

Learning from Re-try Cases

Why the previous attempt was failed?

Yuji Oikawa

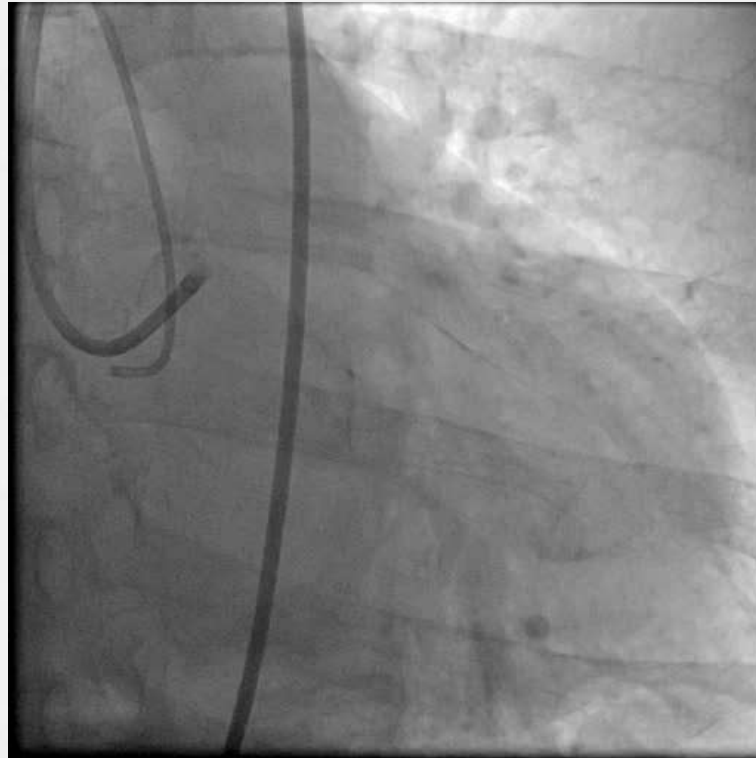
The Cardiovascular Institute

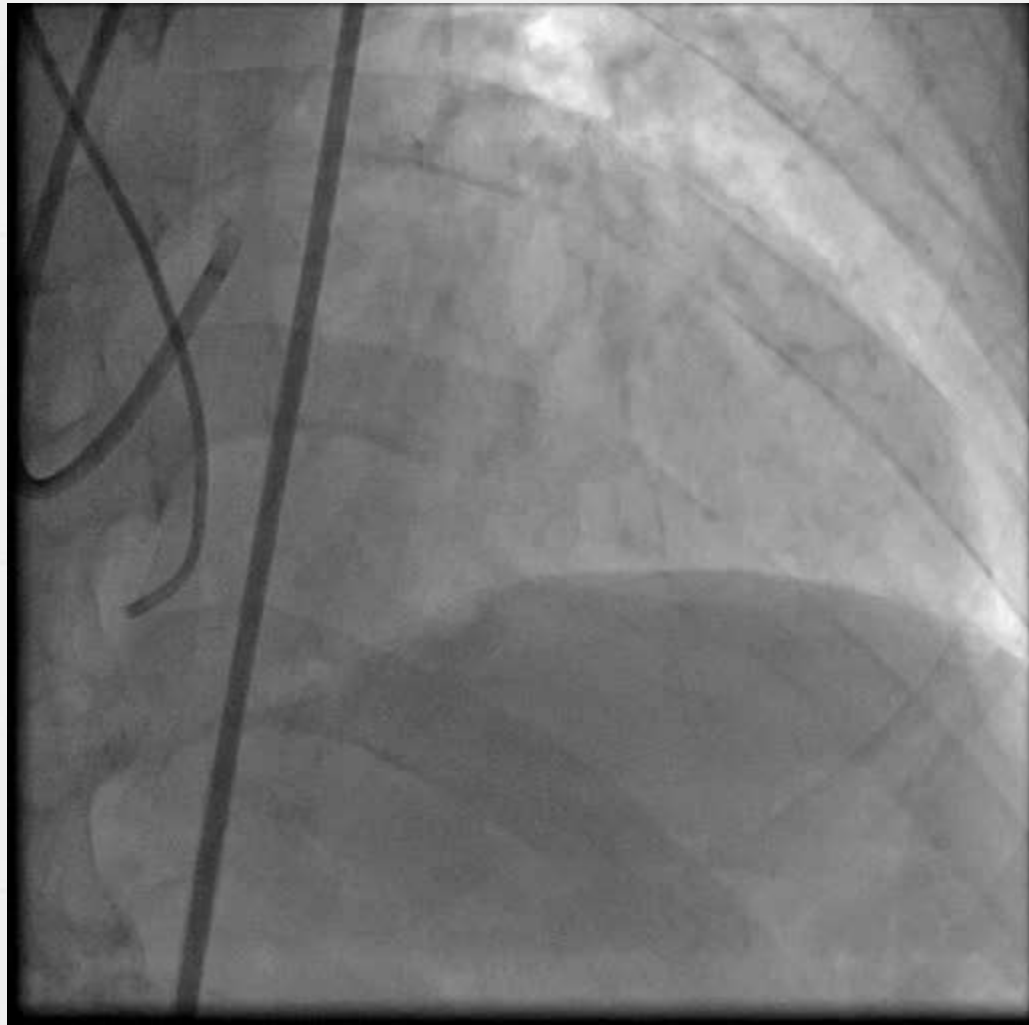
Case

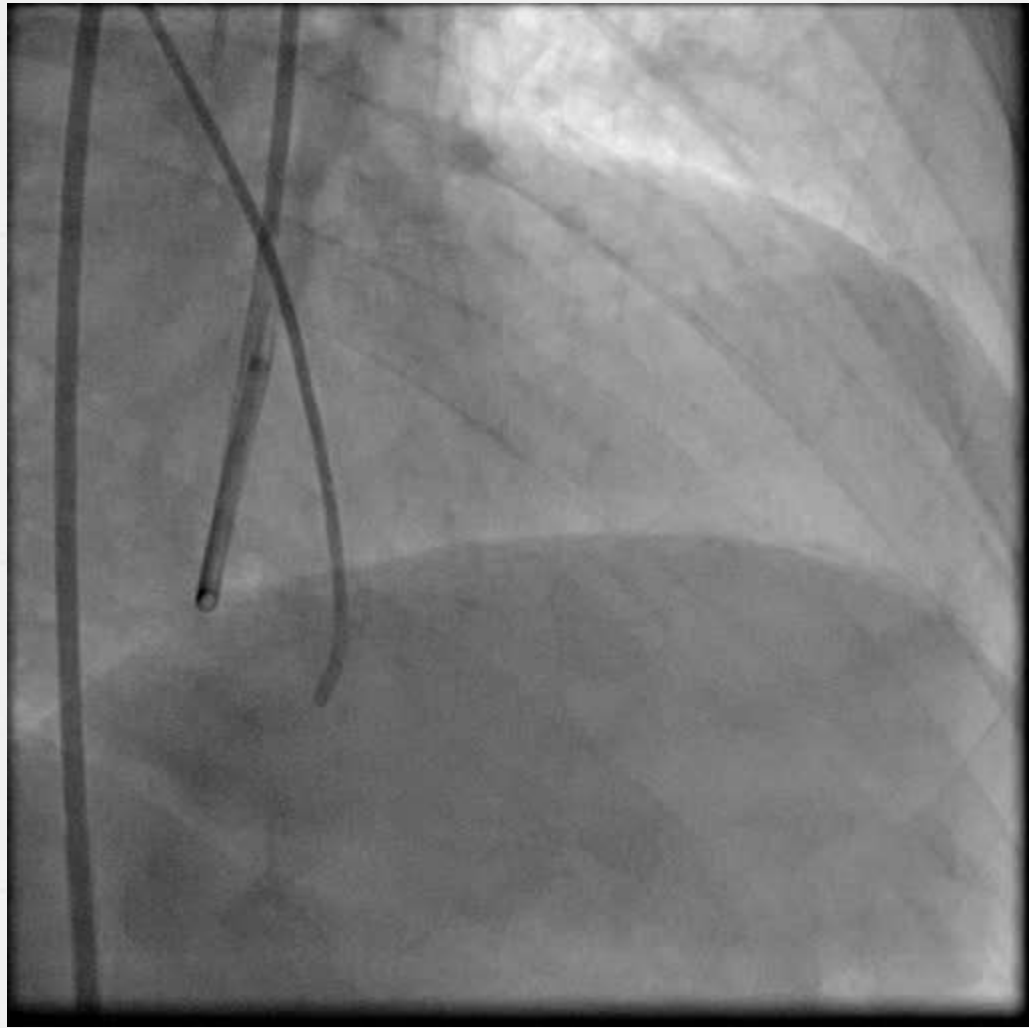
- 70's male
- Diagnosis ; stable AP

- Mid LAD-CTO
- First attempt PCI was done at the other hospital.

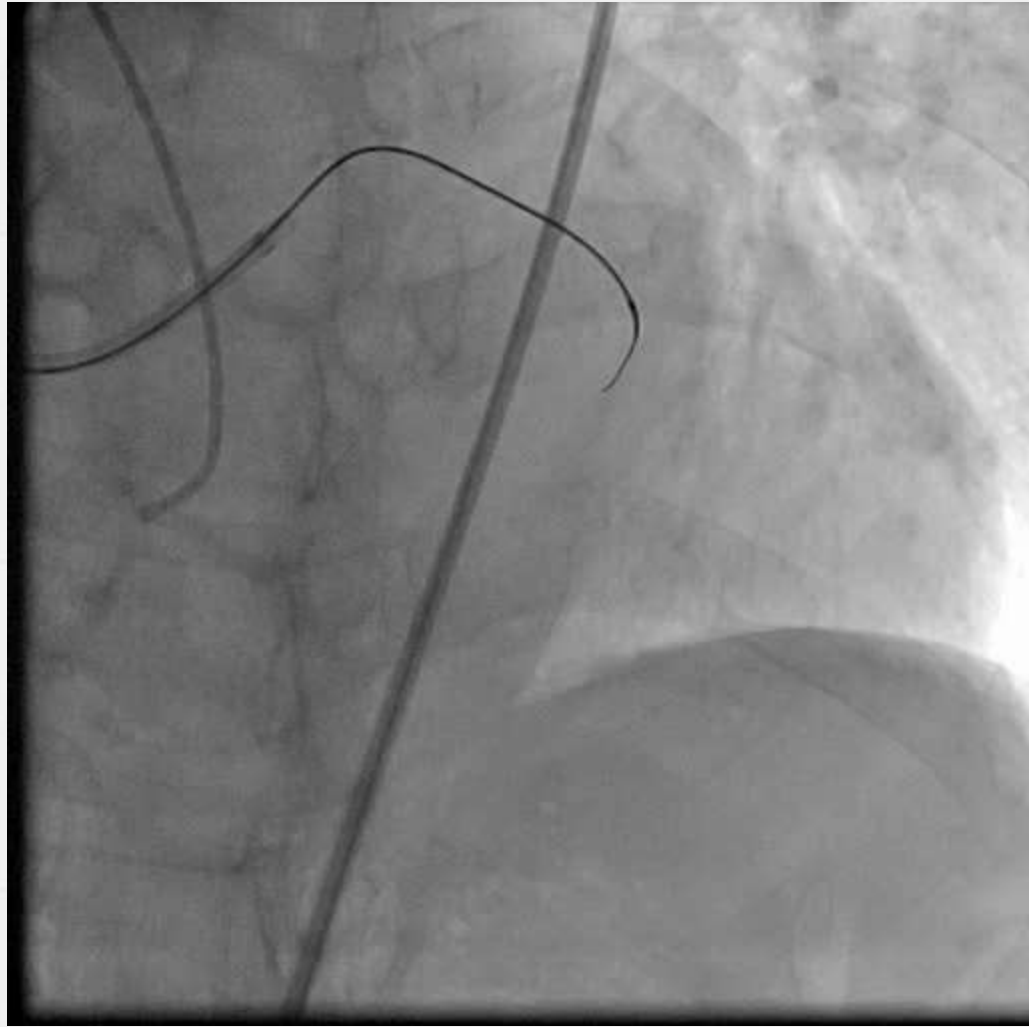
CAG

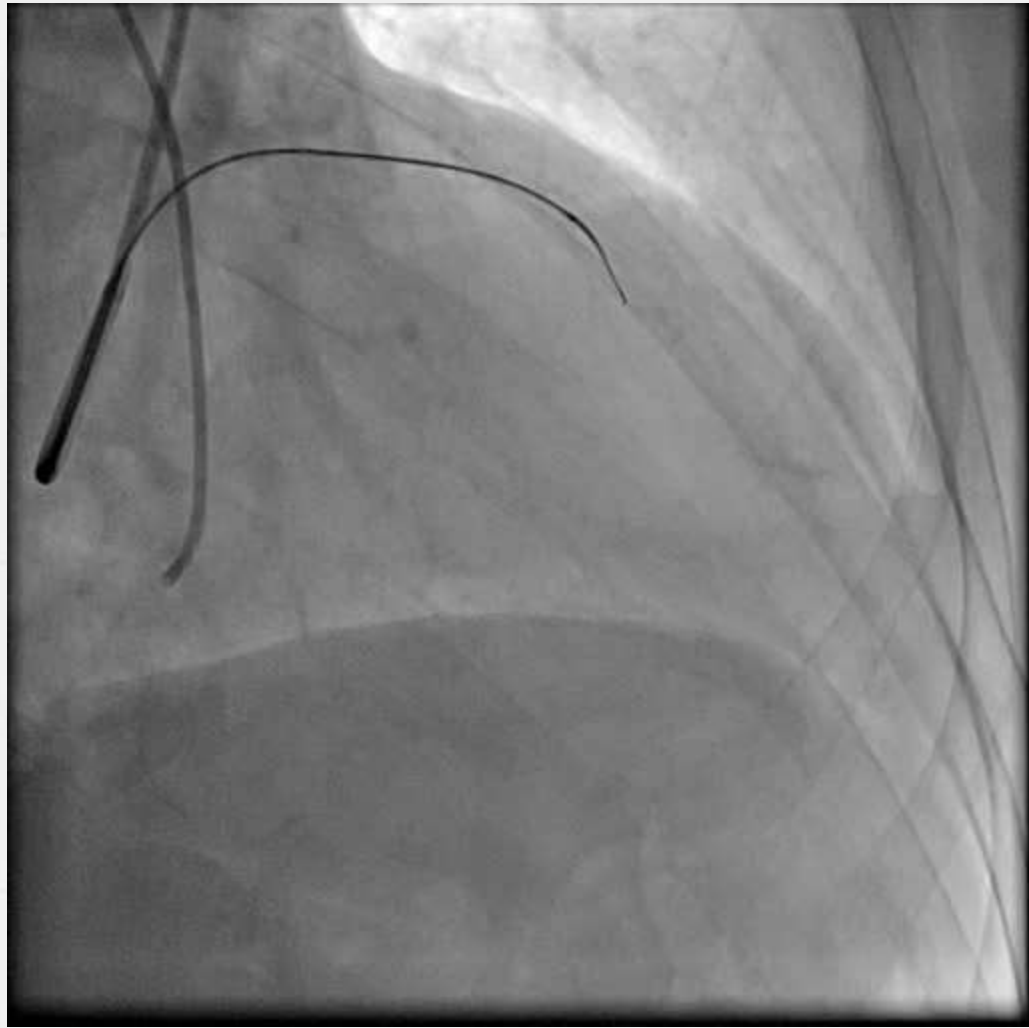


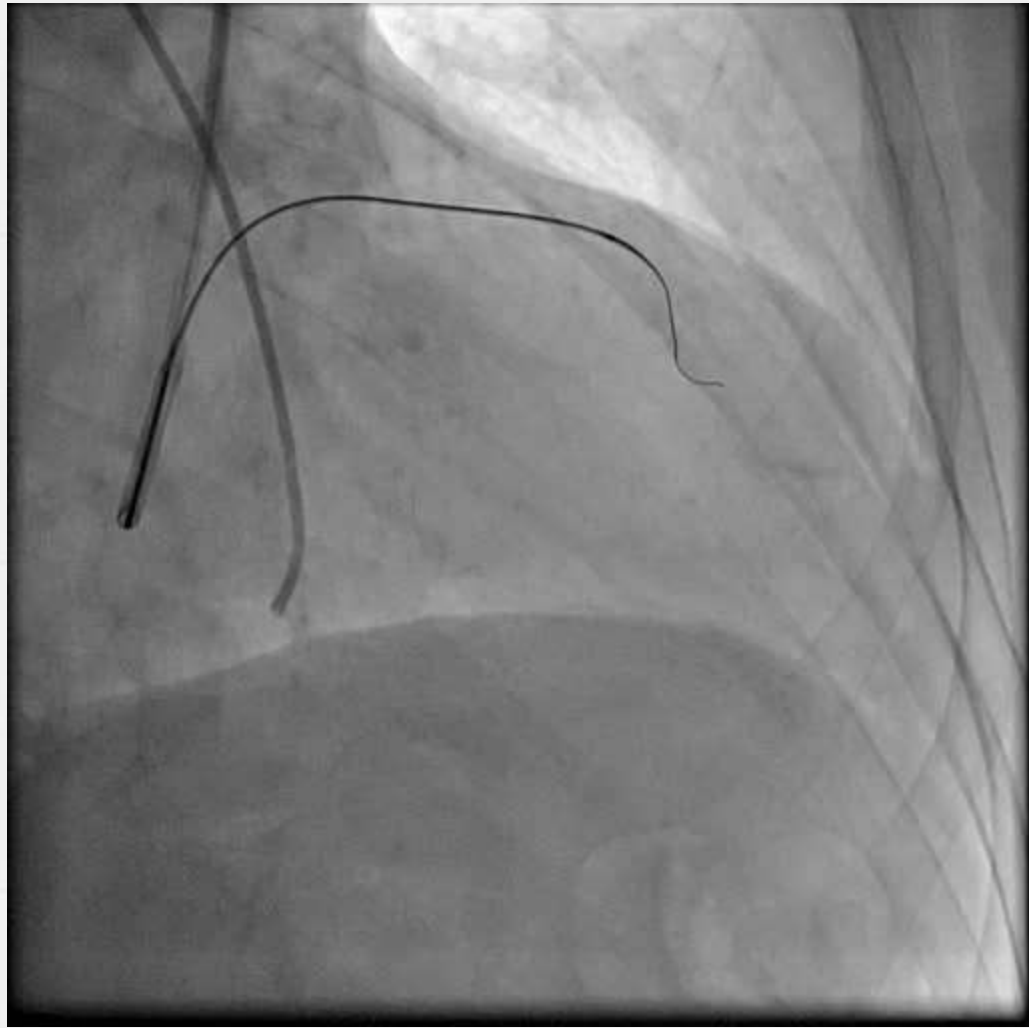


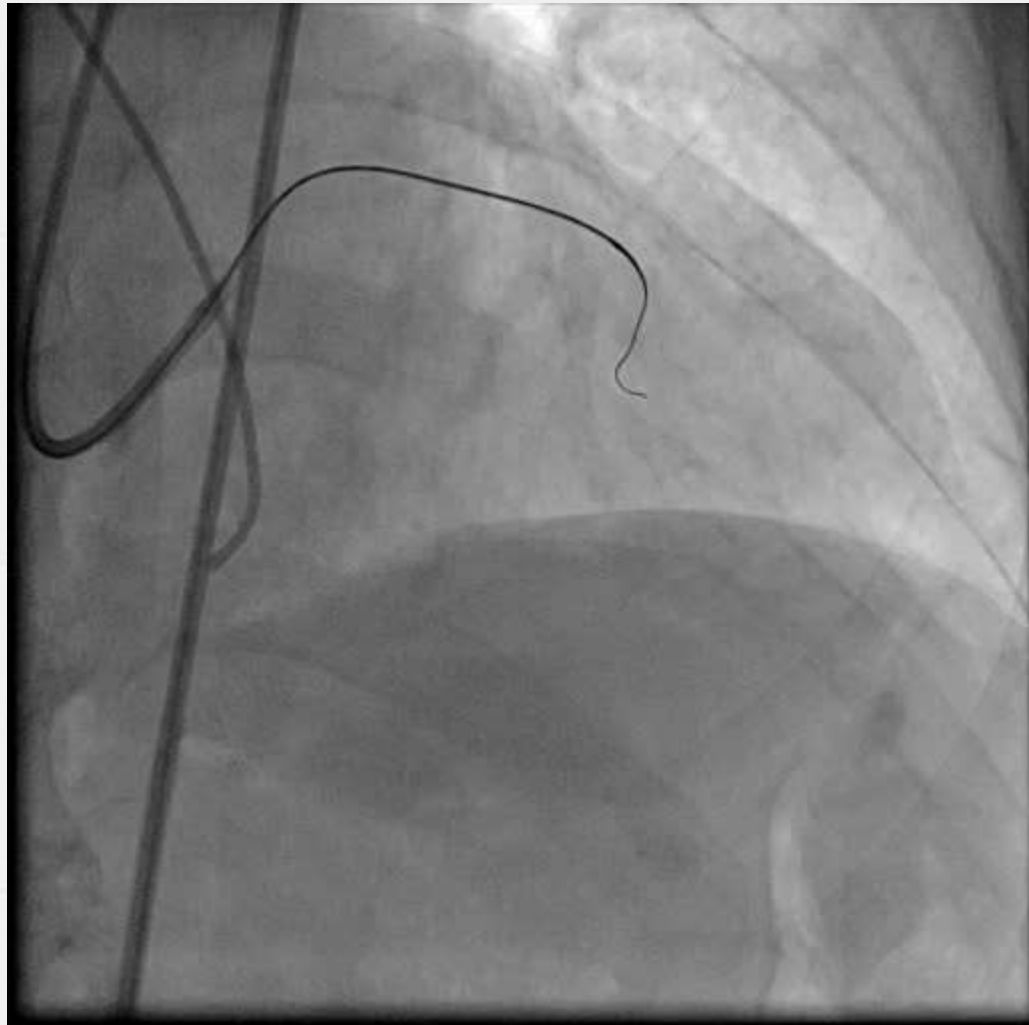


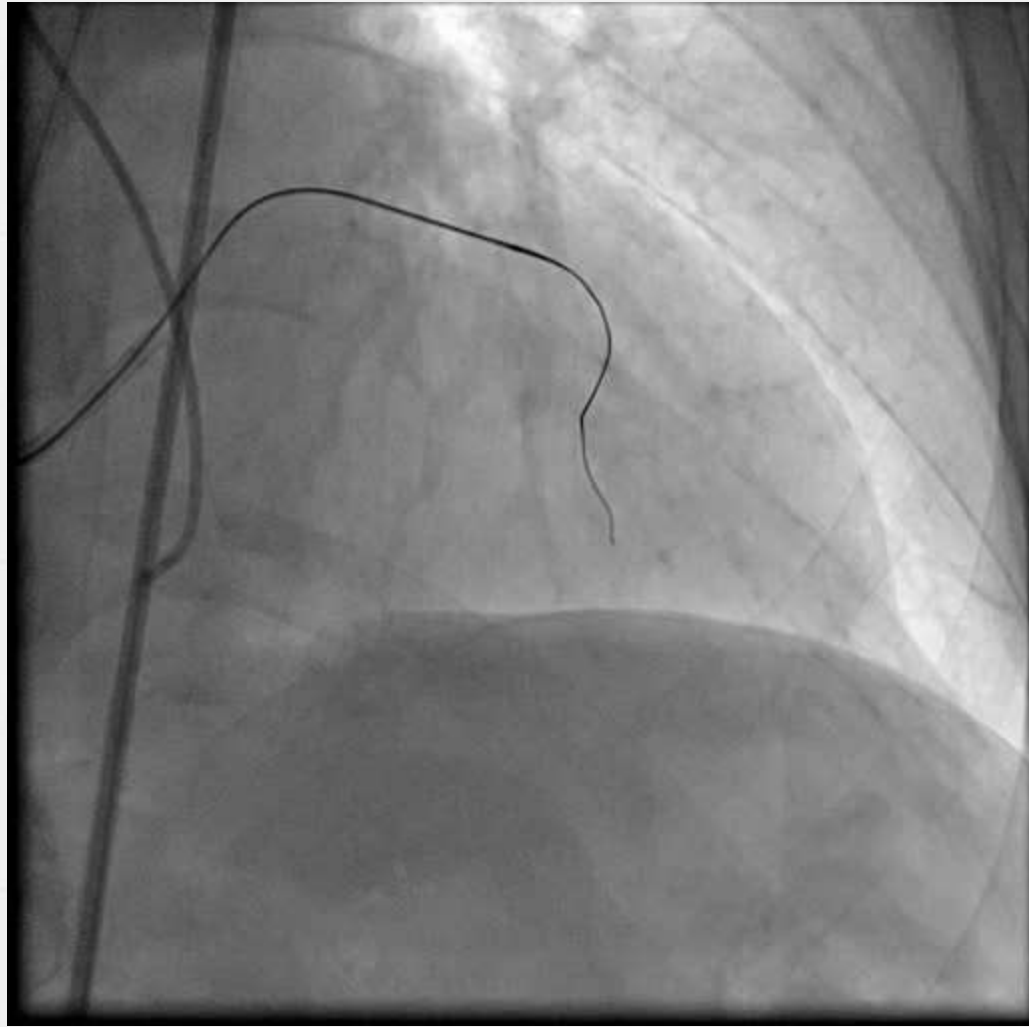


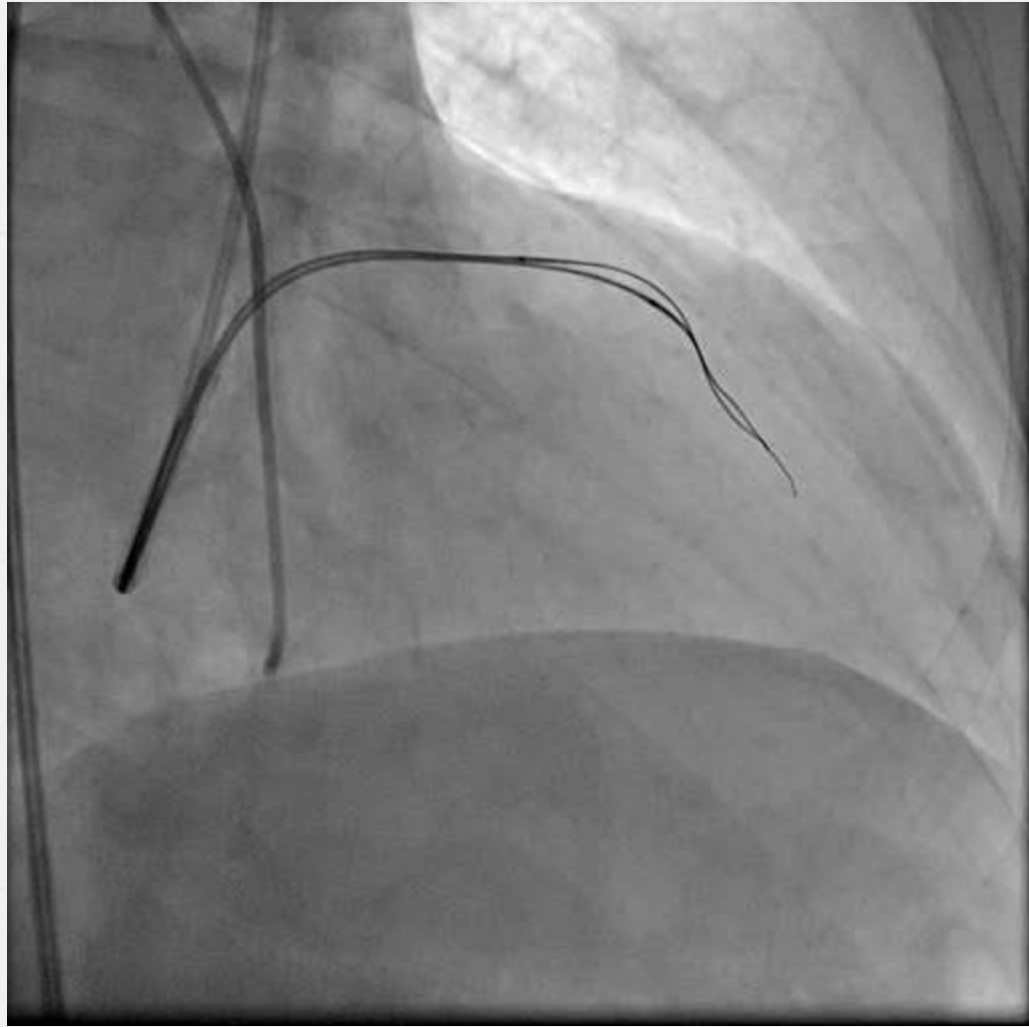


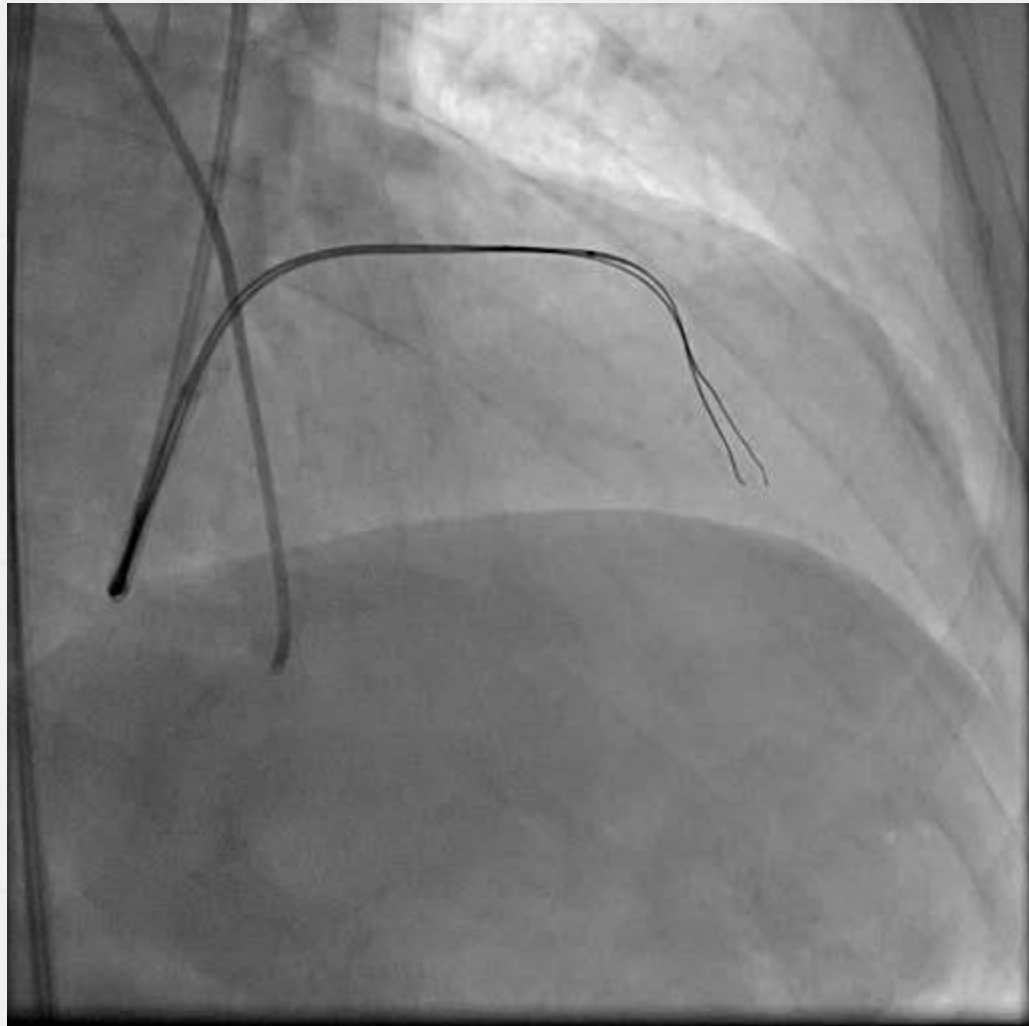


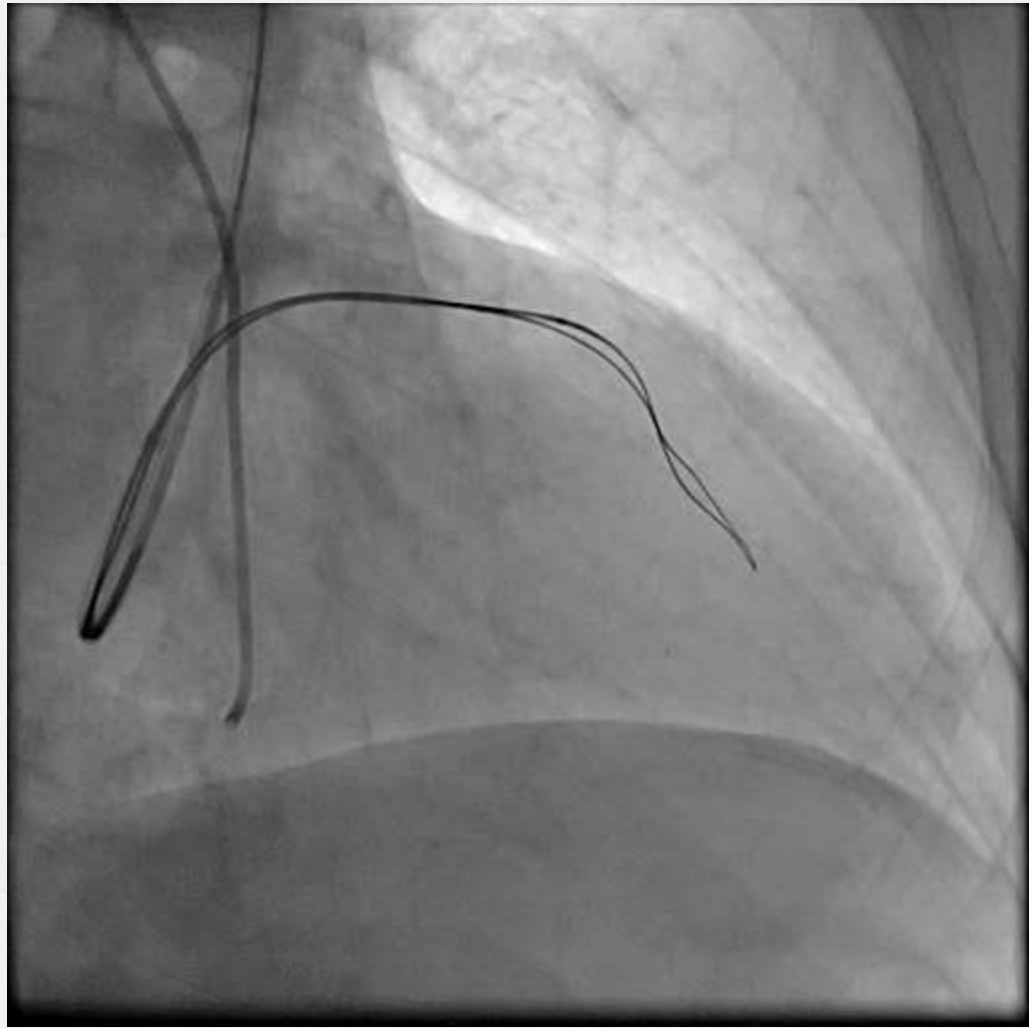


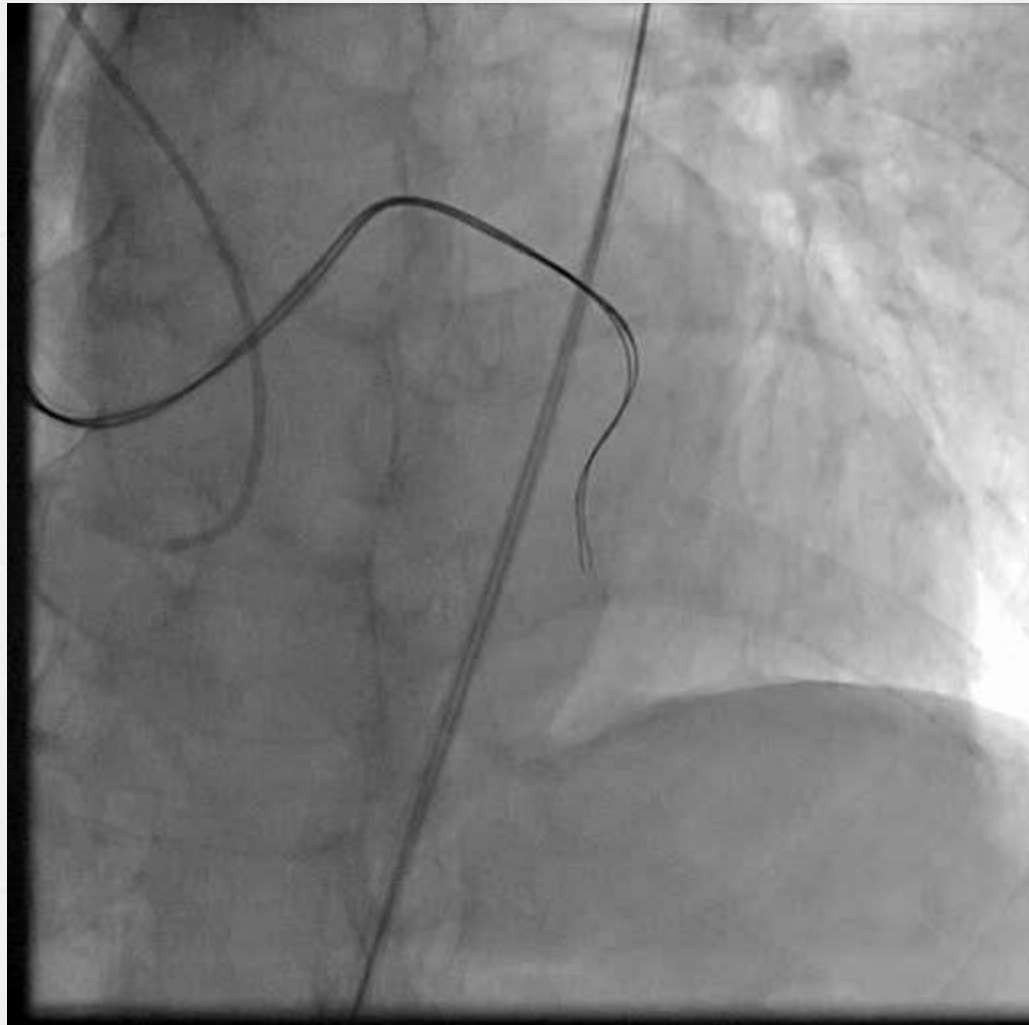


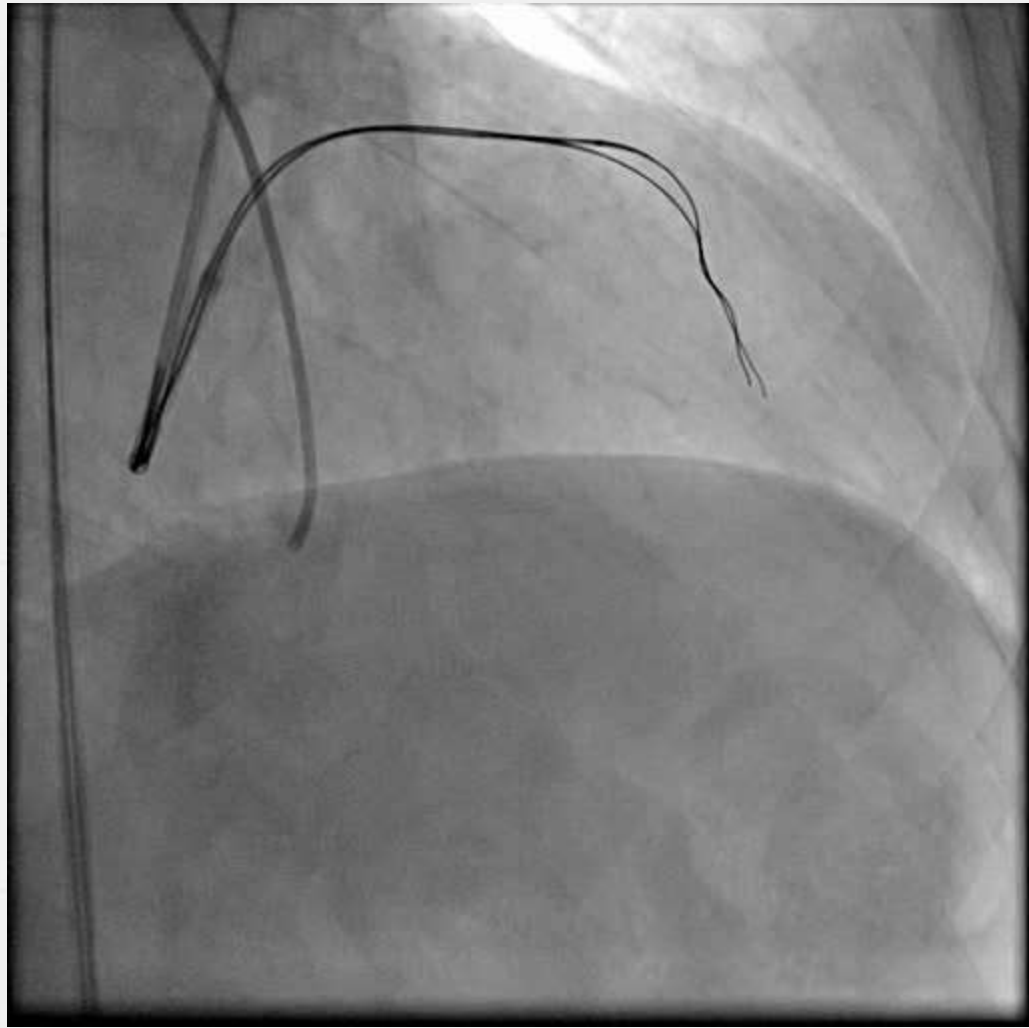


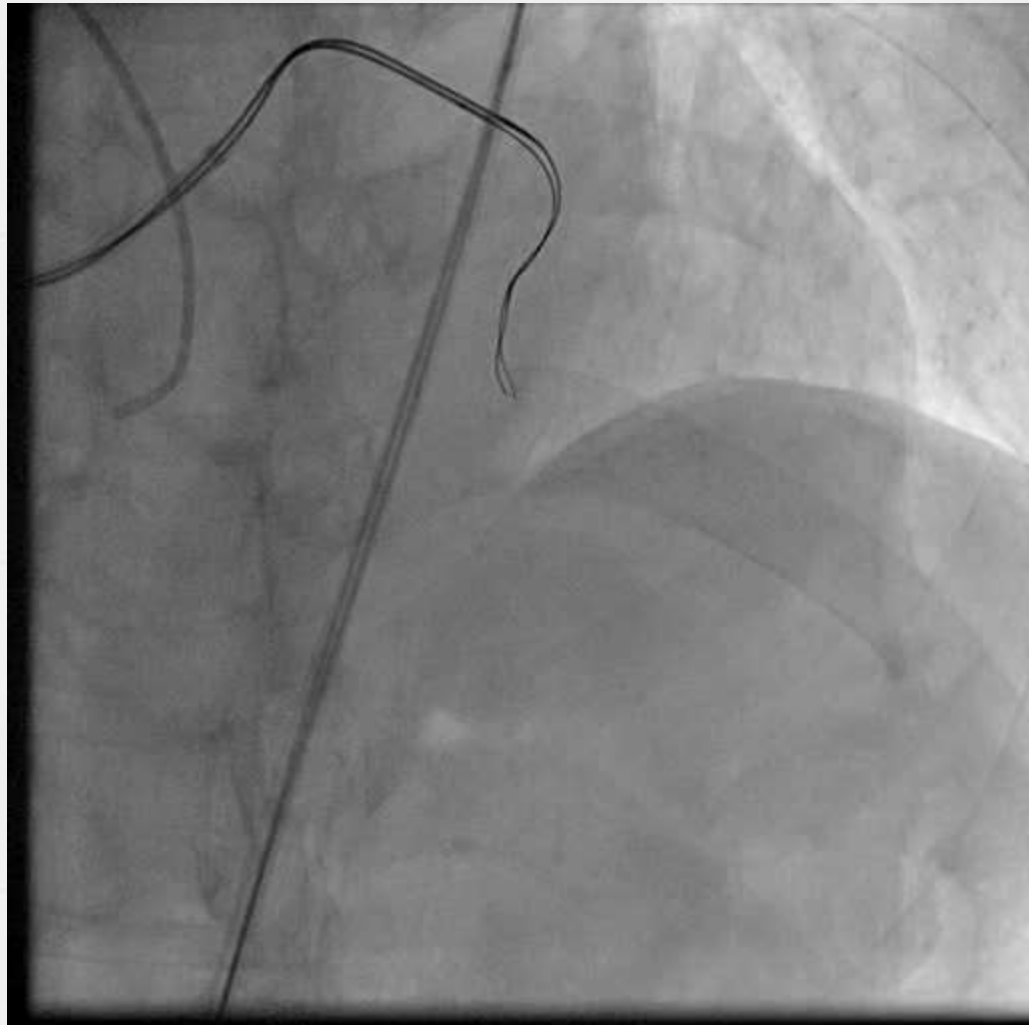




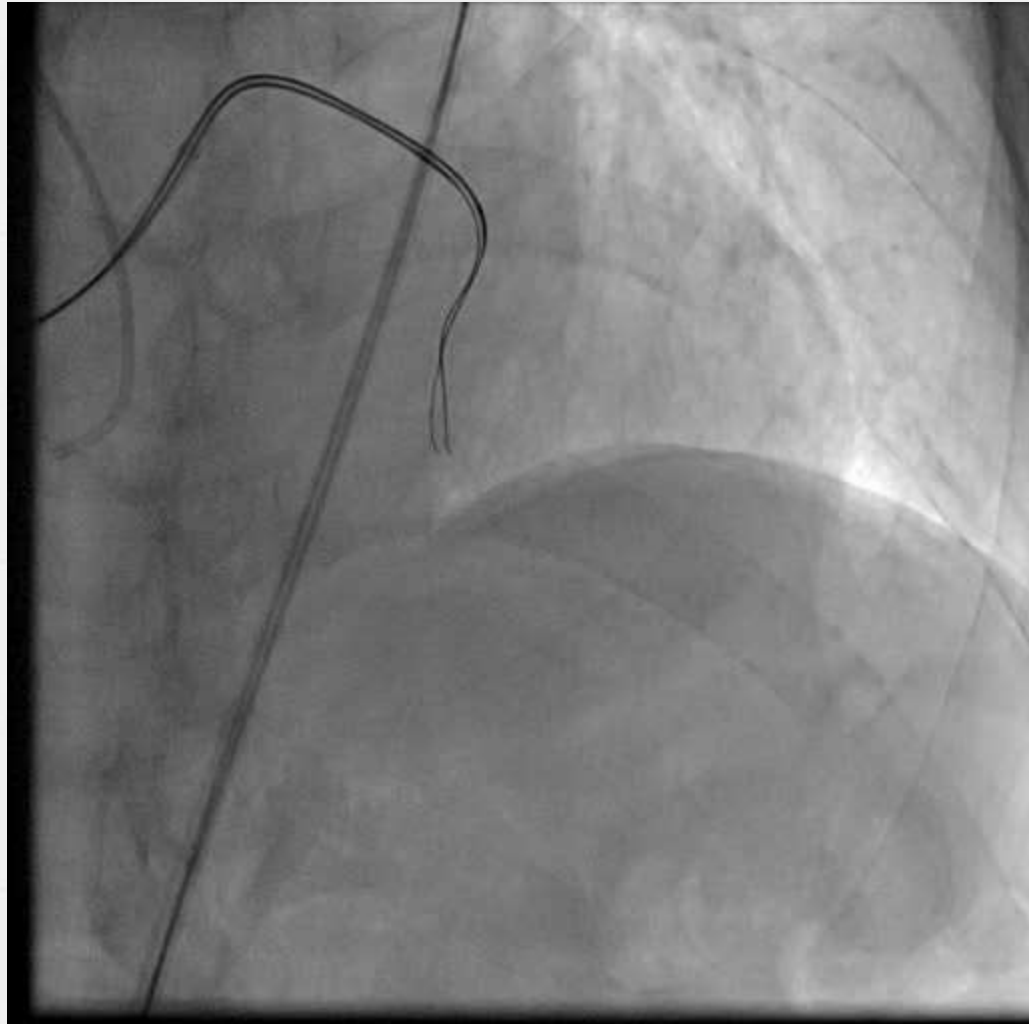


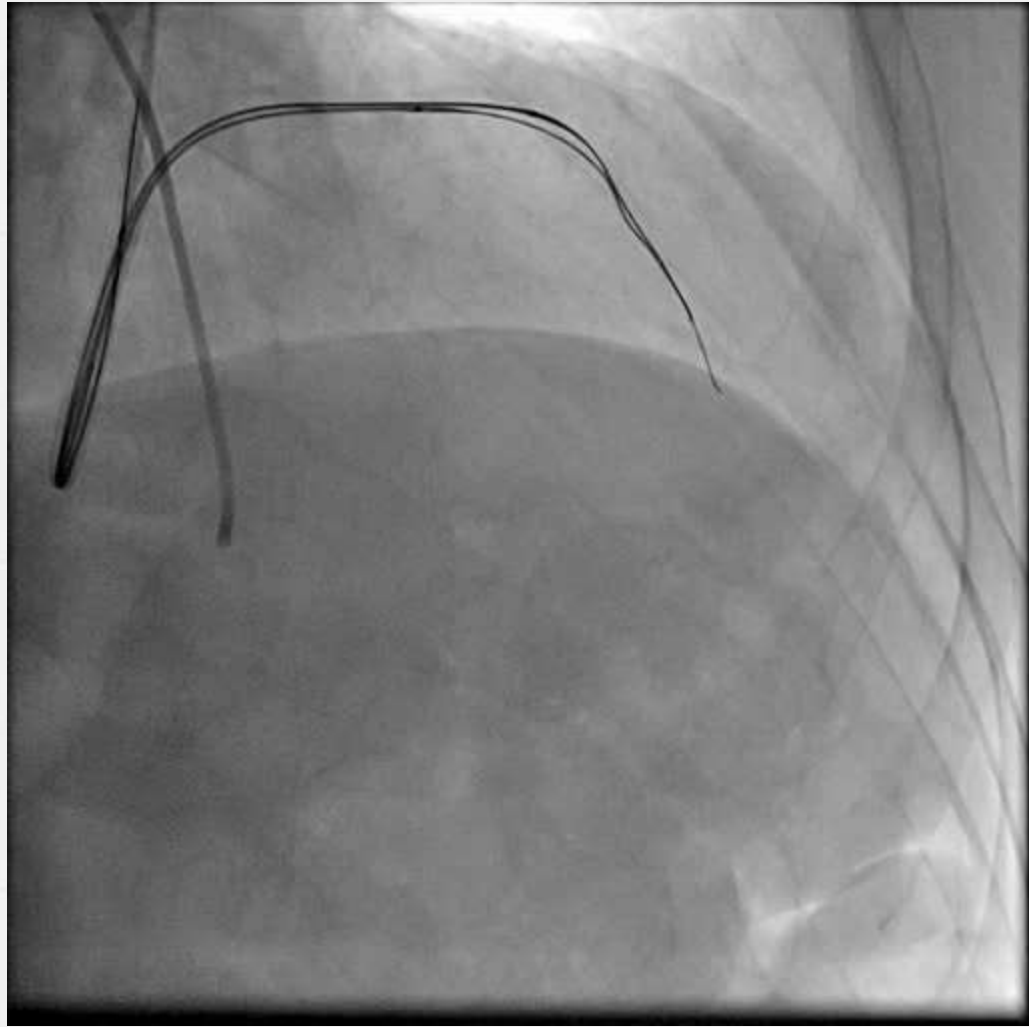




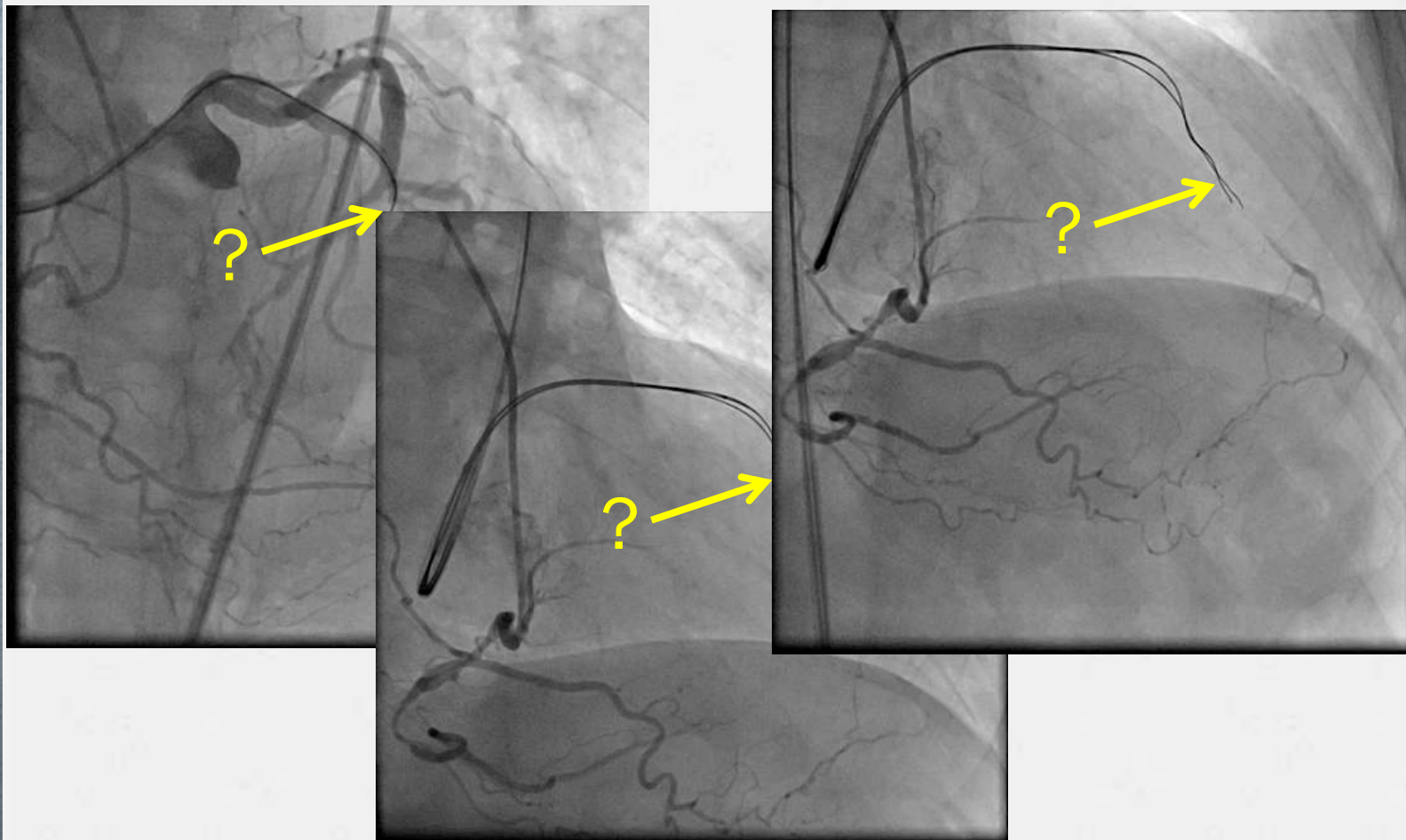








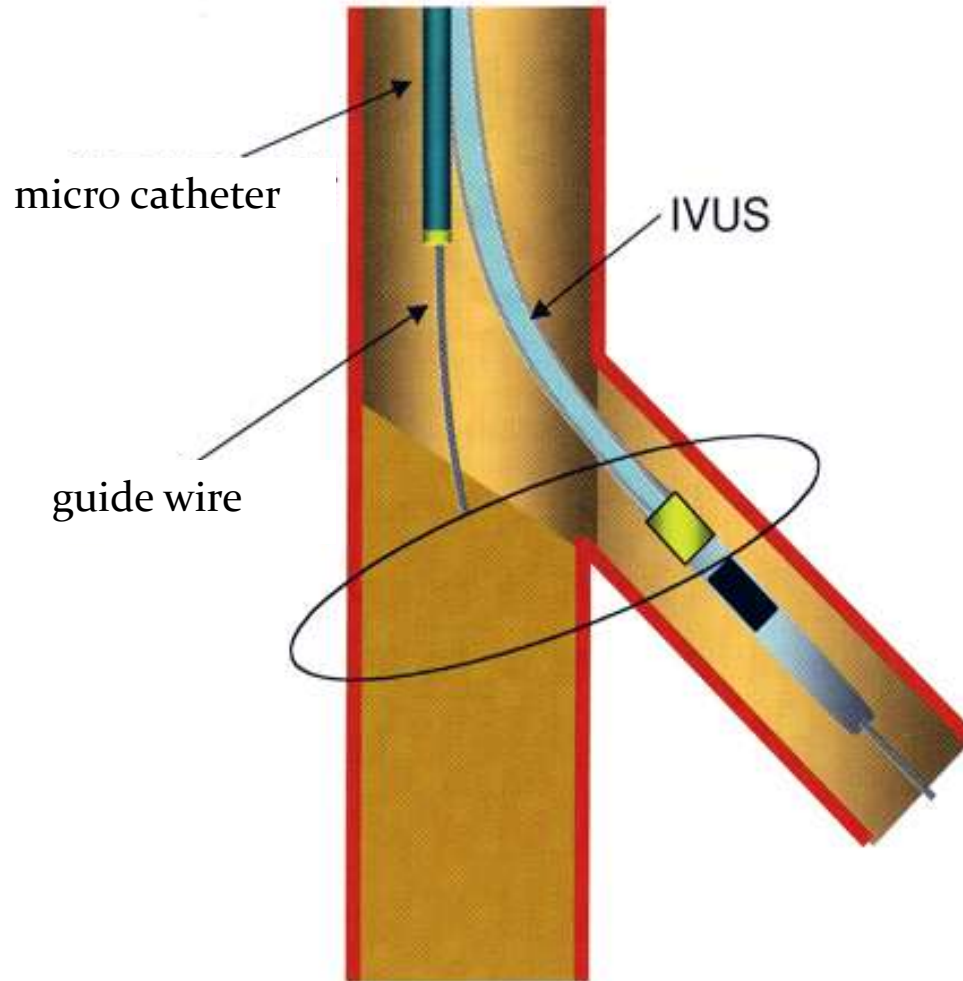
The reason why 1st attempt was failed . . .



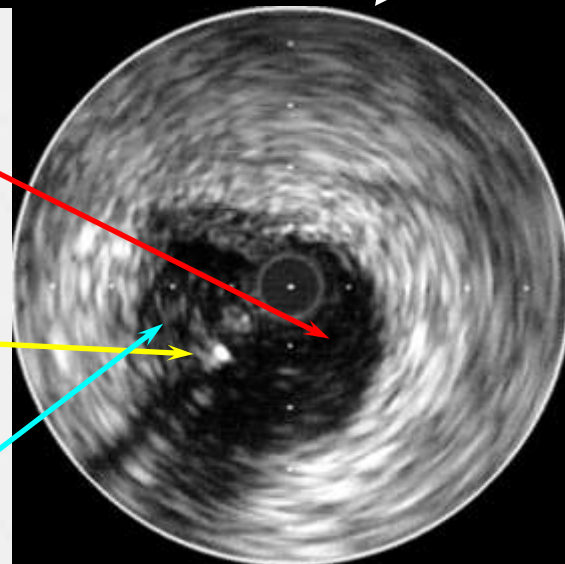
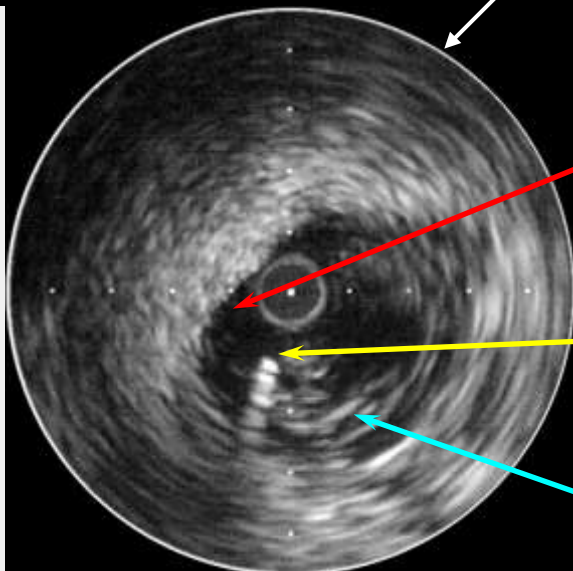
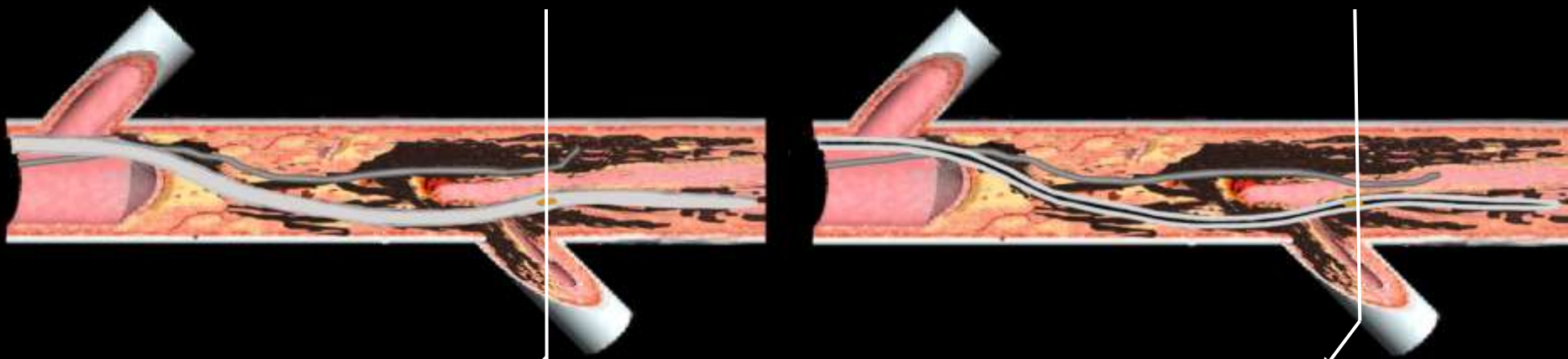
At the 1st attempt • • •

- Parallel wire technique was not effective because the operator could not know the direction of the true lumen toward the 1st wire.
- When turning point of 2nd wire is recognizable, the attempt of parallel wire technique may be successful.

IVUS guide wiring ①



IVUS guide ②

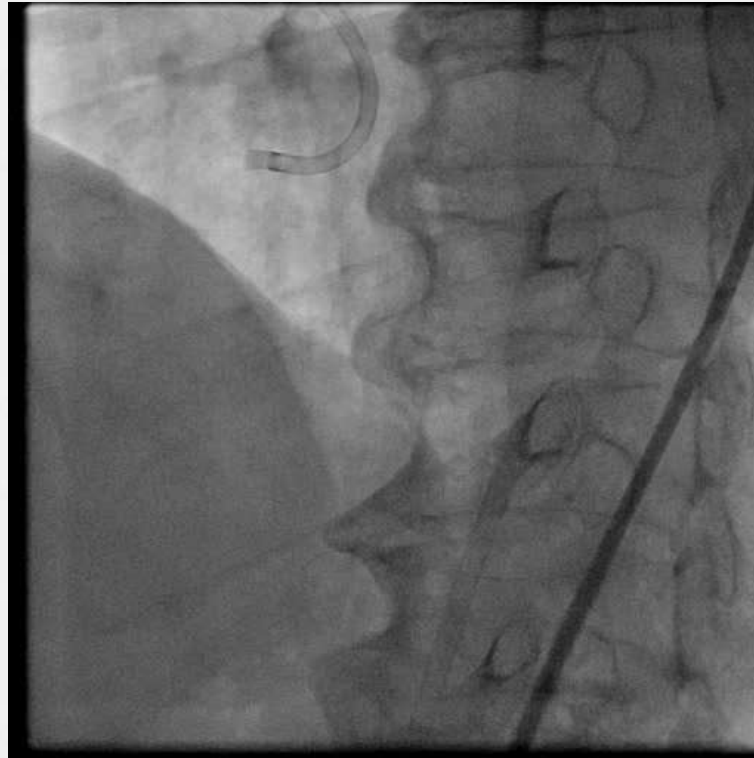


False lumen

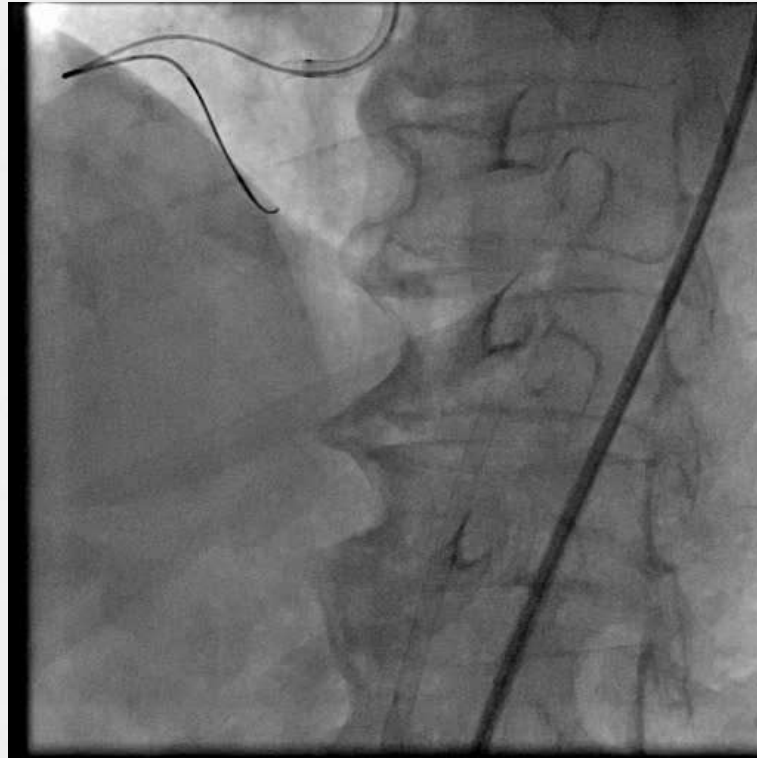
Guide wire

True lumen

2nd attempt PCI

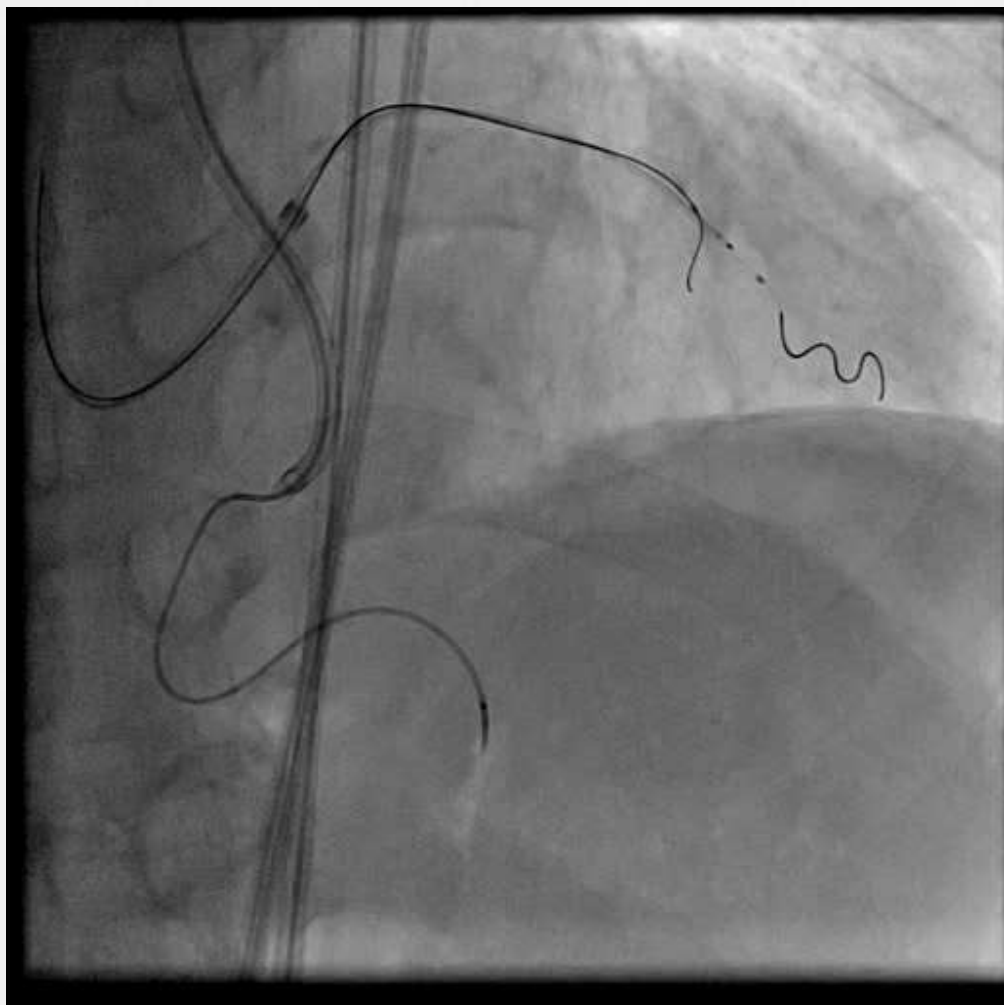


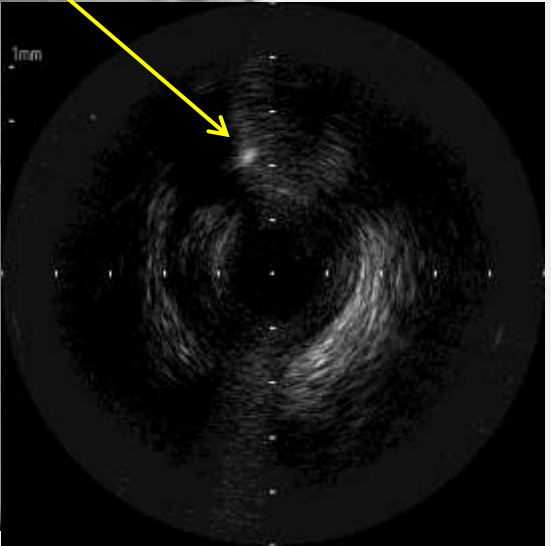
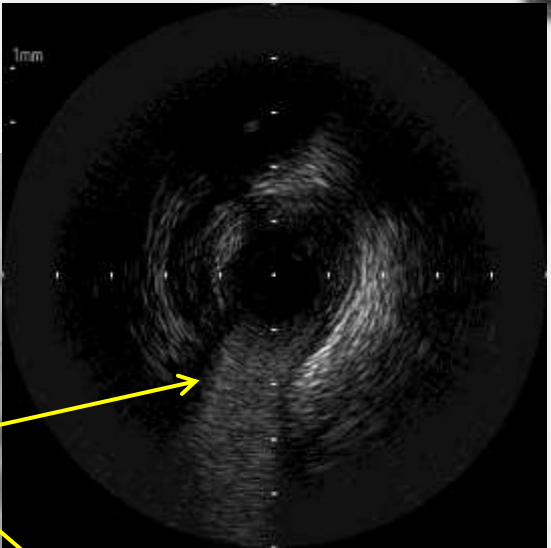
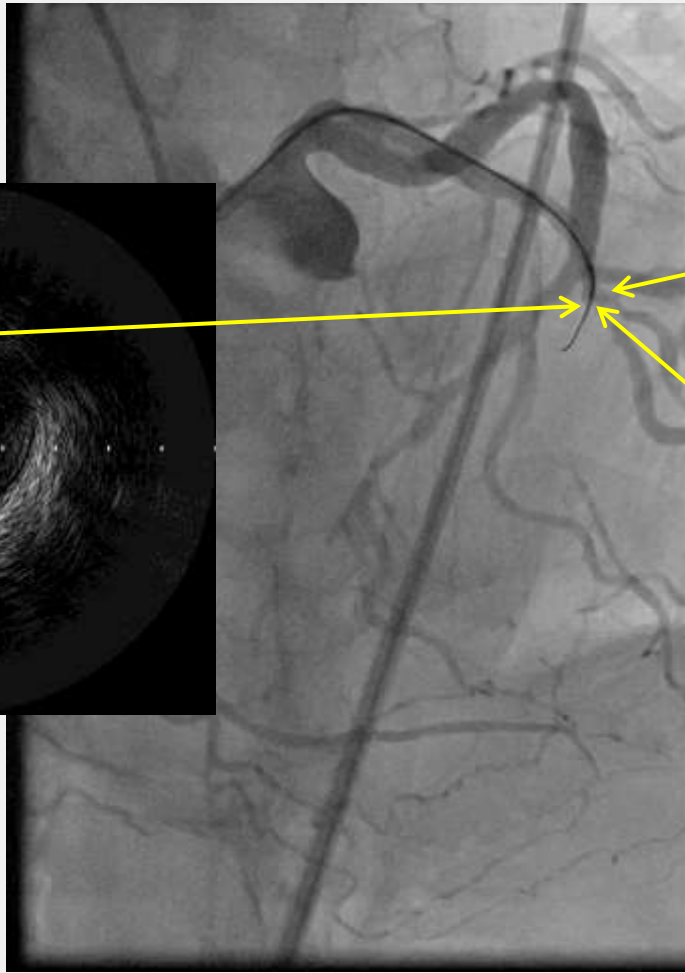
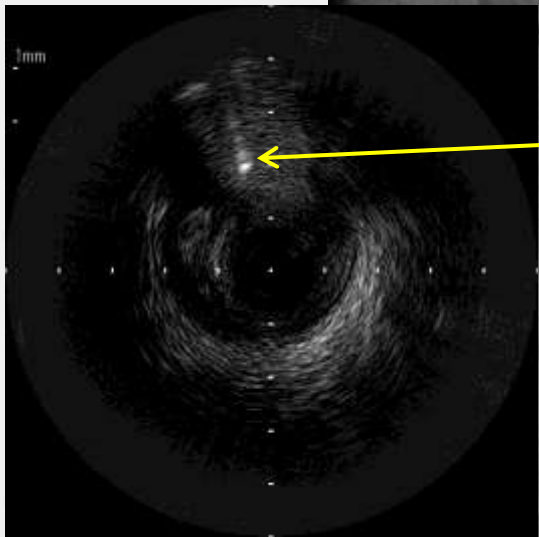


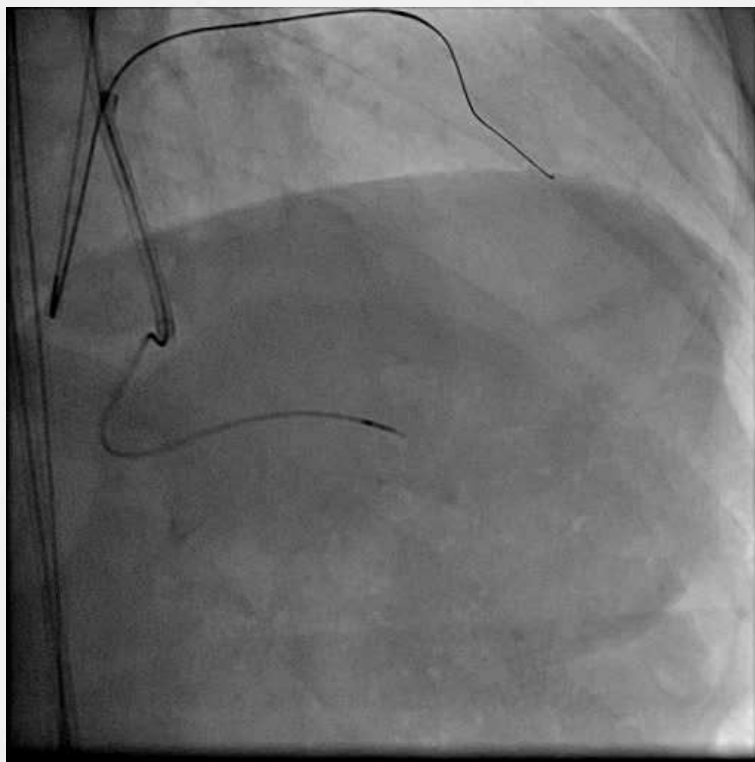


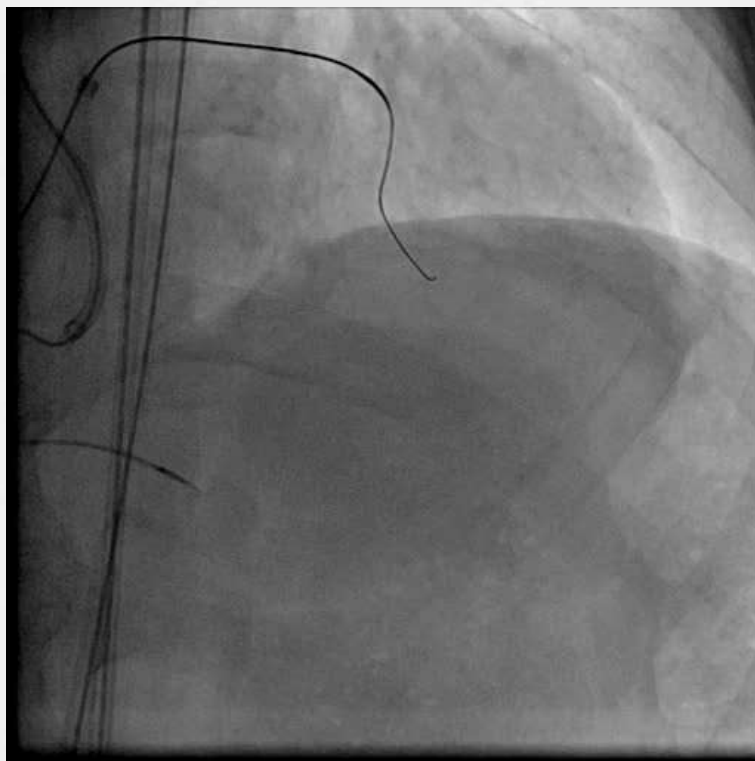




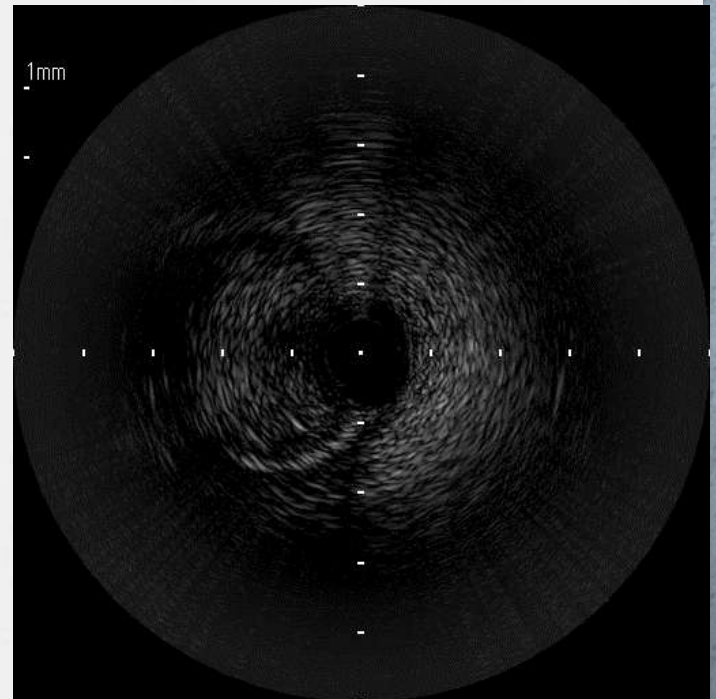
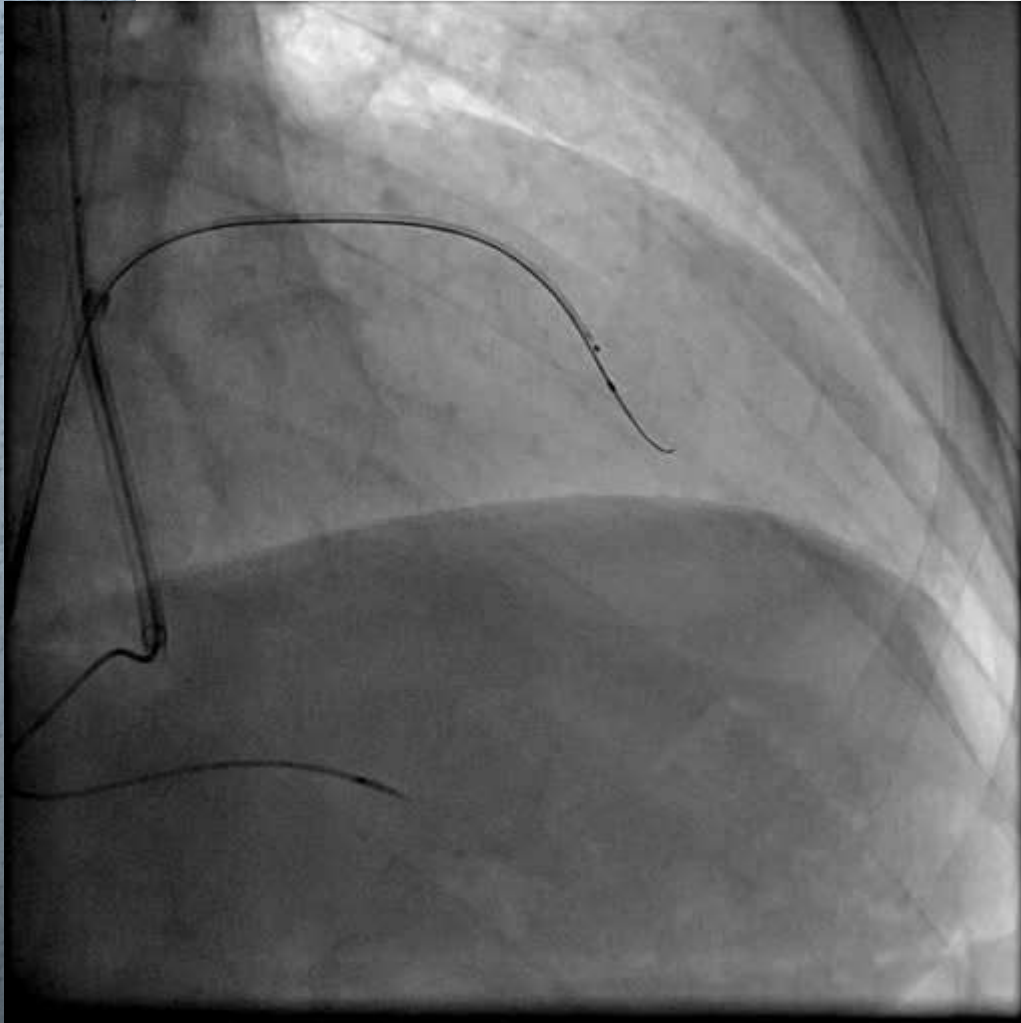


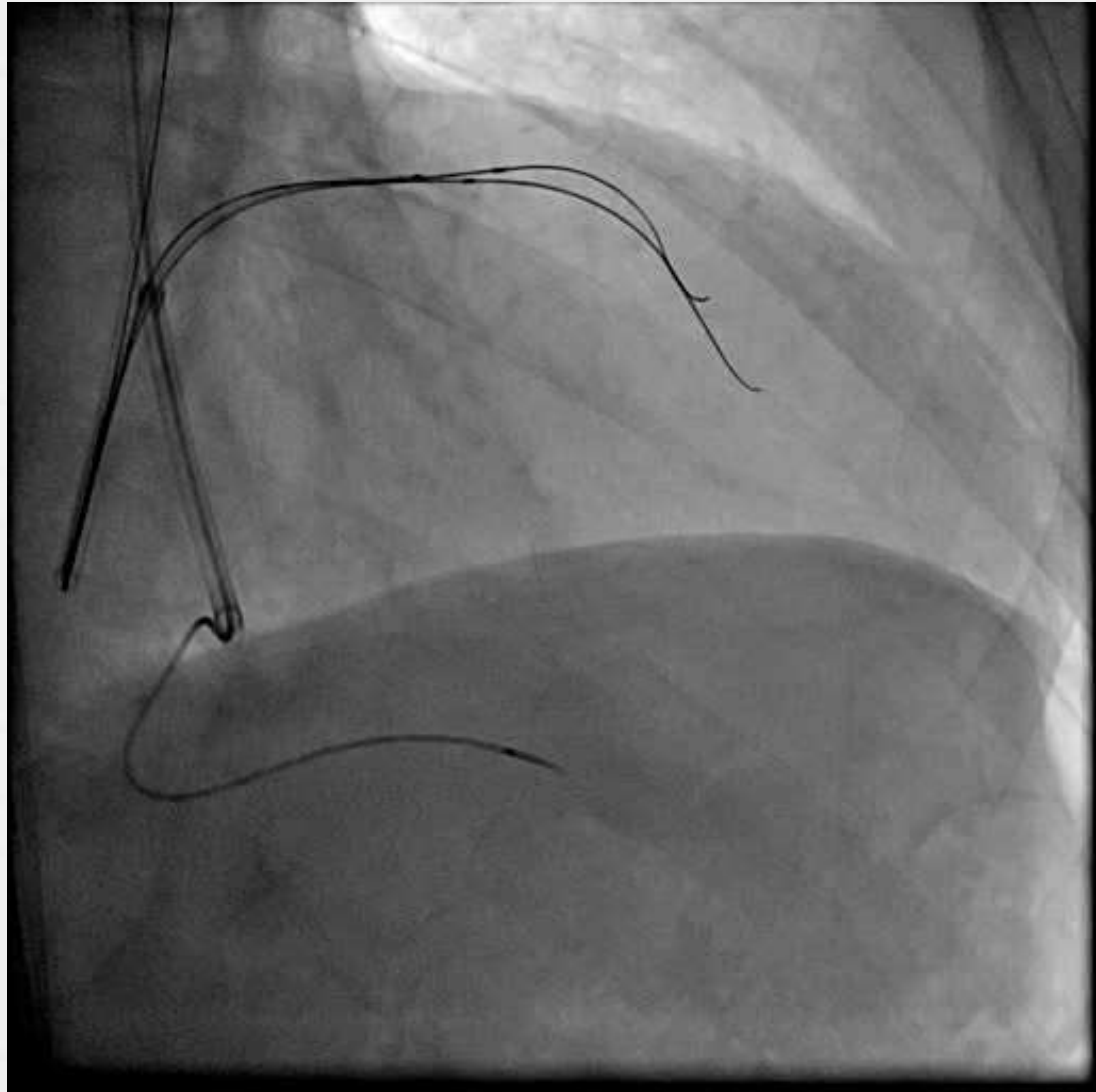






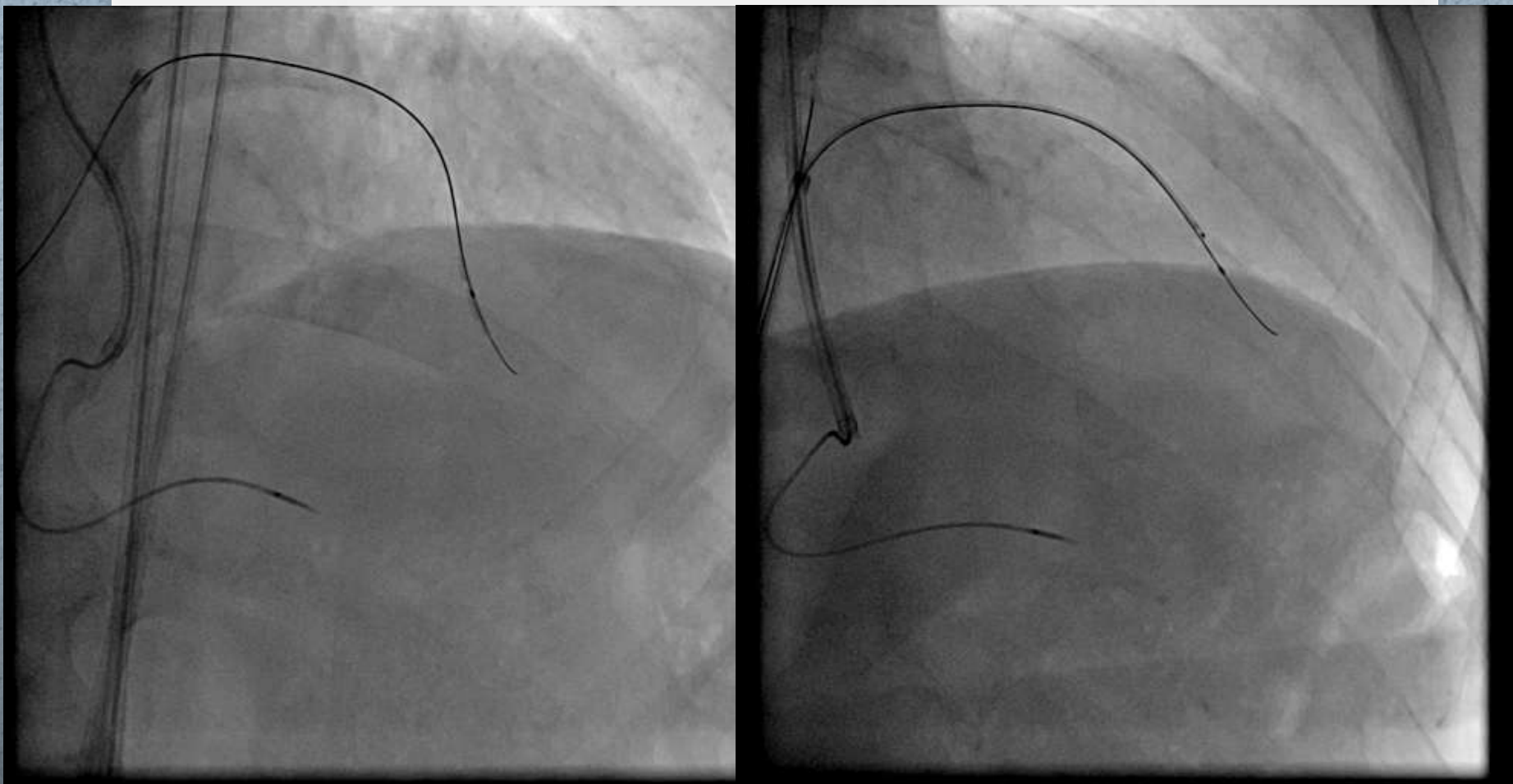
IVUS in the subintimal space



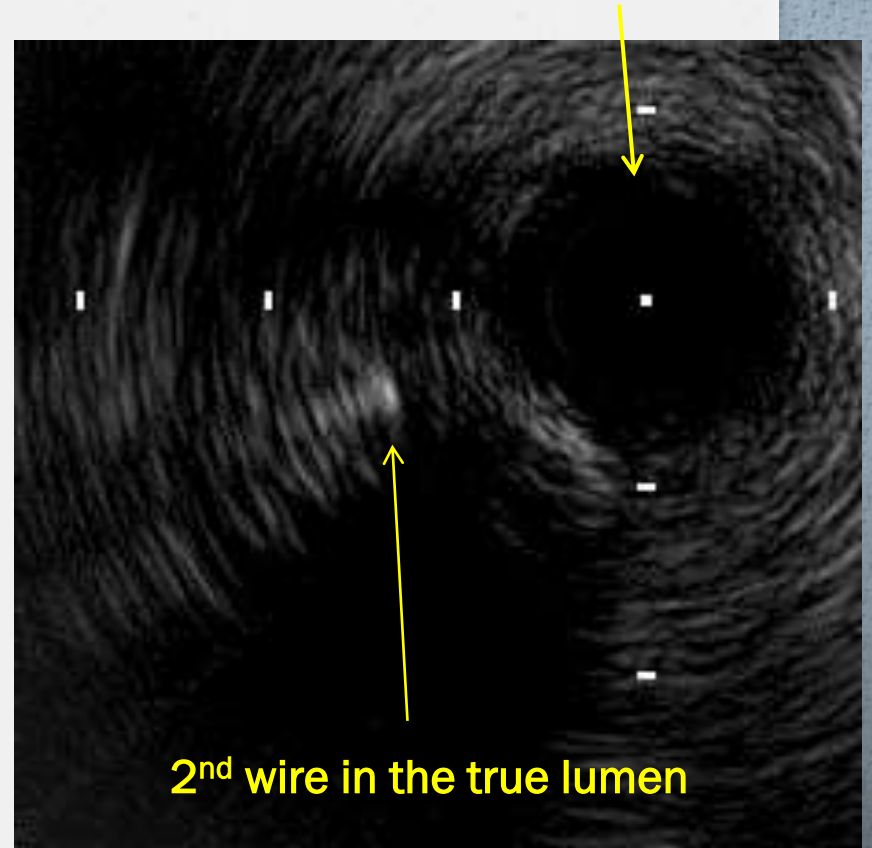
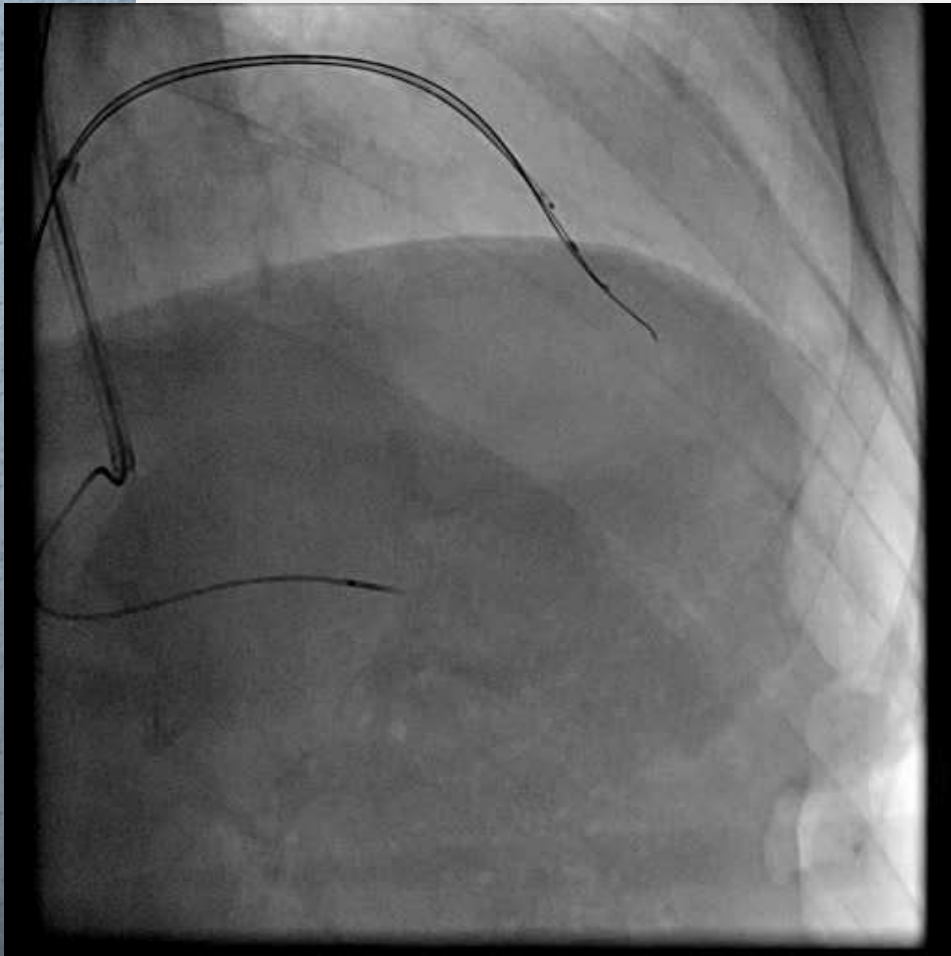




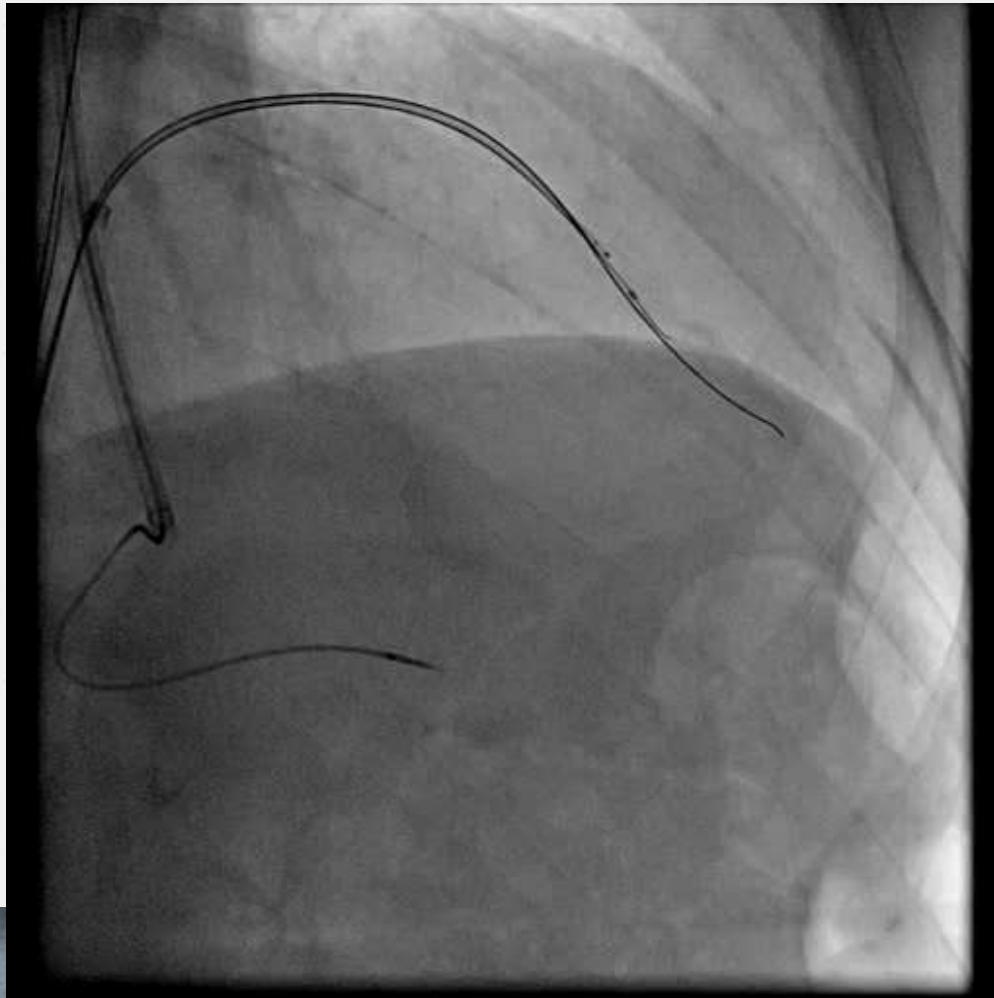
Checking IVUS



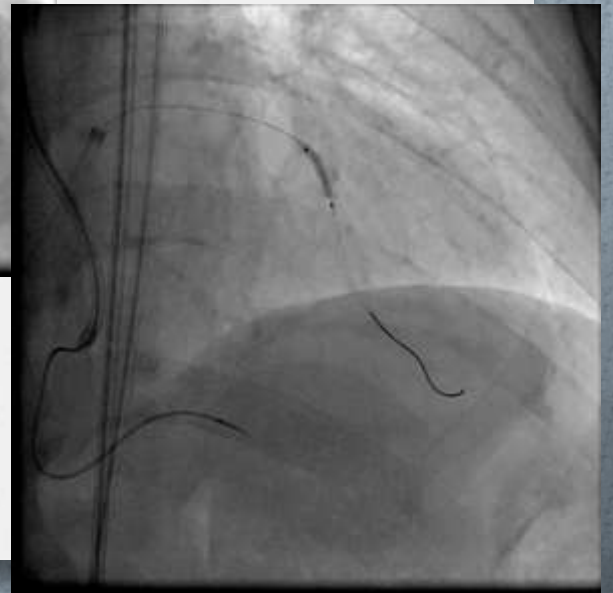
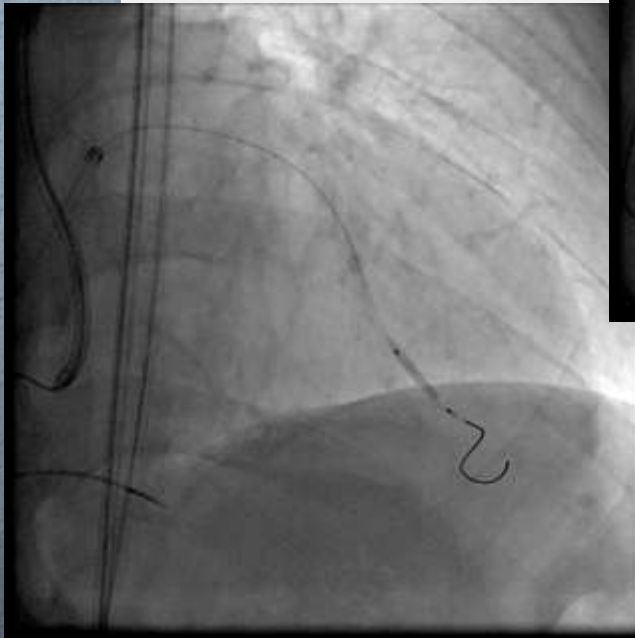
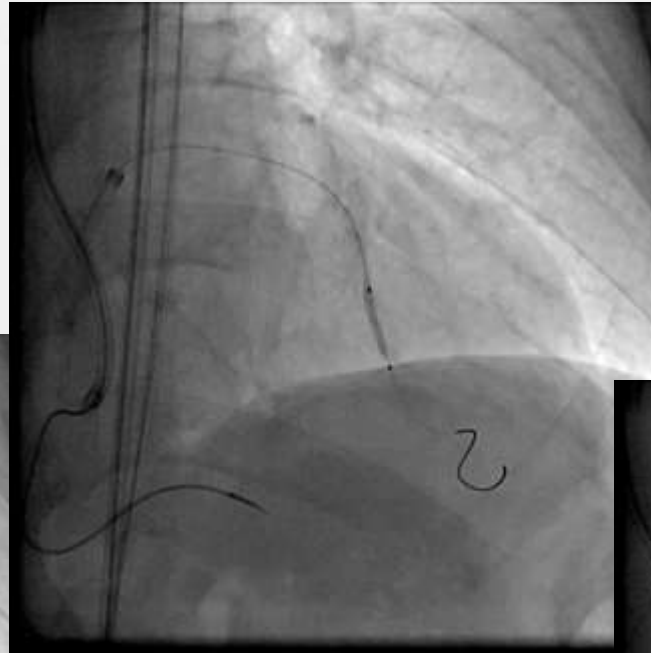
IVUS in the subintimal space



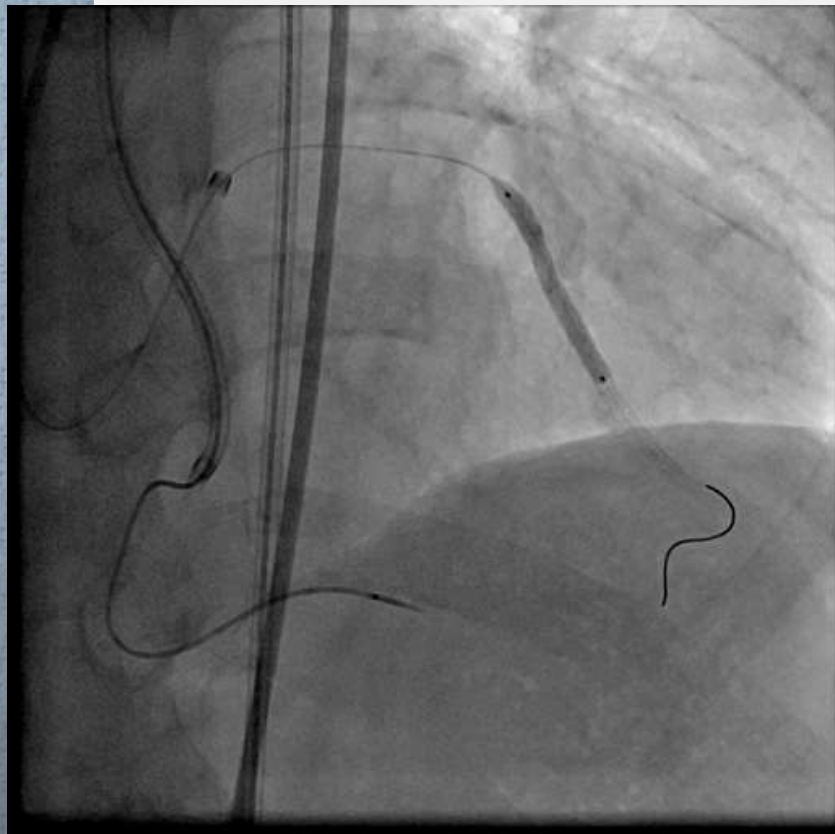
Wire cross success



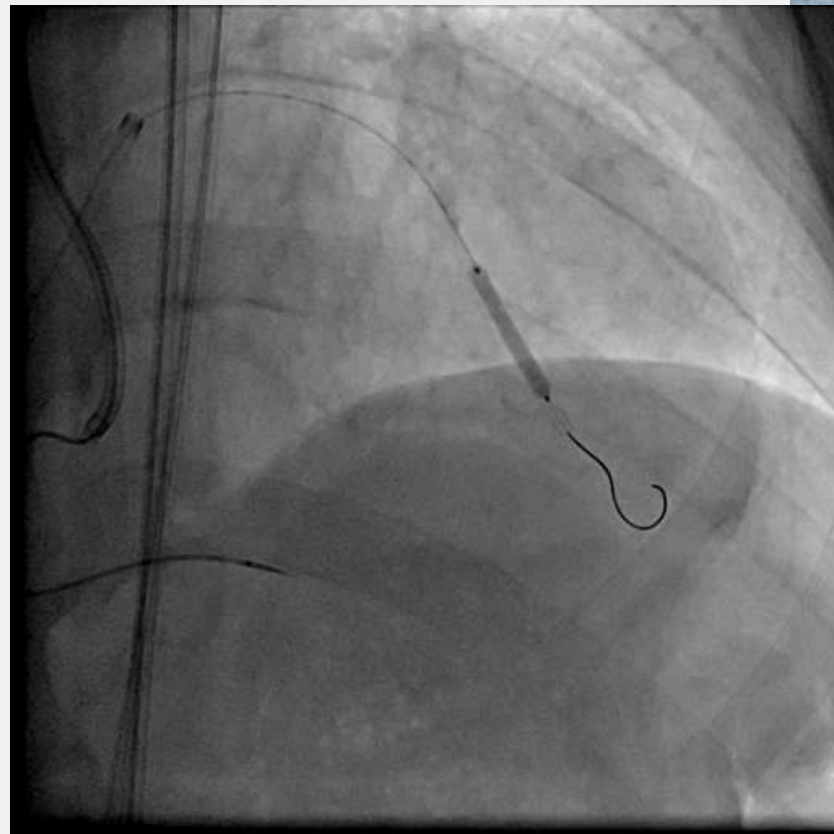
ballooning



stenting



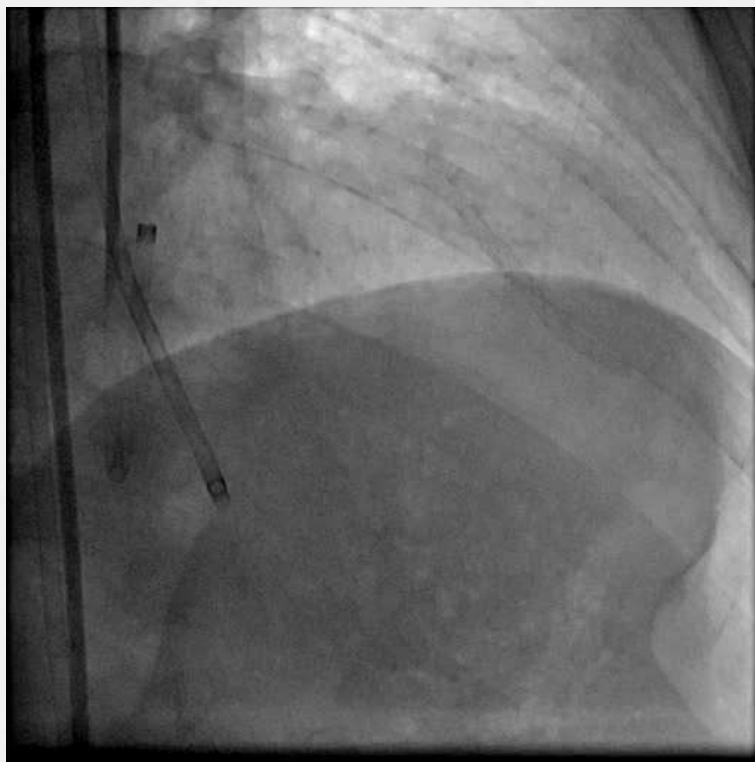
BES 3.0x28



BES 2.5x18

Final CAG





Summary

- IVUS-guided PCI was very useful to detect the CTO entry or the direction of the true lumen even in the CTO lesion. Step by step IVUS guidance may be needed in the long CTO lesion.
- IVUS-guided PCI needs over 7Fr. Guiding catheter. If possible, 8Fr. Guiding catheter is recommended.