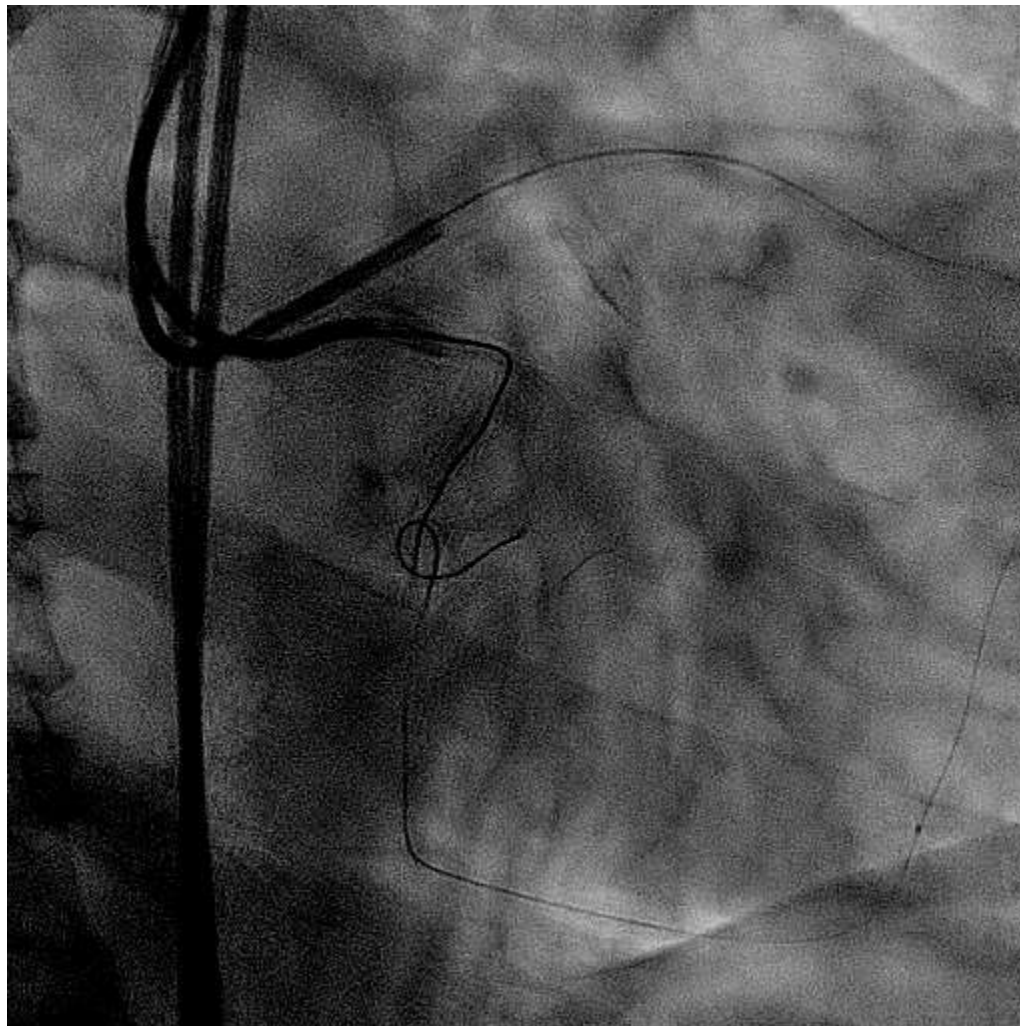
Antegrade Crossing With Ult Bros 3 Gm and Buddy Wire



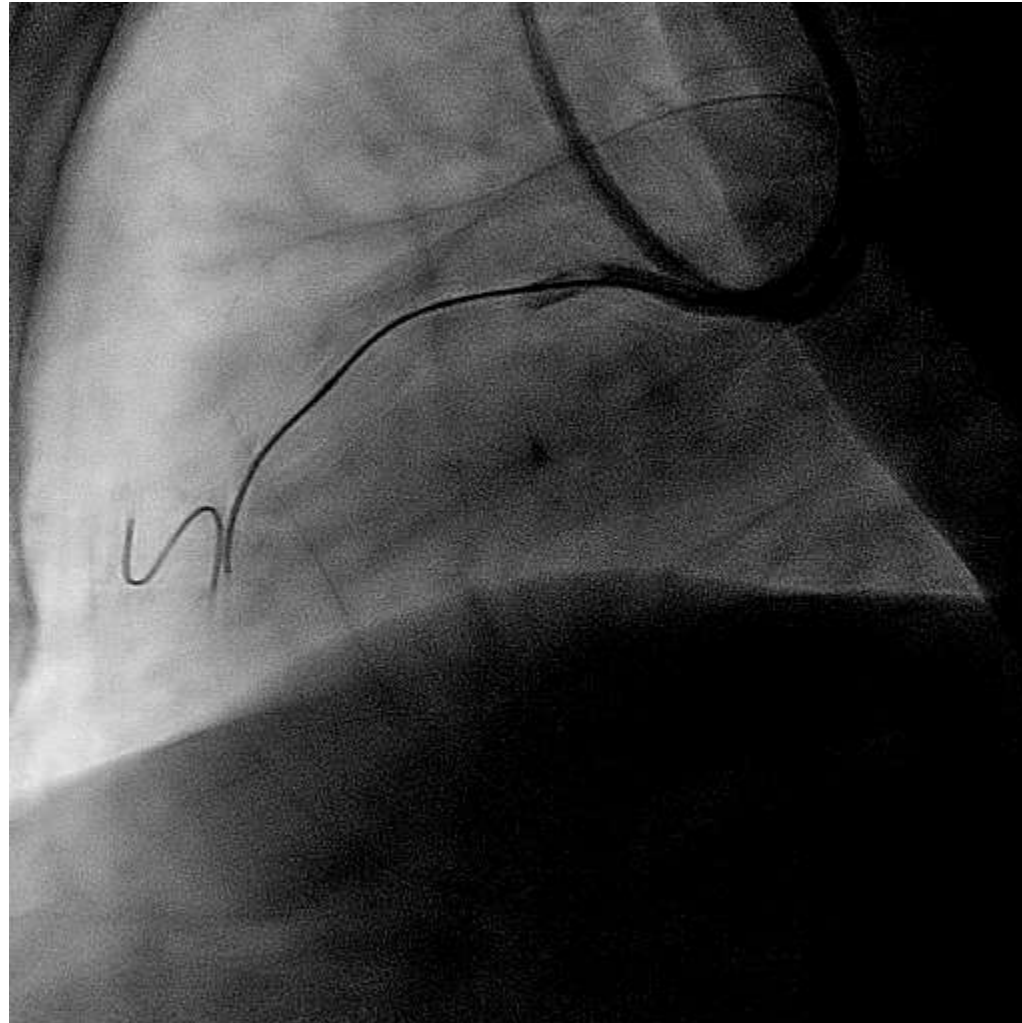
Antegrade Crossing With Buddy Wire



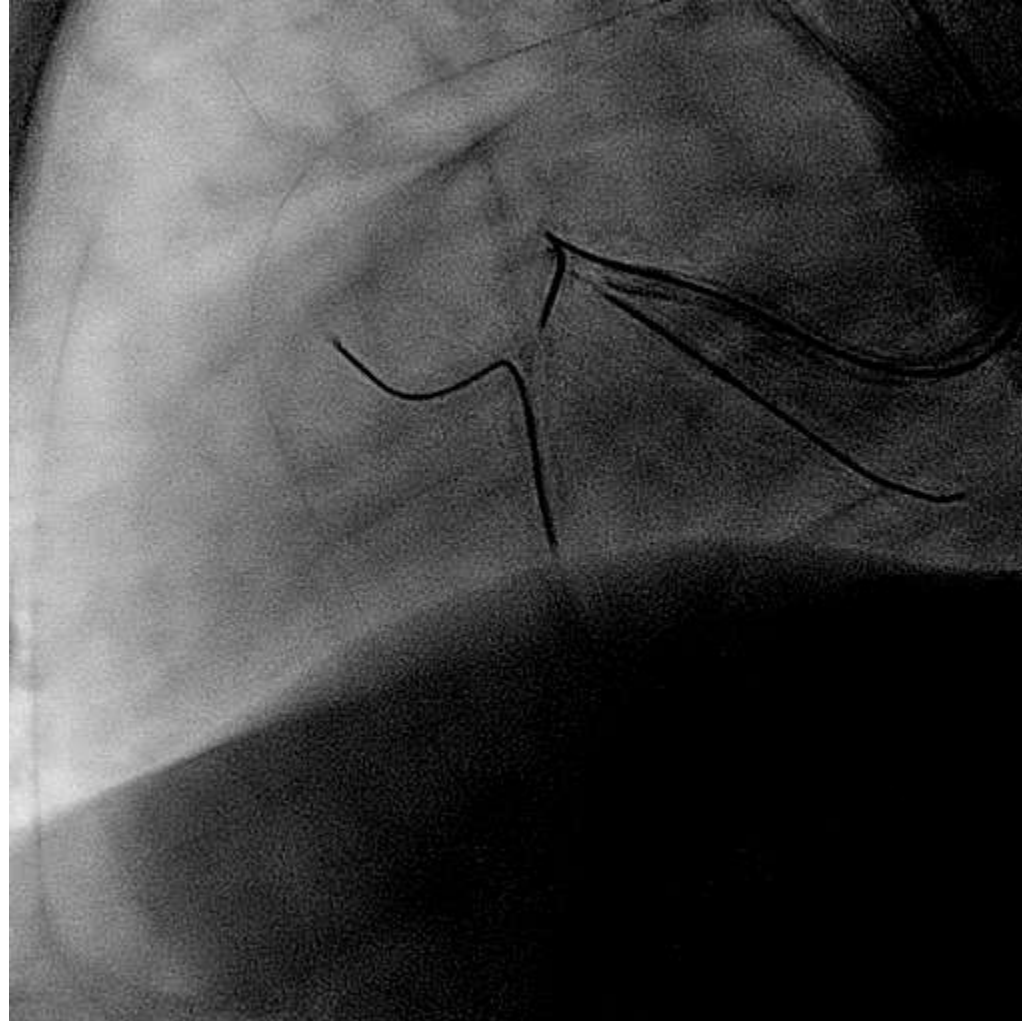
Antegrade wire in False lumen



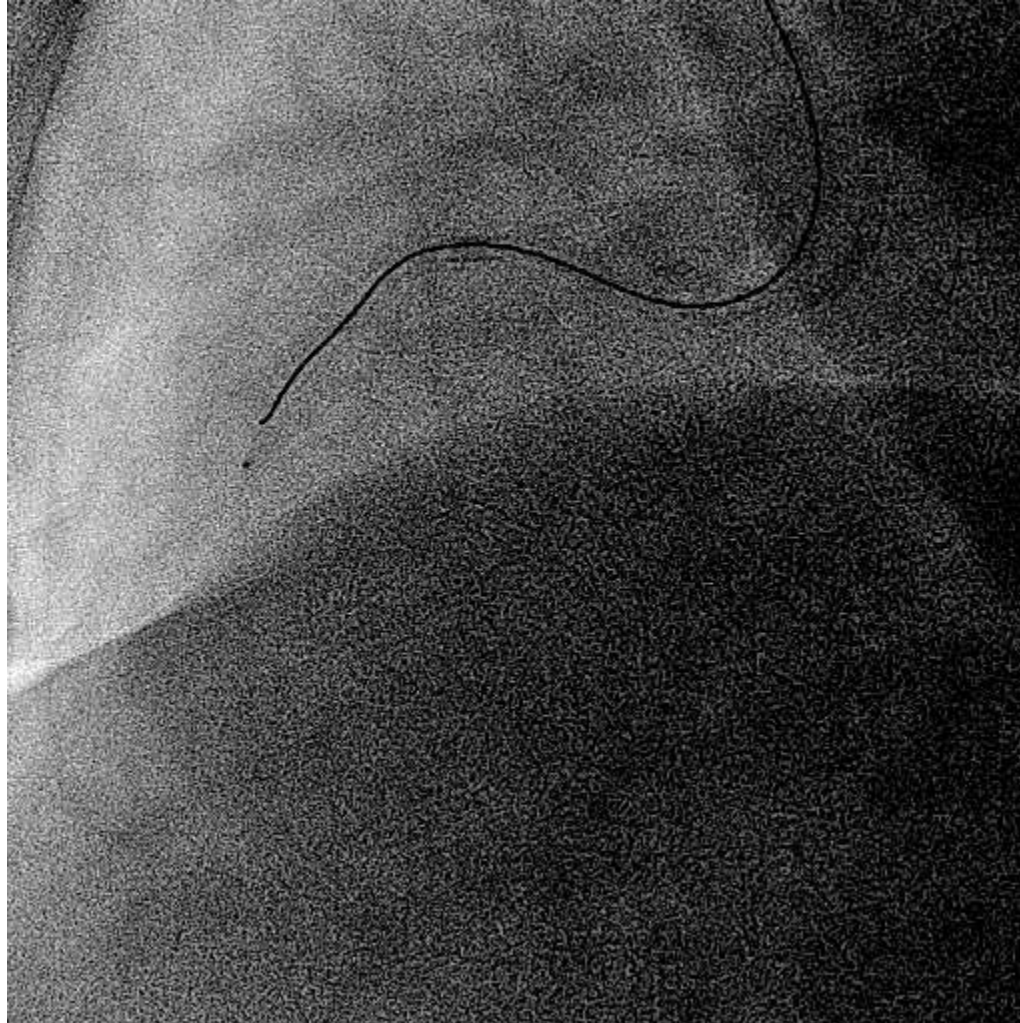
Antegrade Wire in False Lumen



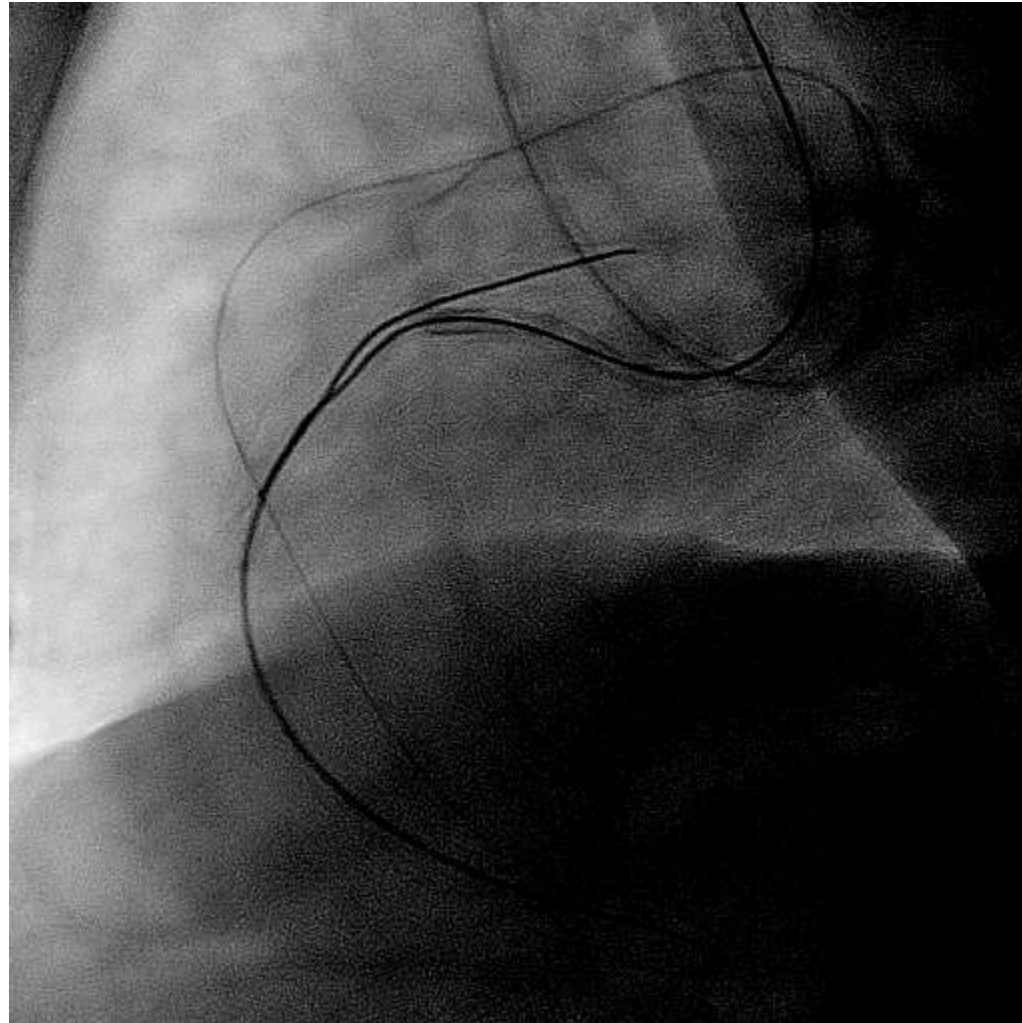
Finecross Microcath Advanced to MRCA



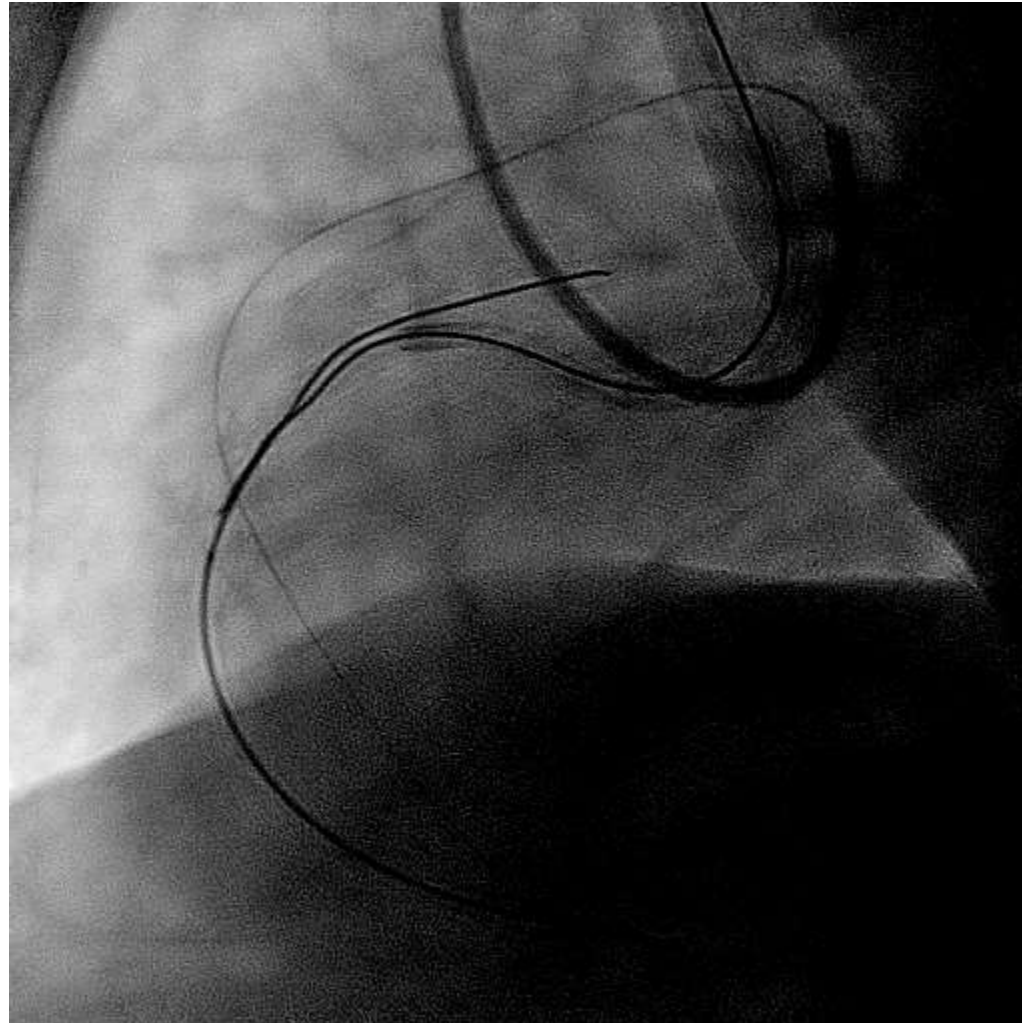
Microcatheter Injection



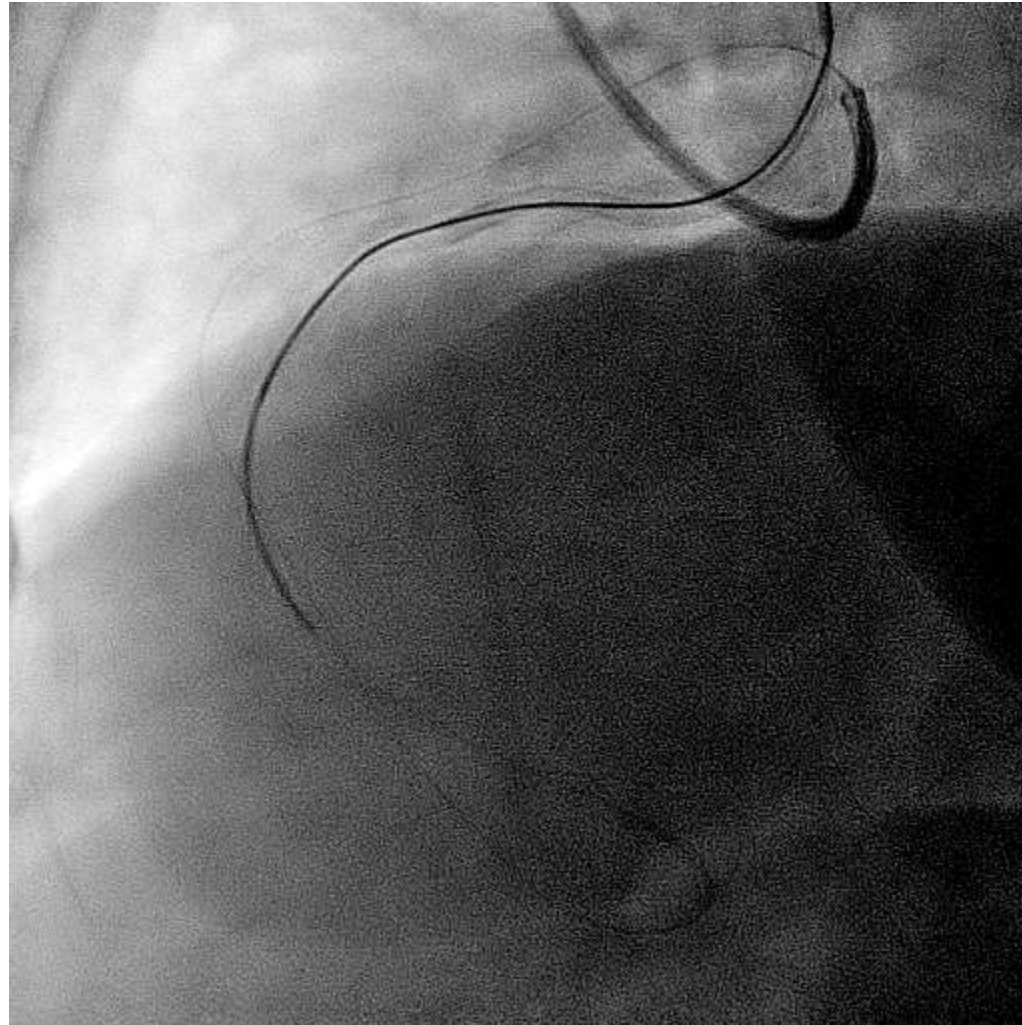
Retrograde Successful Wire Crossing With Ult Bros 3 Gm



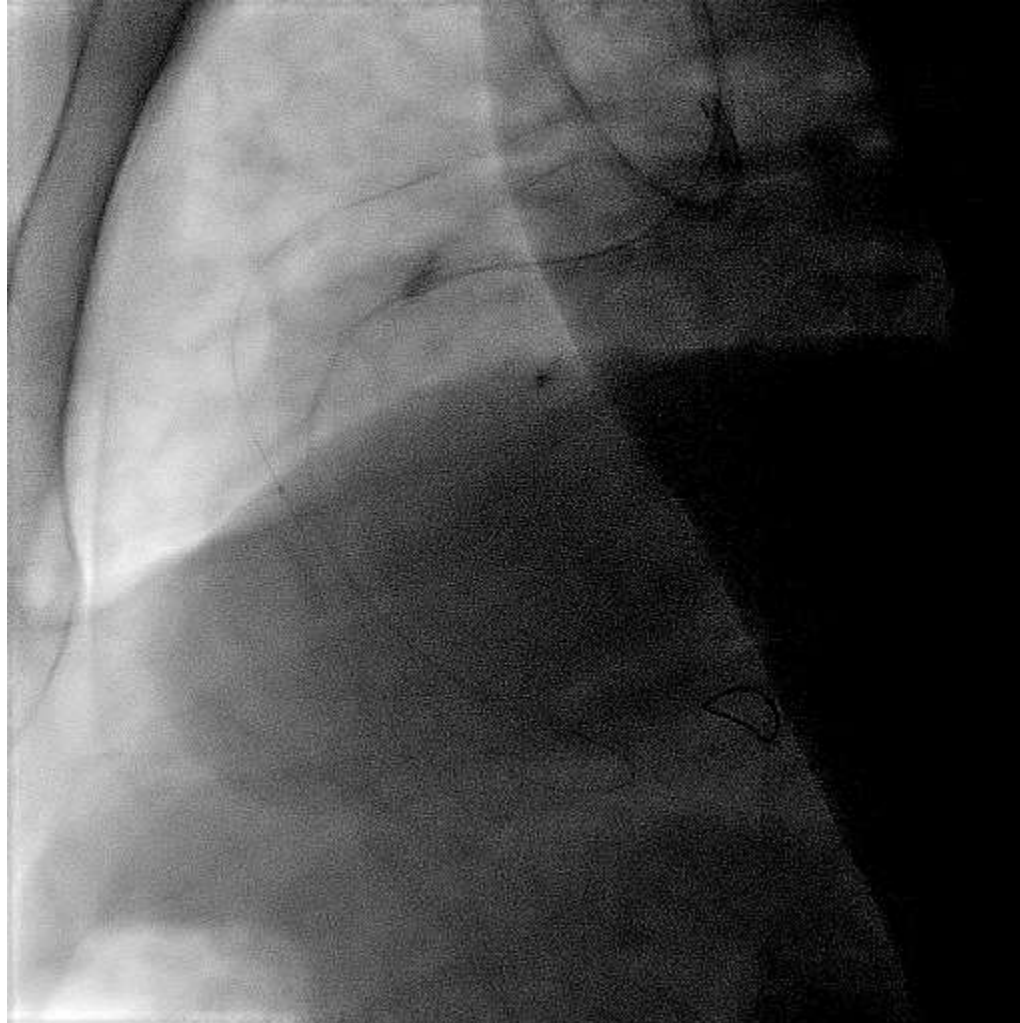
Successful Retrograde Wire Crossing



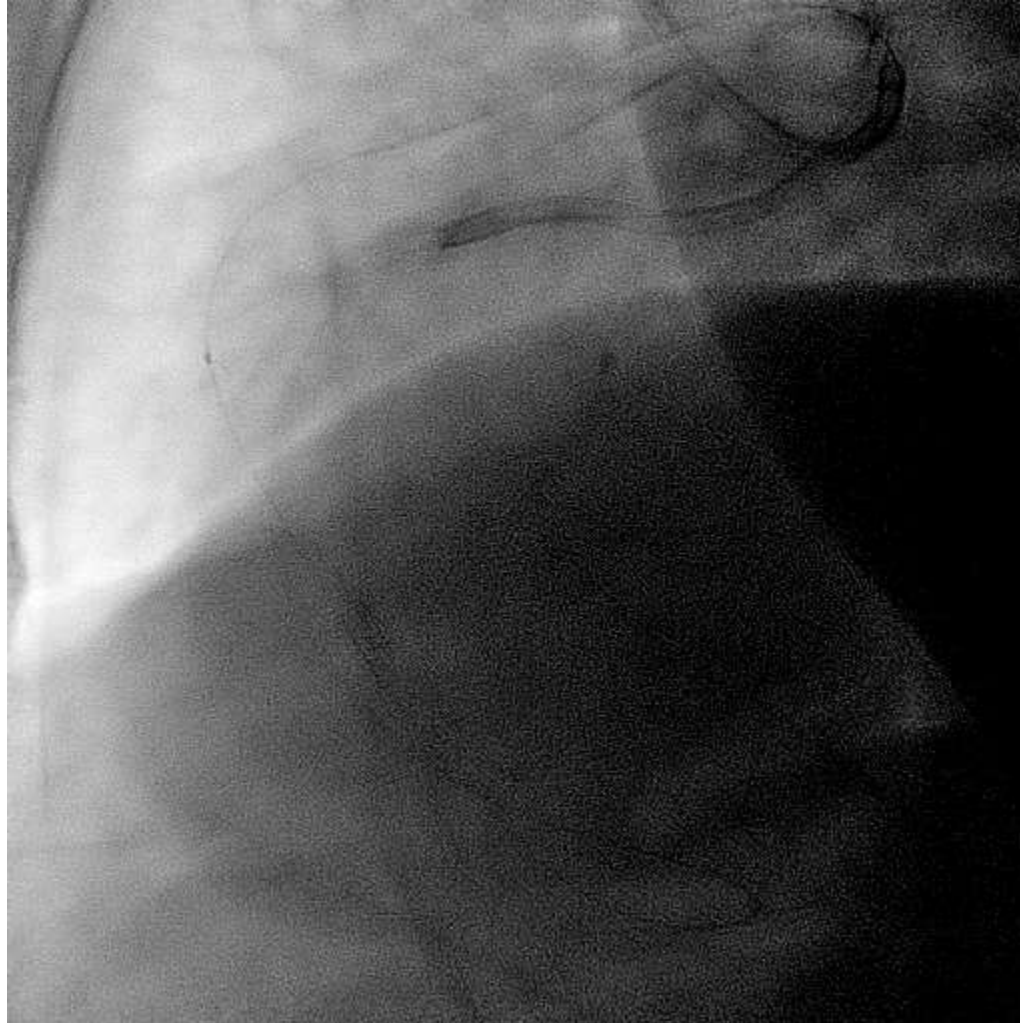
Retrograde Wire Successful Advanced into RCA Guider



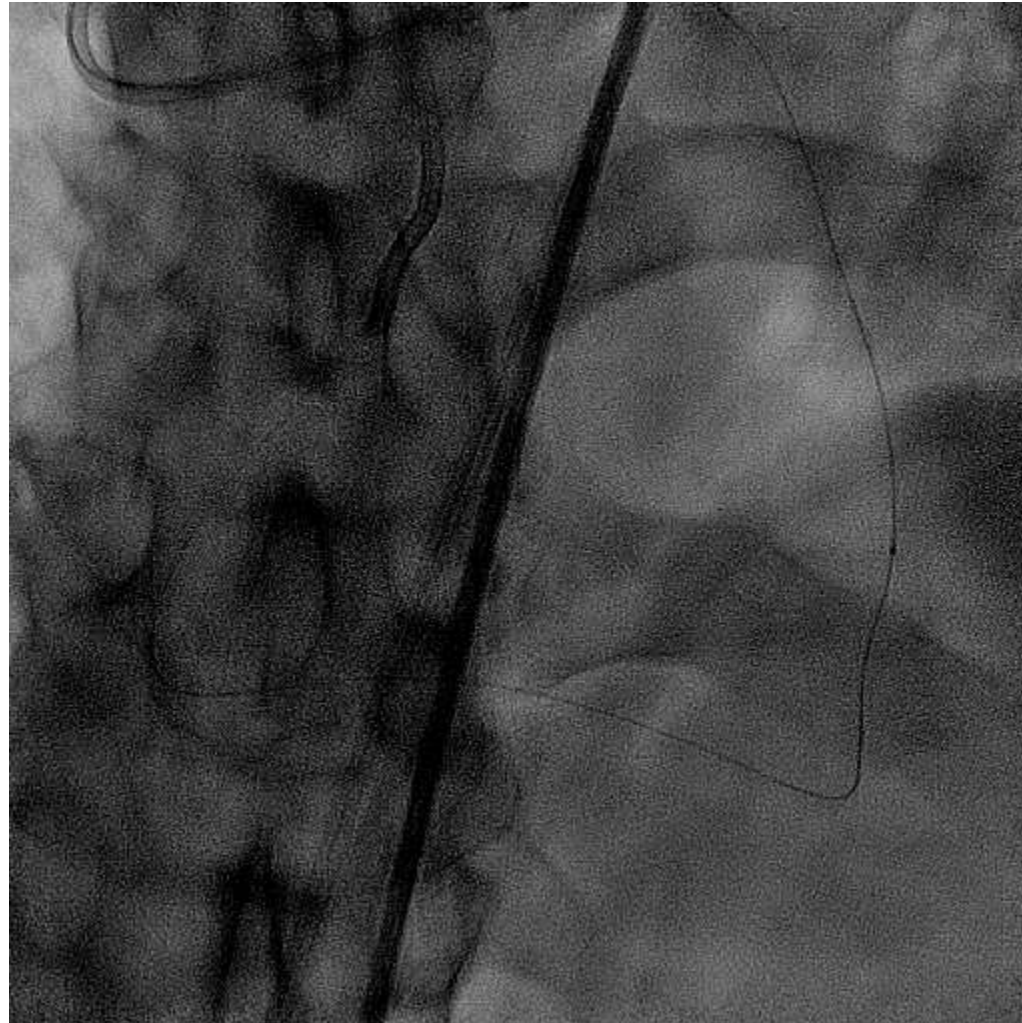
Externalized Wire/Antegrade Wire



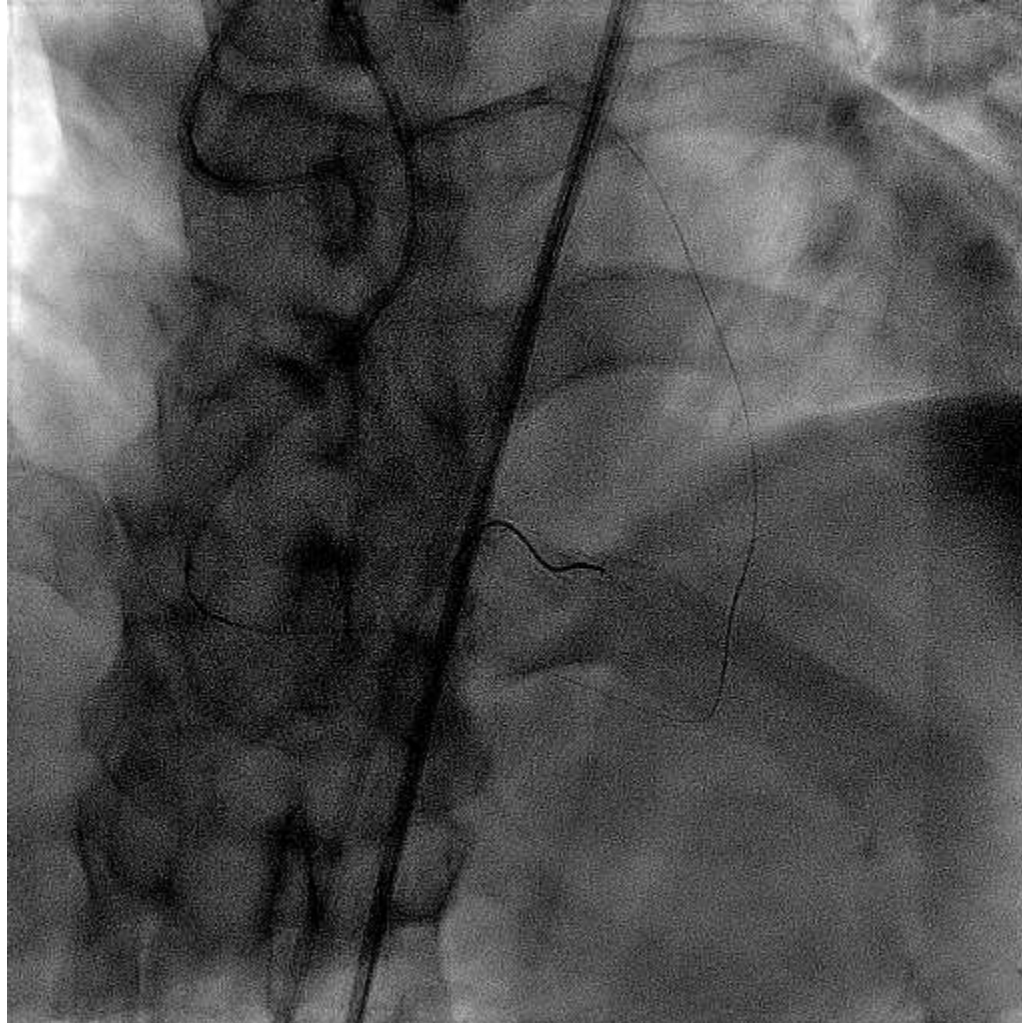
After 2.0 mm POBA With RG3 Wire



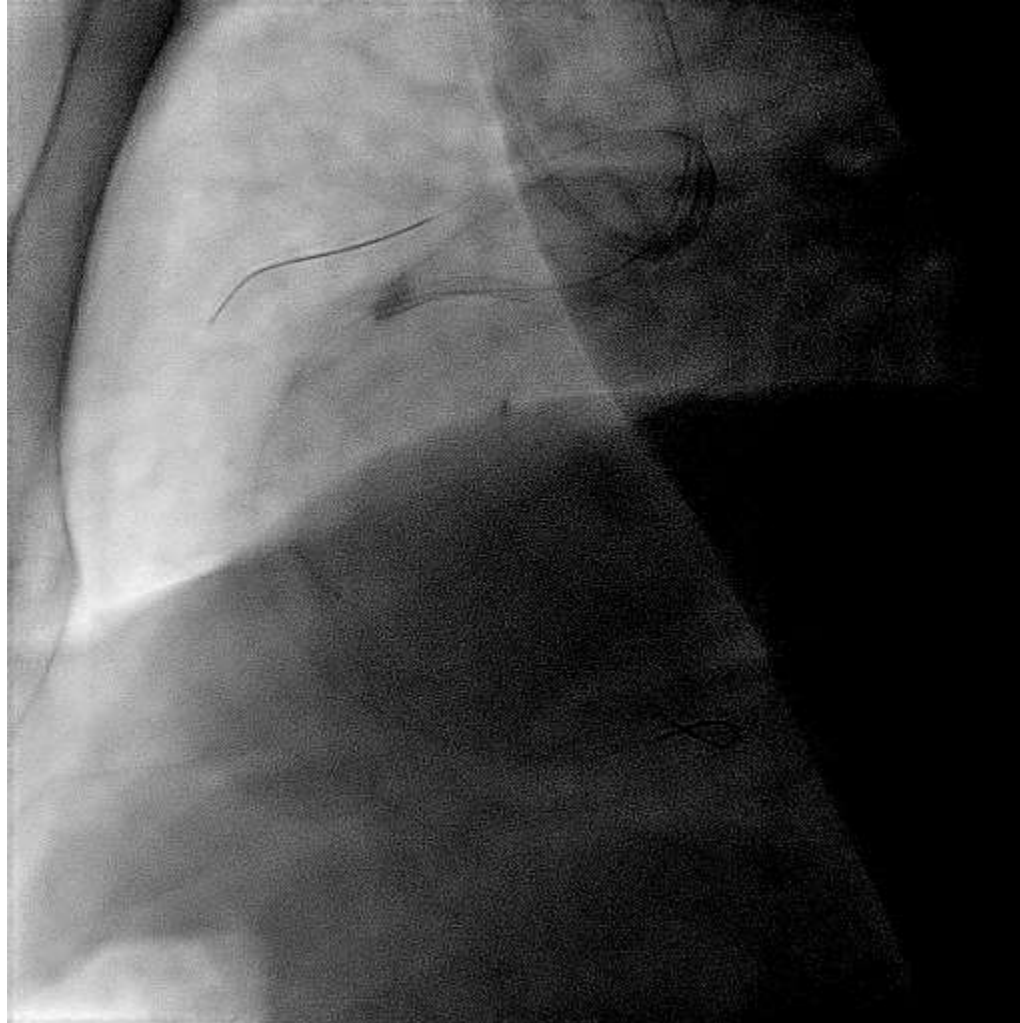
POBA With 3.0 mm balloon



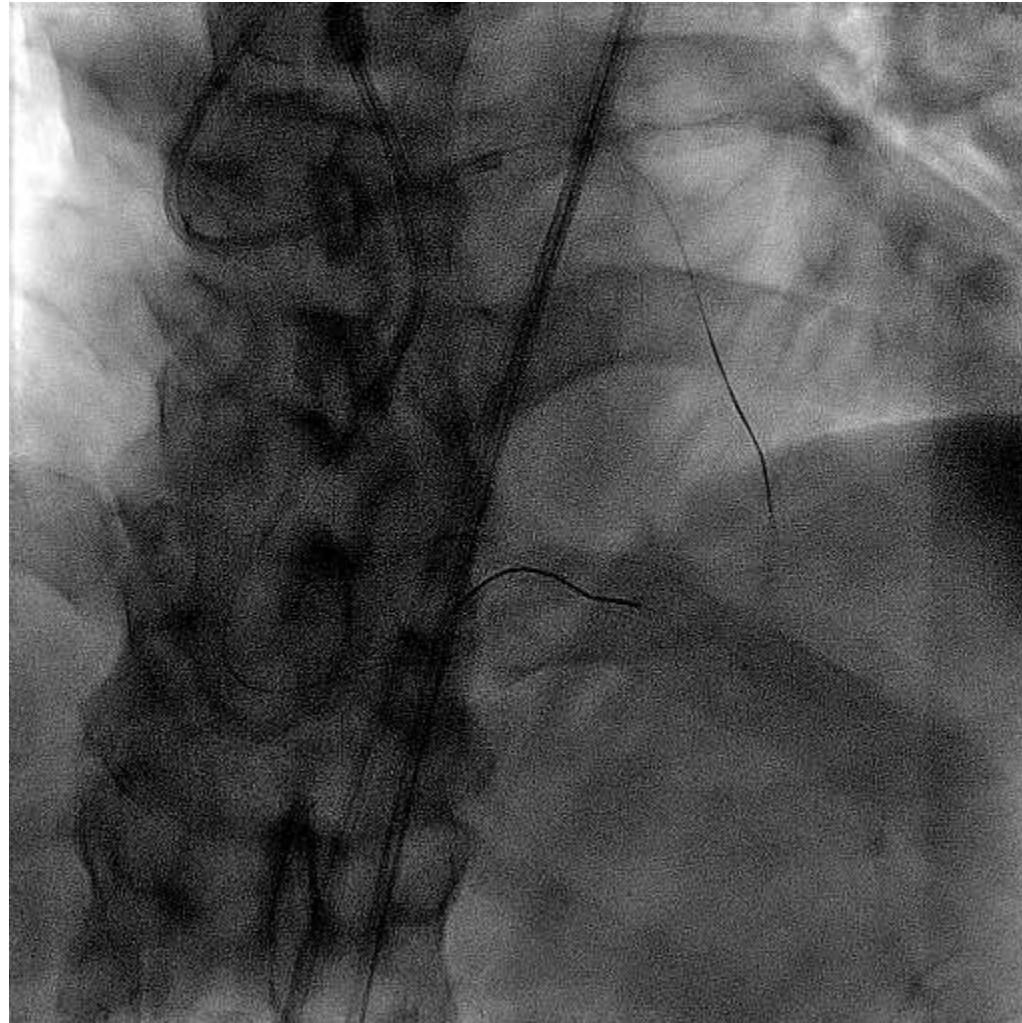
Recrossing Antegradely After POBA



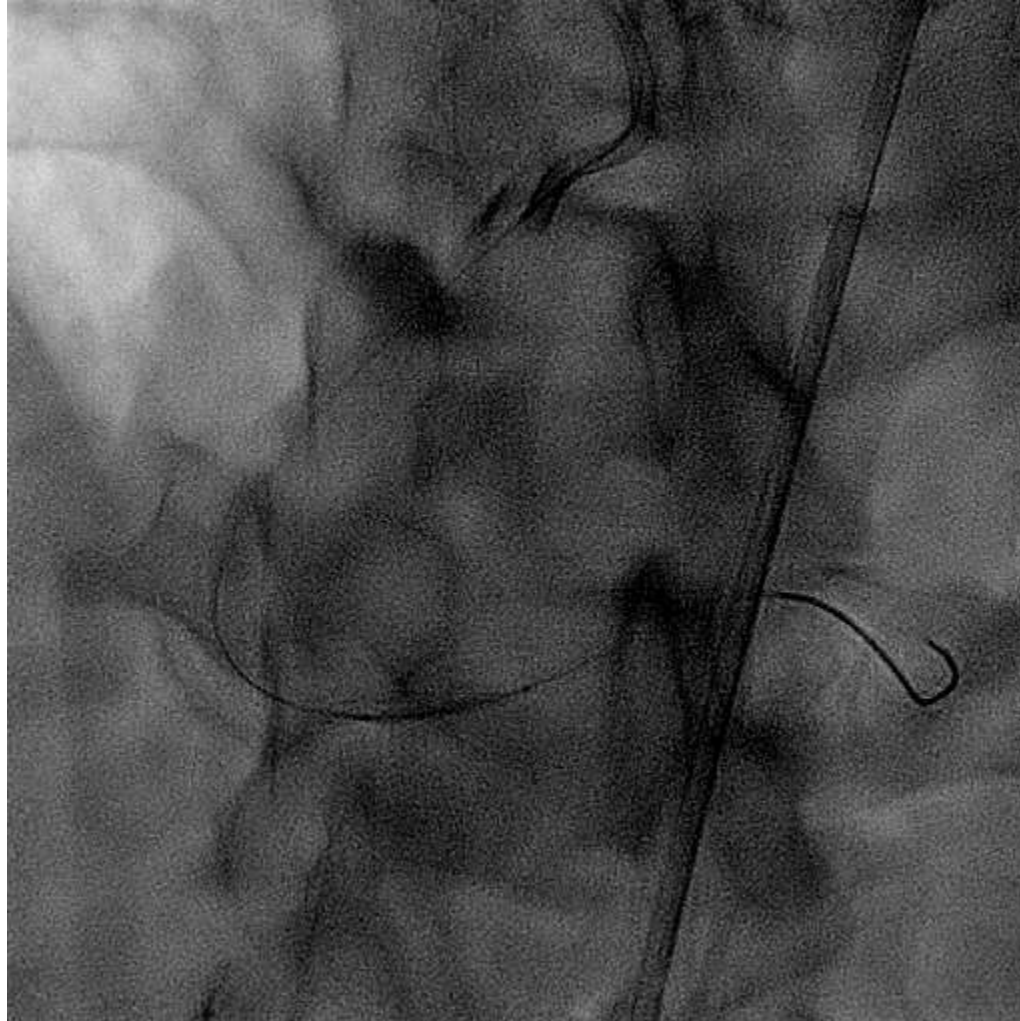
Removal of Retrograde Wire Inside Finecross Microcatheter



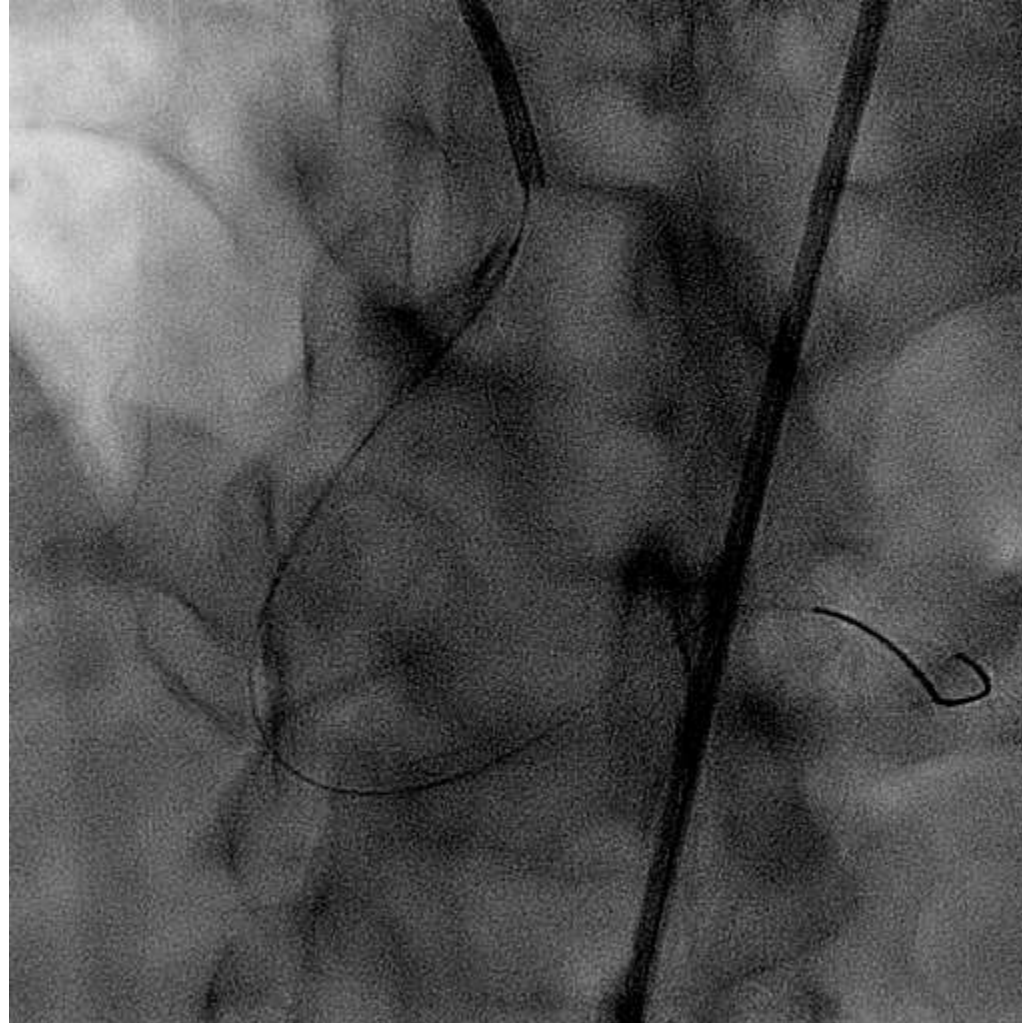
Removal of Retrograde Wire Inside Finecross Microcatheter



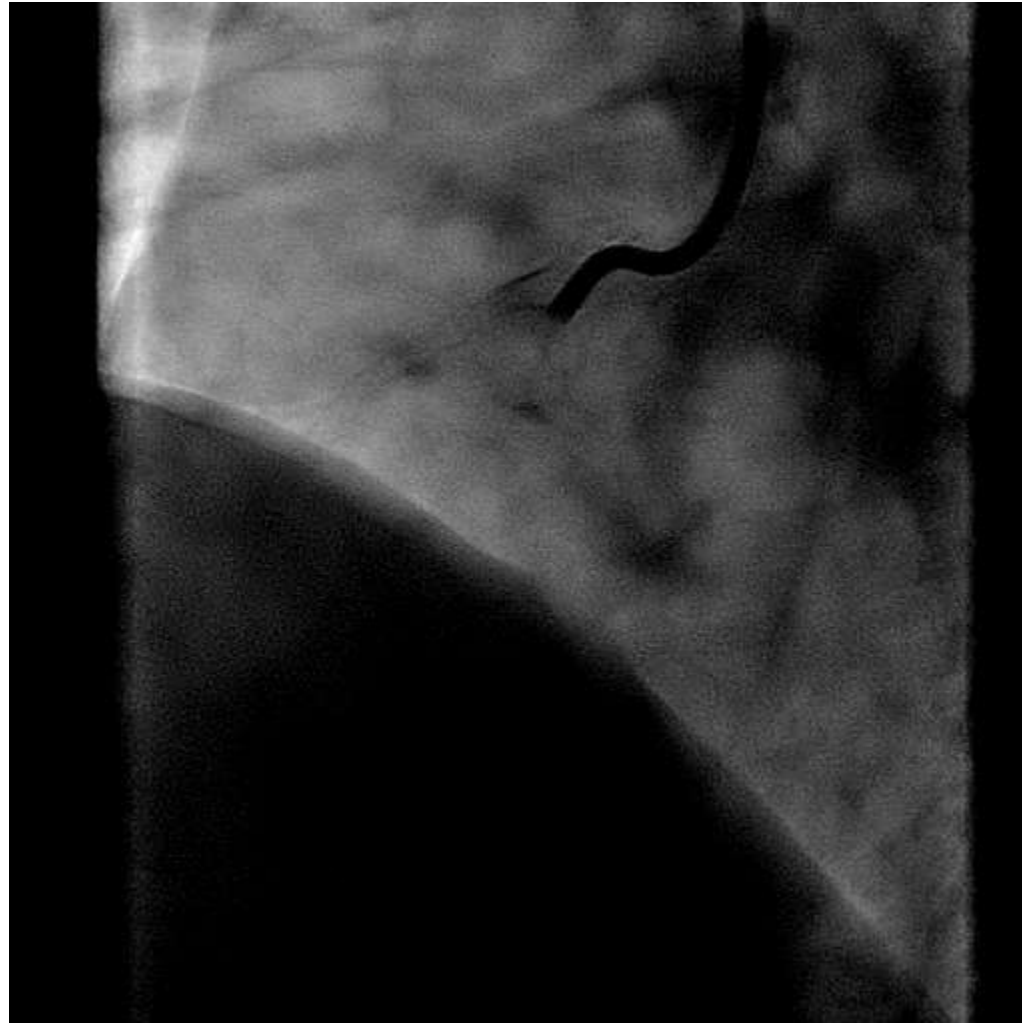
Distal RCA Stenting With 3.0 x 11 mm BM NF



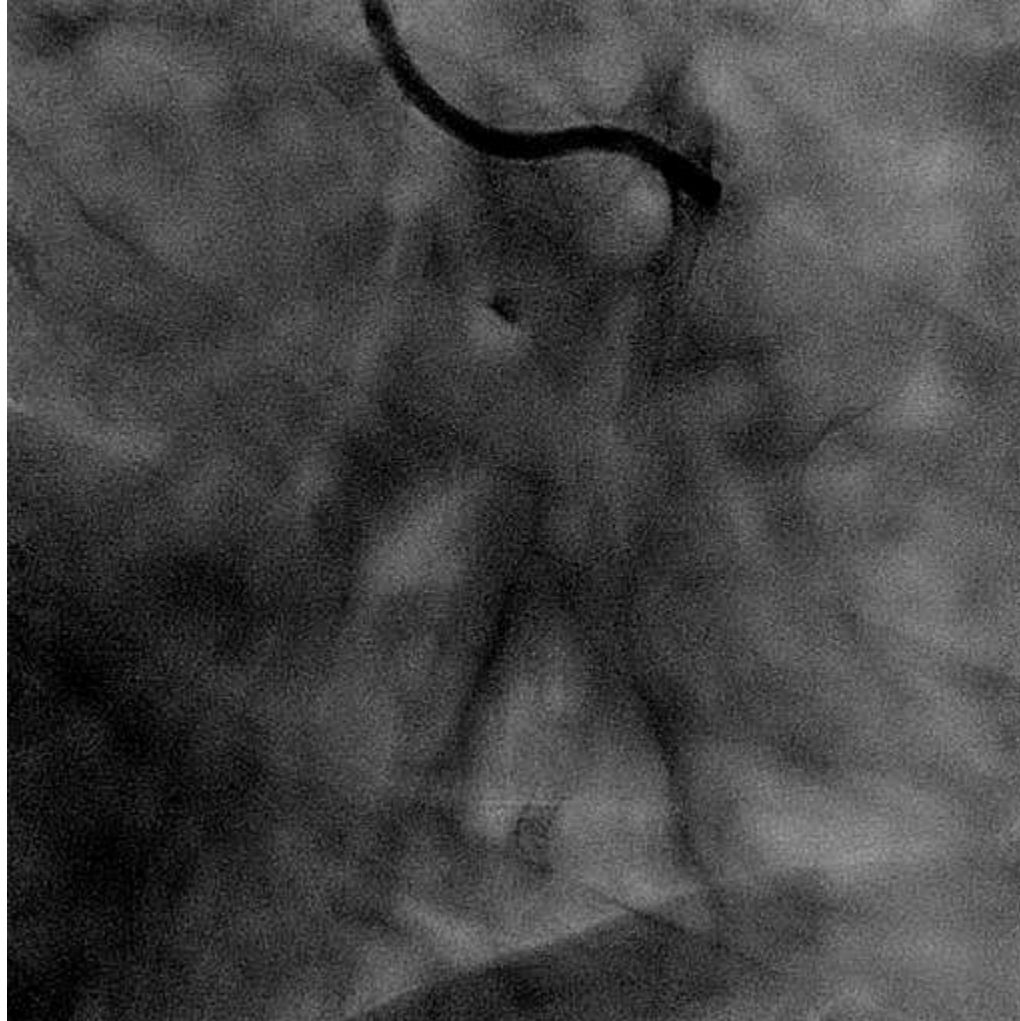
Ostial to Mid RCA stenting With 3.0 x 24 mm BM NF



Final Result



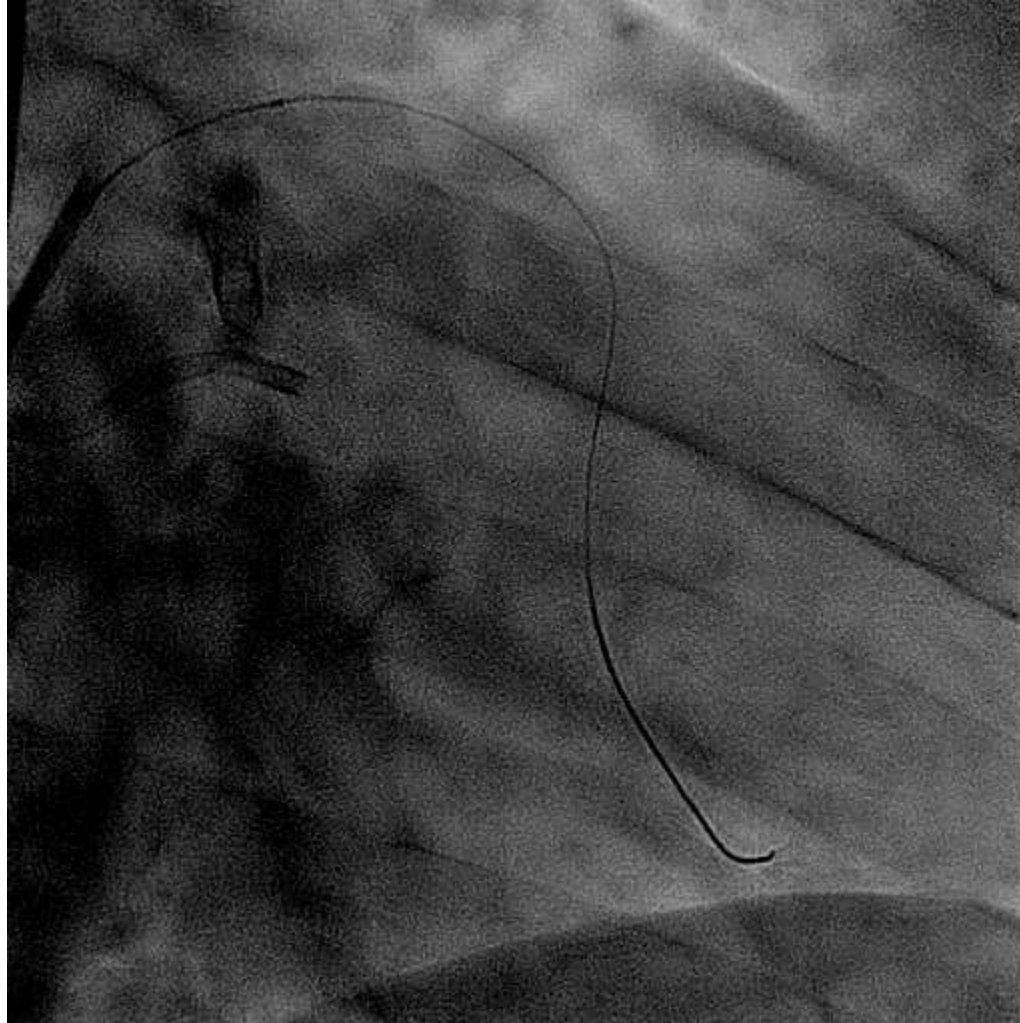
Final Result



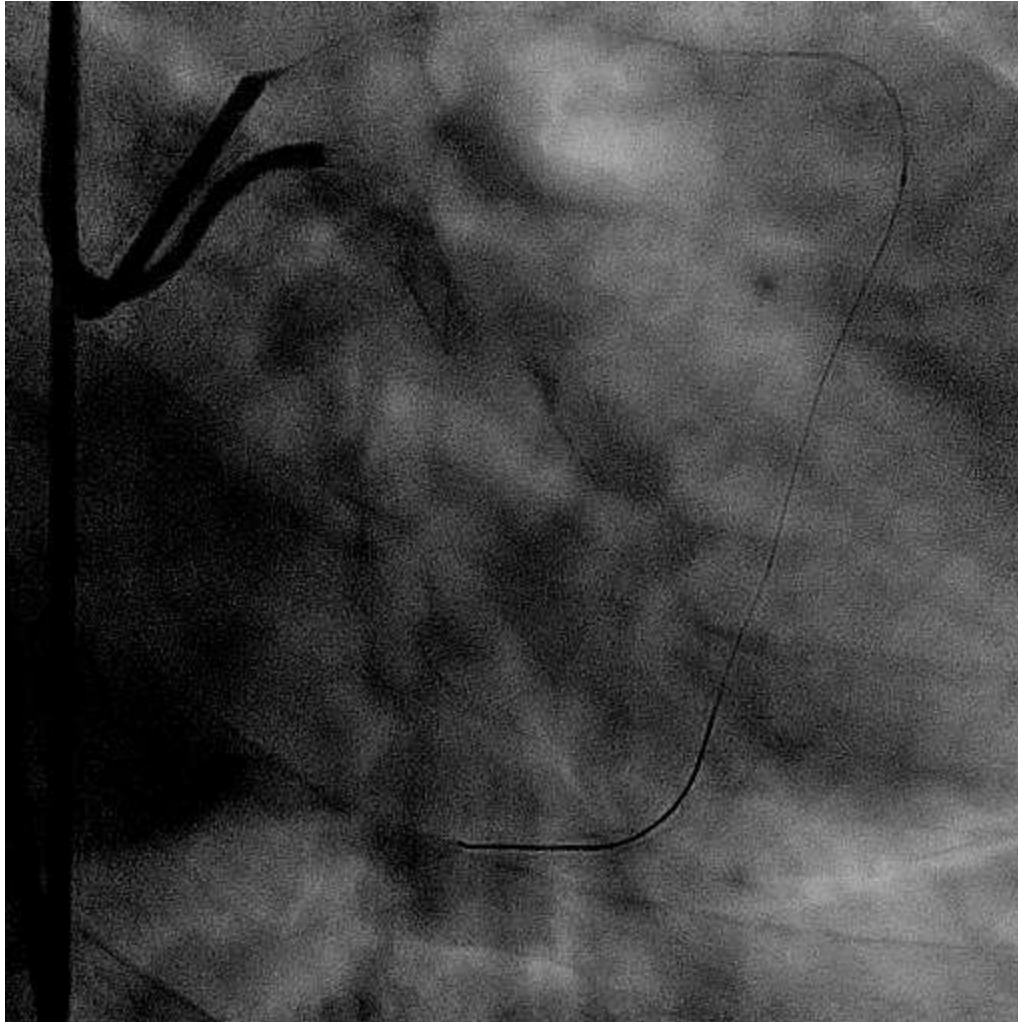
Conclusion & Keypoints

- Combination of Antegrade & Retrograde Wire crossing similar to Parallel or Seesaw wires techniques
- Identify the correct septal collateral
- Always remove retrograde wire inside the microcatheter to prevent “salami slicing”

Wiring Septal Branch



Wiring Septal Branch



Wiring Septal Branch

