



QICC@TCTAP2015

RCA-CTO lesion: Really need to do it ?

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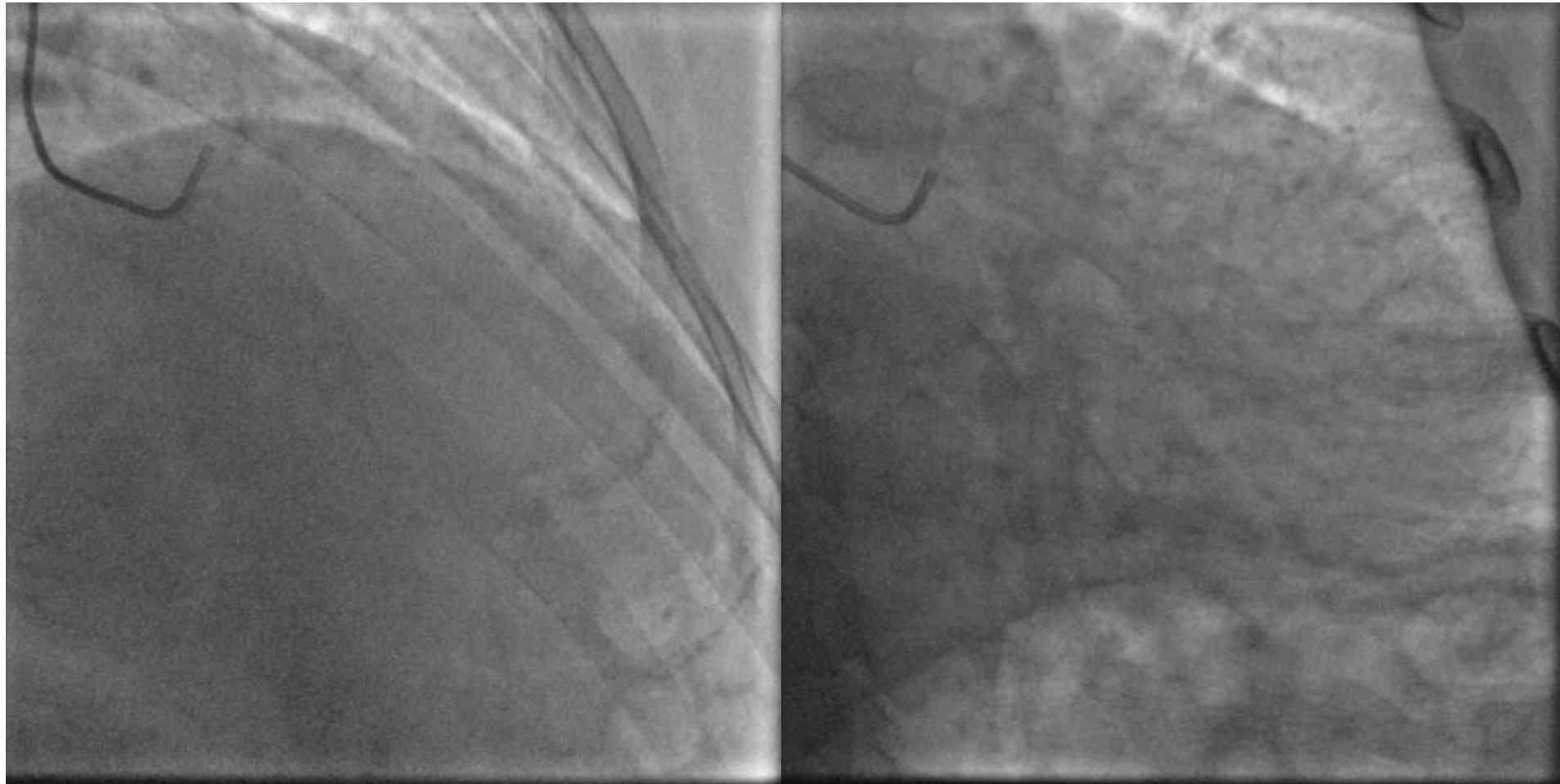


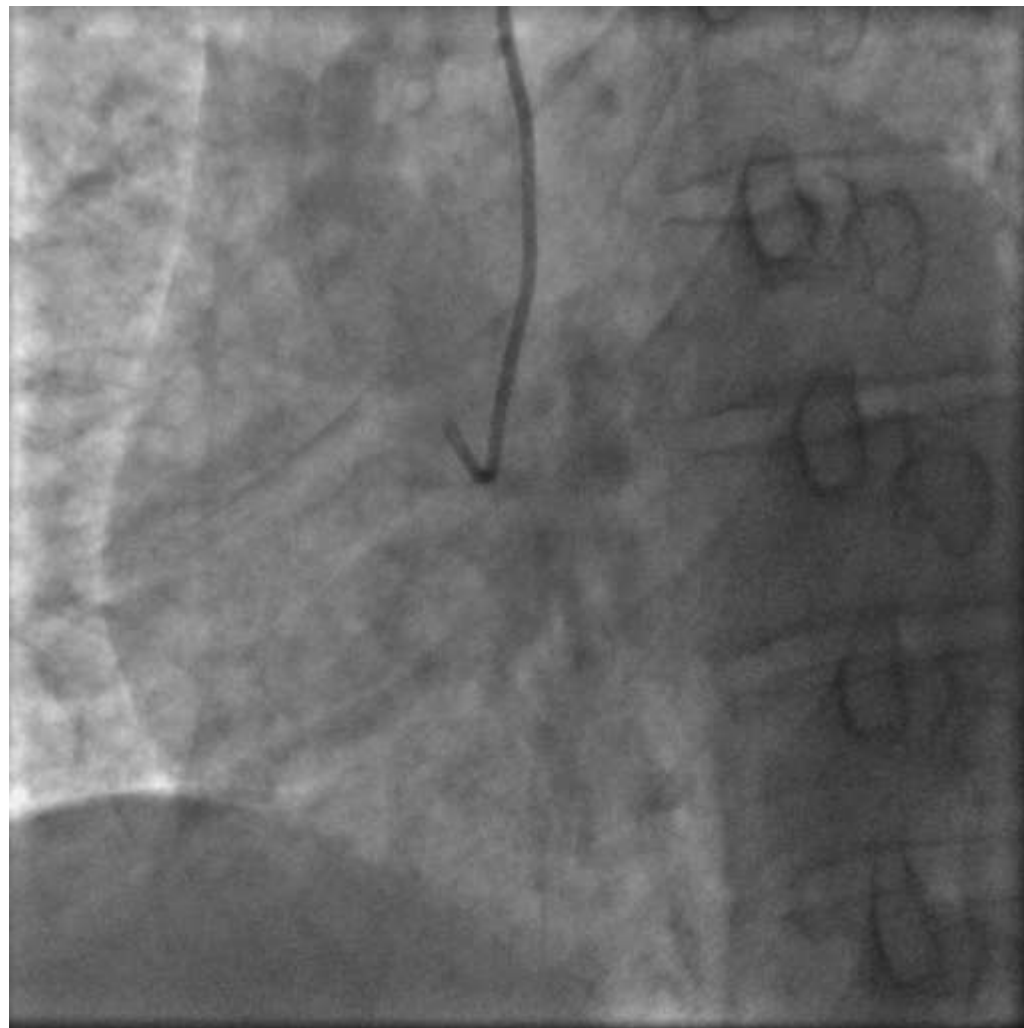
Clinical characteristics

- **Male, 41 yrs**
- **C/O: chest pain for 5 yrs**
- **ECG: V1-6 ST segment elevated at ambulance but recovered while arriving our hospital**
- **Risk factors: no HT; DM for 5 yrs; no smoking**
- **Echo: LV 30/51mm EF 73%**
- **Angio: Triple vessel disease and p-LAD, d-LCX and p-RCA were involved**



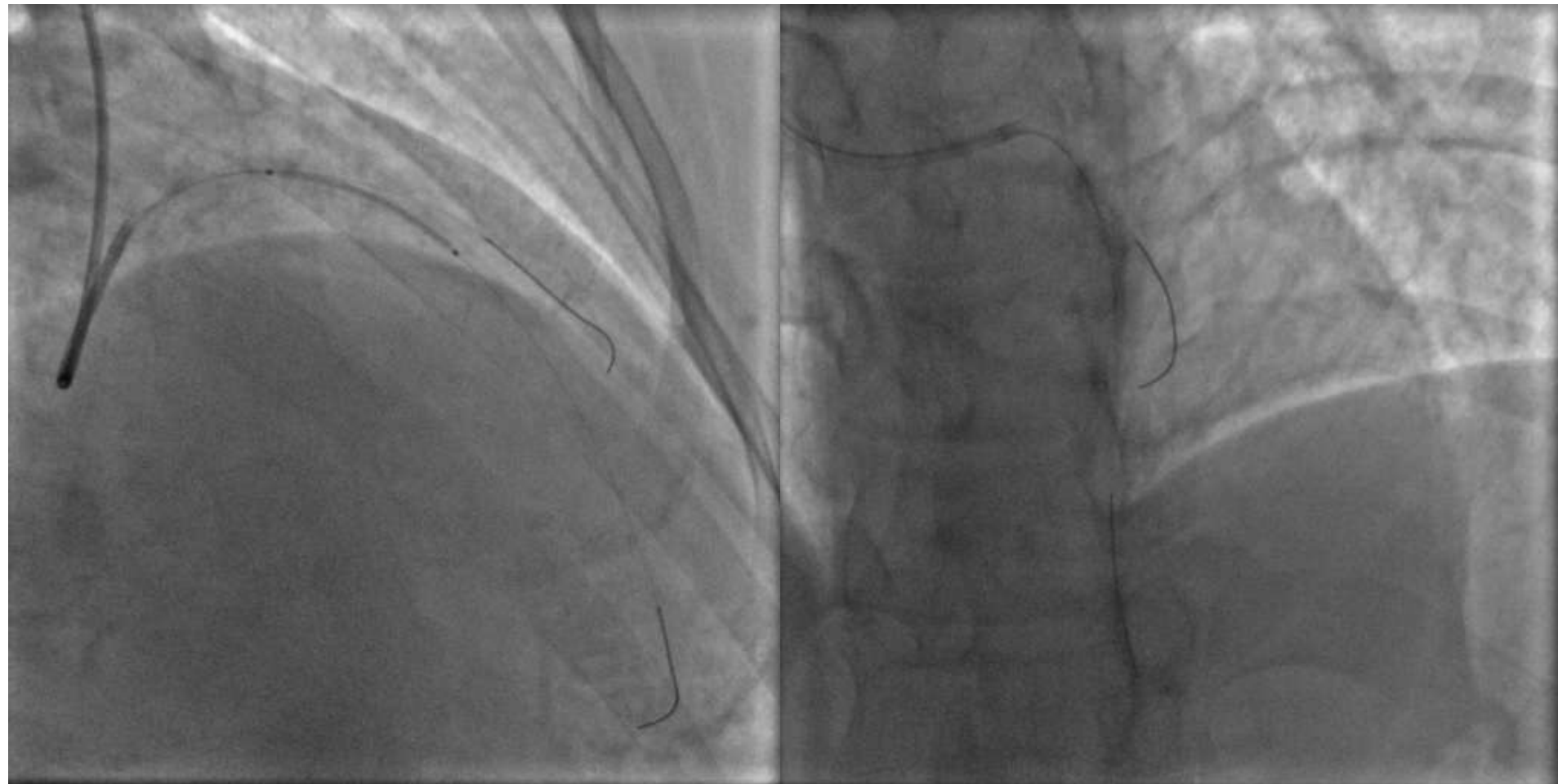
Angio (23th, March 2015)







Primary PCI for p-LAD tight lesion as being considered as culprit lesion





- **The subject discharged with medications such as ASA, Clopidogrel, statin, ACEI and β -blockers**



The subject come back to our hospital one month later (23th, April 2015)

- **C/O: no chest pain**
- **Echo: LV 33/48mm, EF57%**
- **SPECT: EDV99ml, ESV38ml, SV 61ml and EF62%;
infarction myocardium 6%(Anterior interval wall);
normal ventricular wall motion**
- **PET: survival myocardium 6%**
- **Ischemic myocardium: ?**

Patient Name: ZHOU JIAN JING

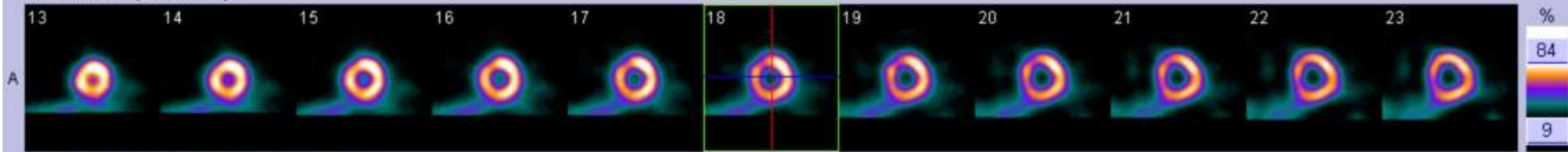
Patient ID: PET0251

Sex: M

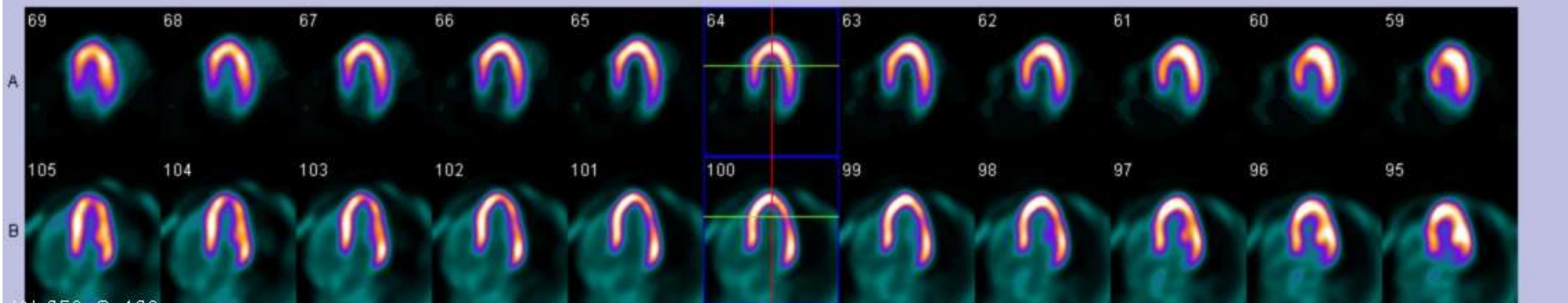
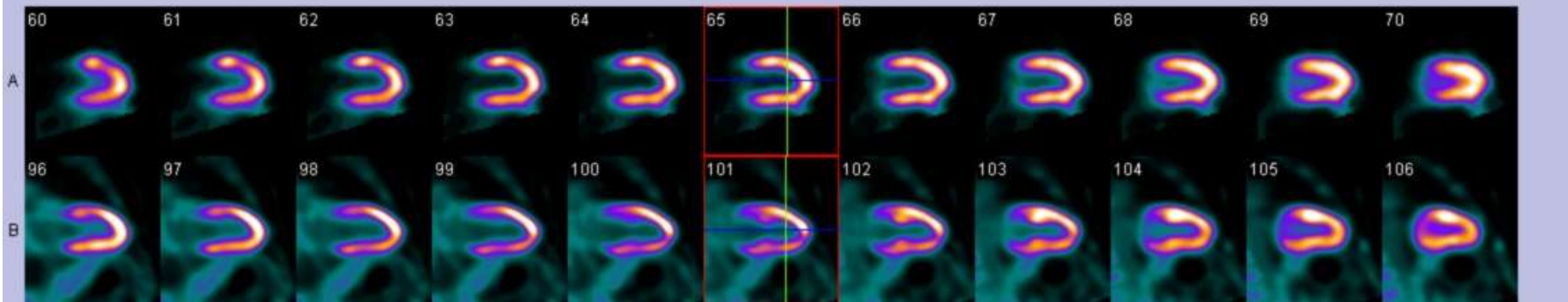
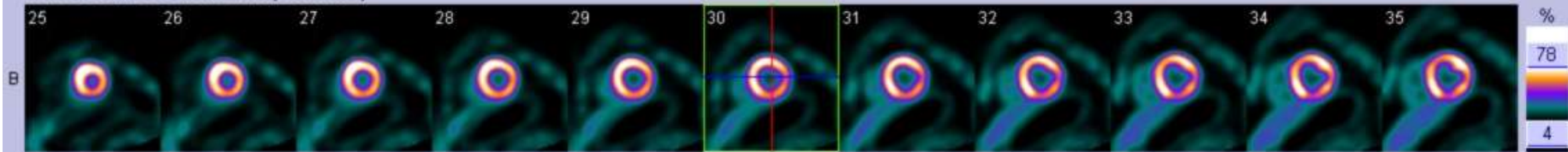
Age: 041Y

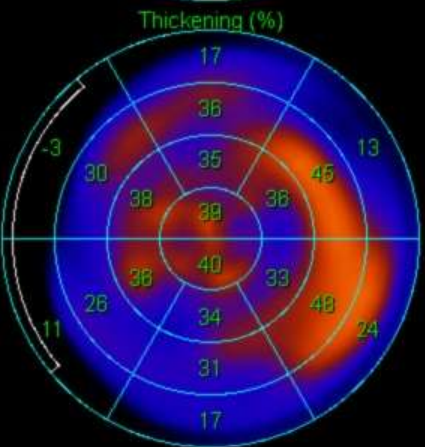
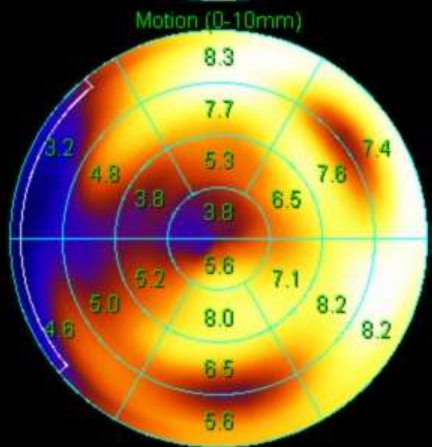
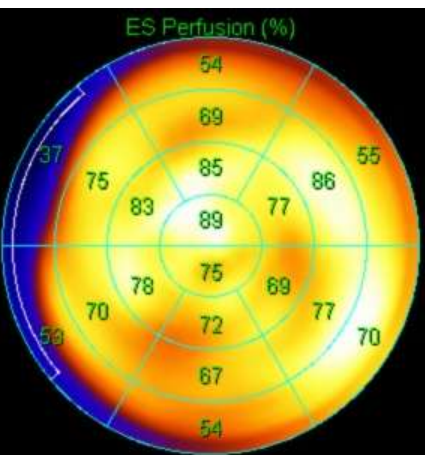
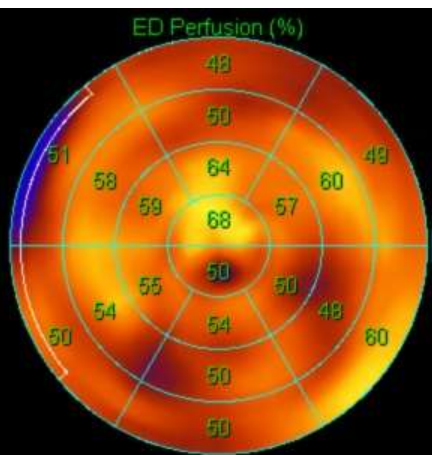
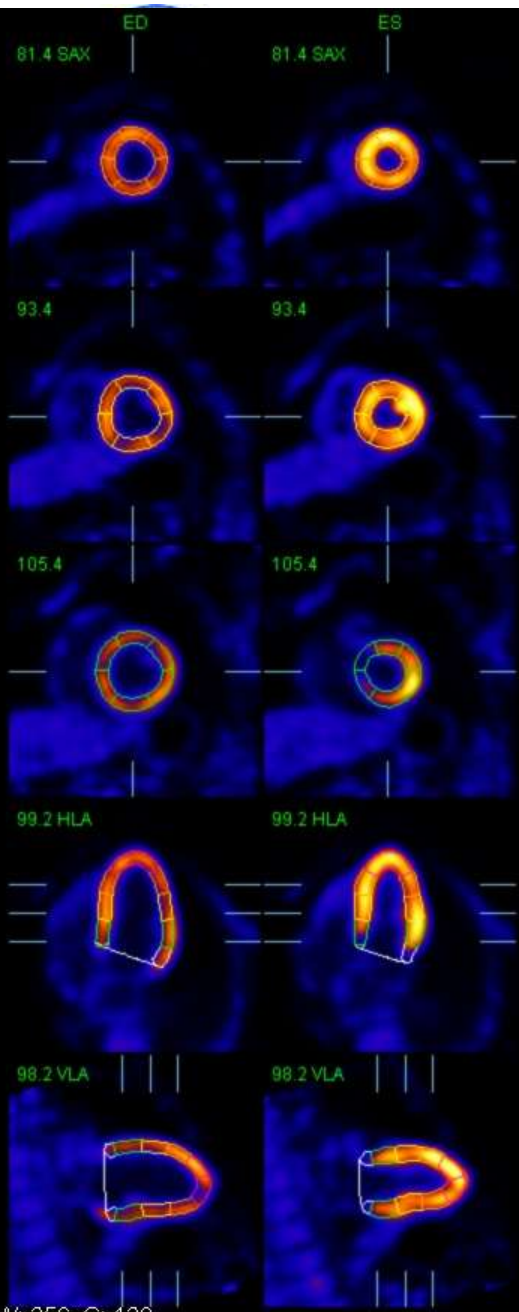
Study Date: 4/20/2015

Row A - REST [Reoriented]



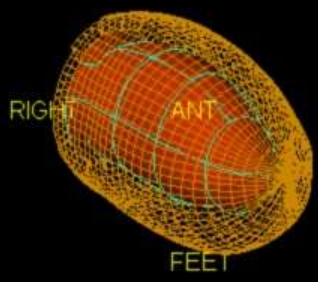
Row B - PET FDG Cardiac Static [Reoriented]



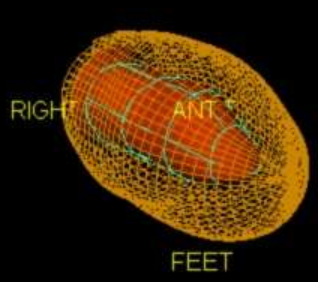


ED
HEAD

ES
HEAD

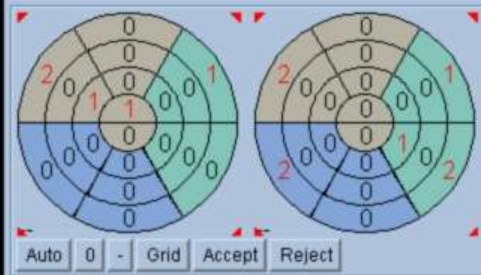


LEFT



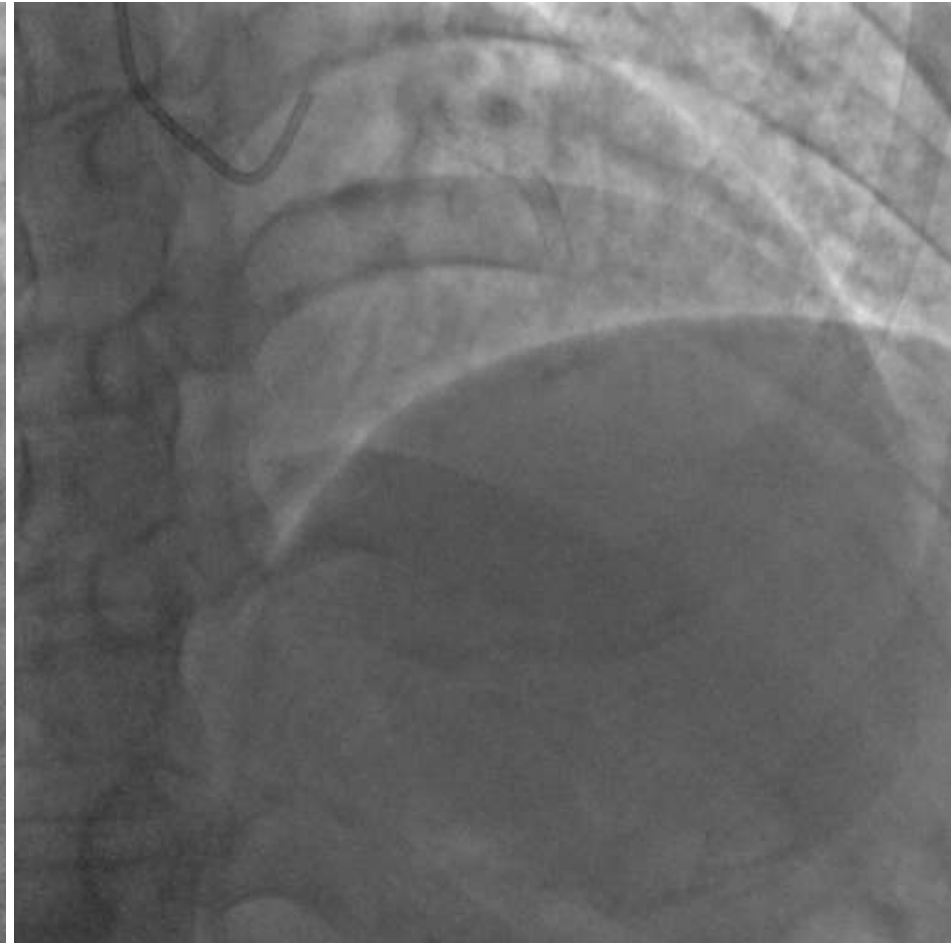
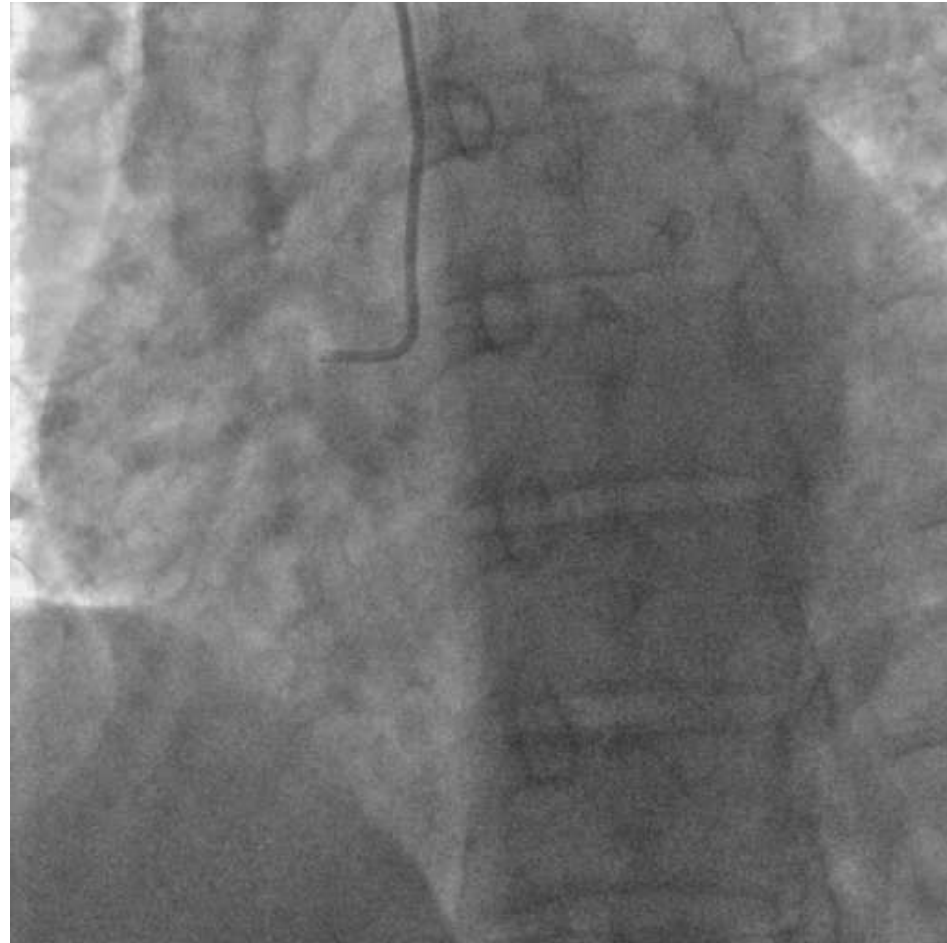
LEFT

Name	ZHOU JIAN JING
Pat ID	PET0251
Sex	MALE
SMS	5 STS 8
Study	PET 01_03_AZ_PETCT_18F_Cardiac_Gate
Dataset	PET FDG Cardiac Gated
Date	2015-04-21 09:45:28
Volume	48ml [3]
EDV	99ml [8]
ESV	48ml [3]
EF	52%
Area	106cm ² [3]
Mot Ext	7%, 8cm ² [3]
Thk Ext	11%, 12cm ² [3]
Shape	0.59 [SI ED], 0.42 [SI ES], -- [Ecc 3]
Matrix	200x200 x 112(z) x 8(t)
Mm/Vox	4.07 x 4.07 x 2.00





Angio



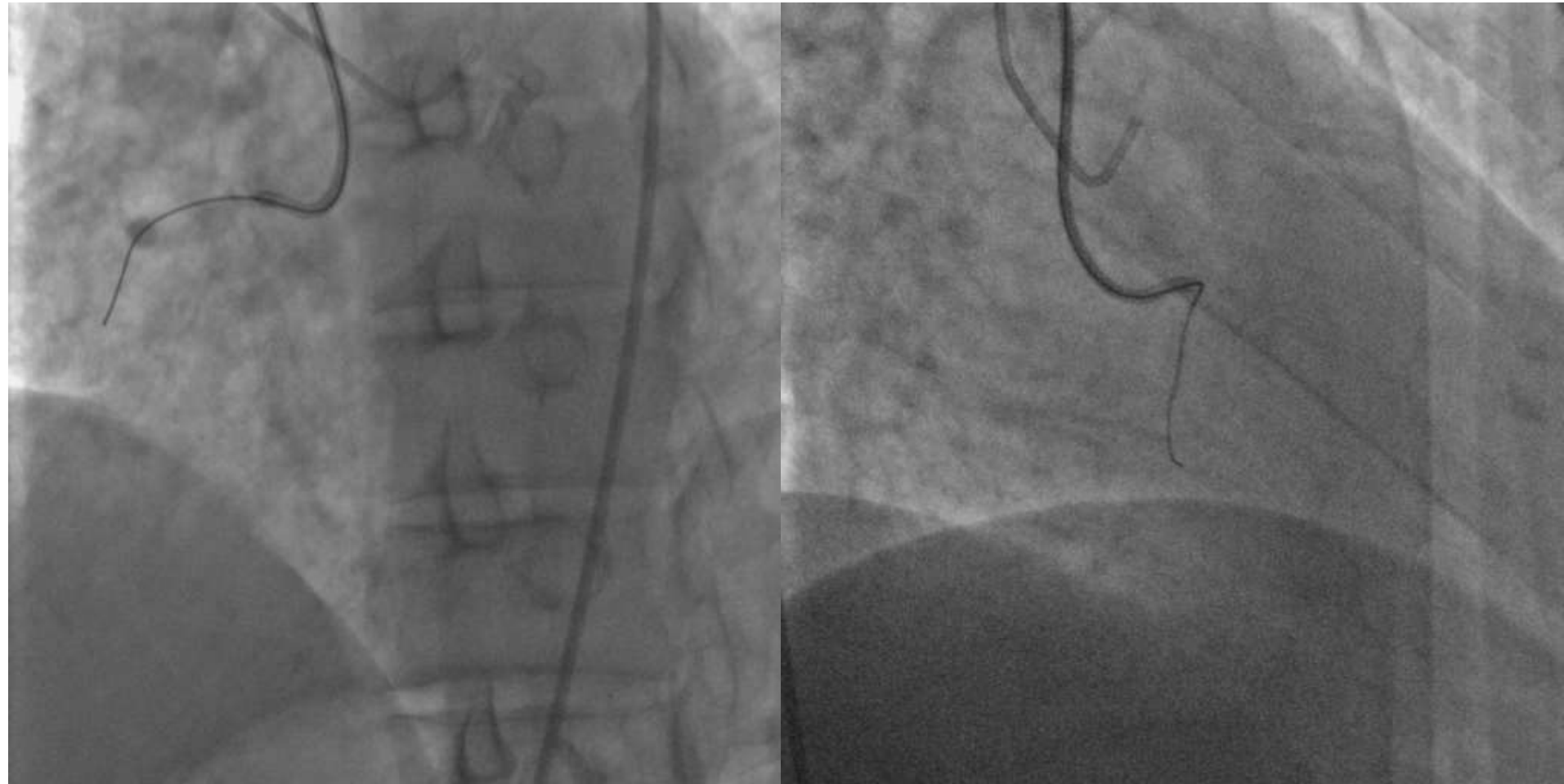


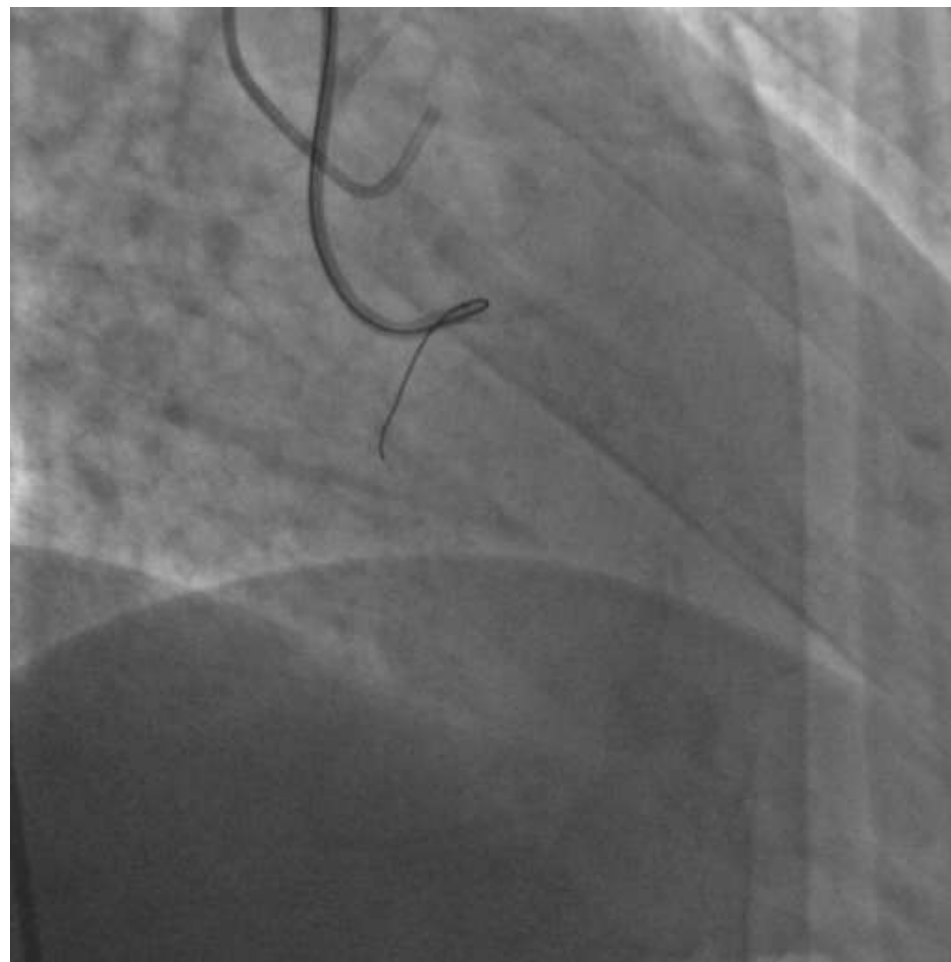
GC: 6FSAL Finecross GW: Fielder XT & Pilot 50





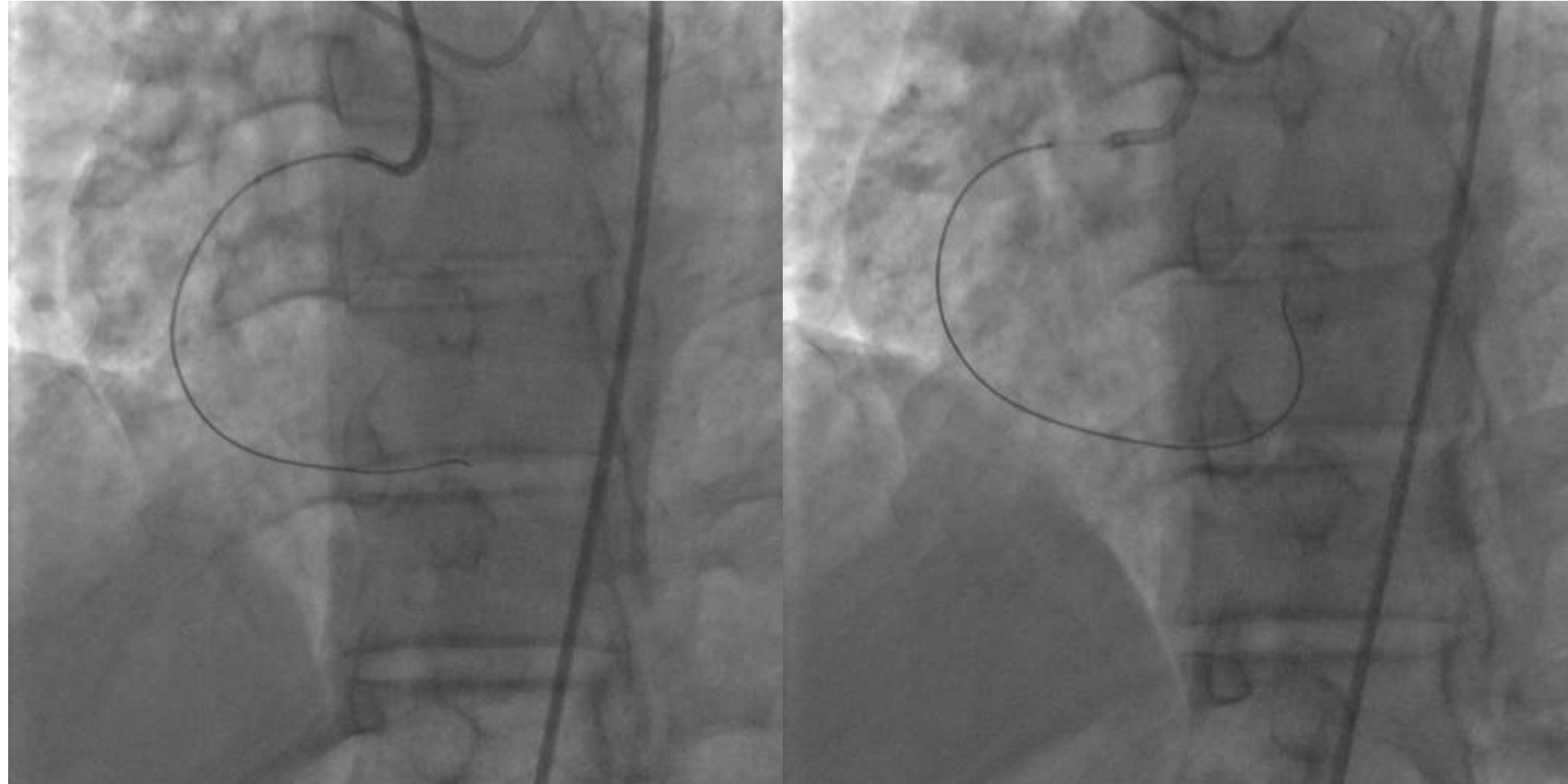
GW : Miracle 6





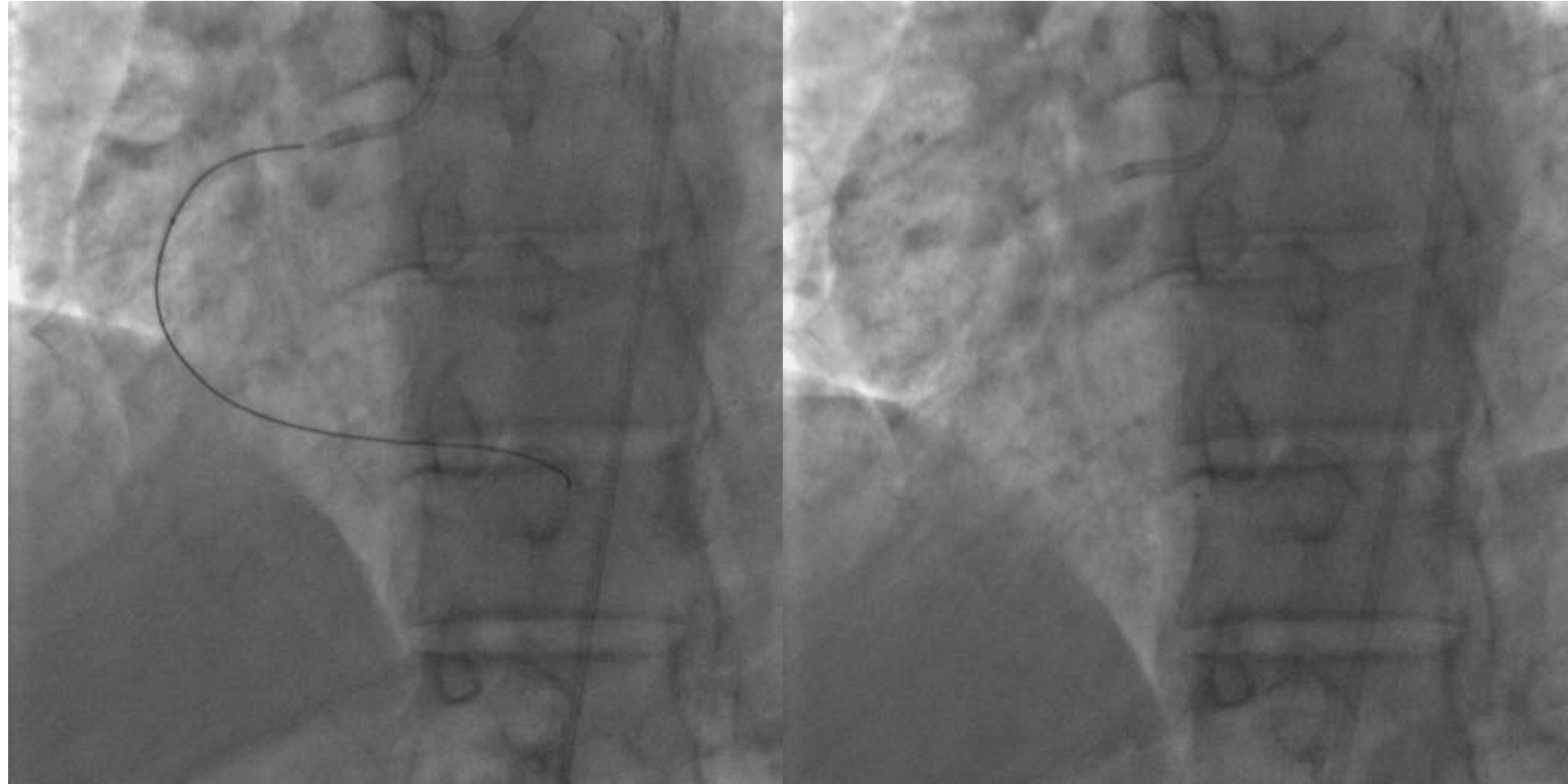


BC: Tazmua 1.25*10mm & Sprinter 1.25*6mm





Tip injection





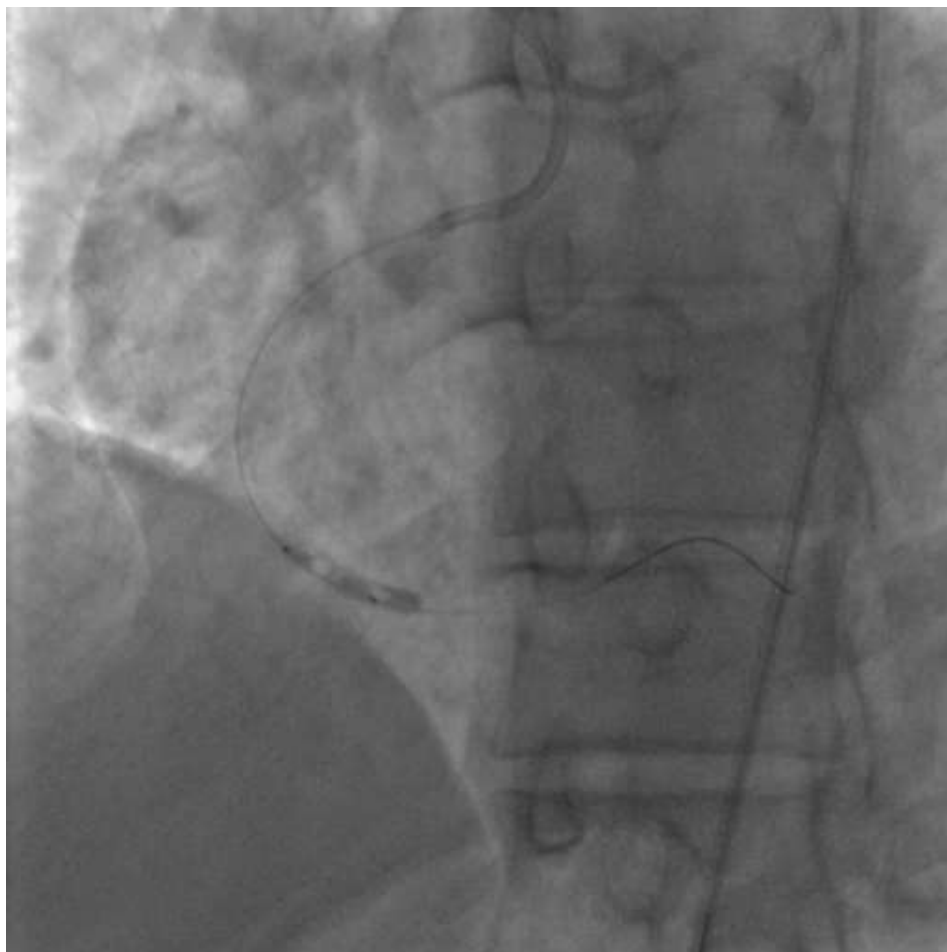
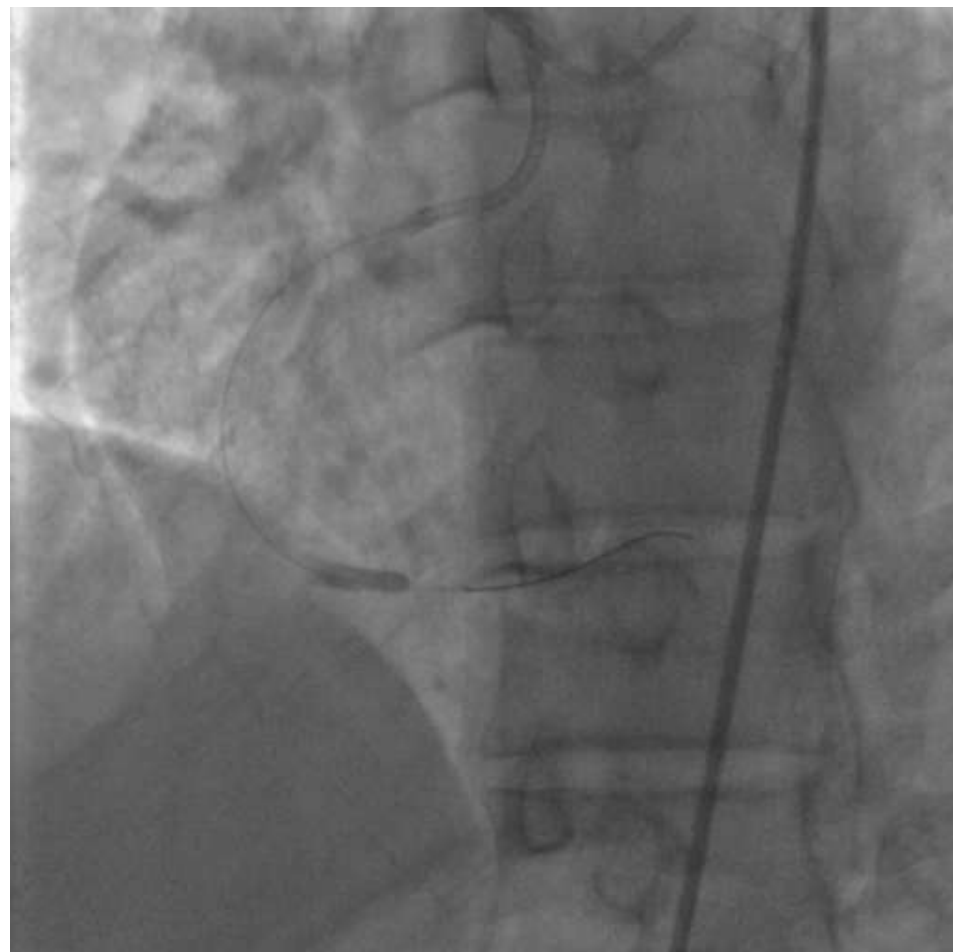
But,





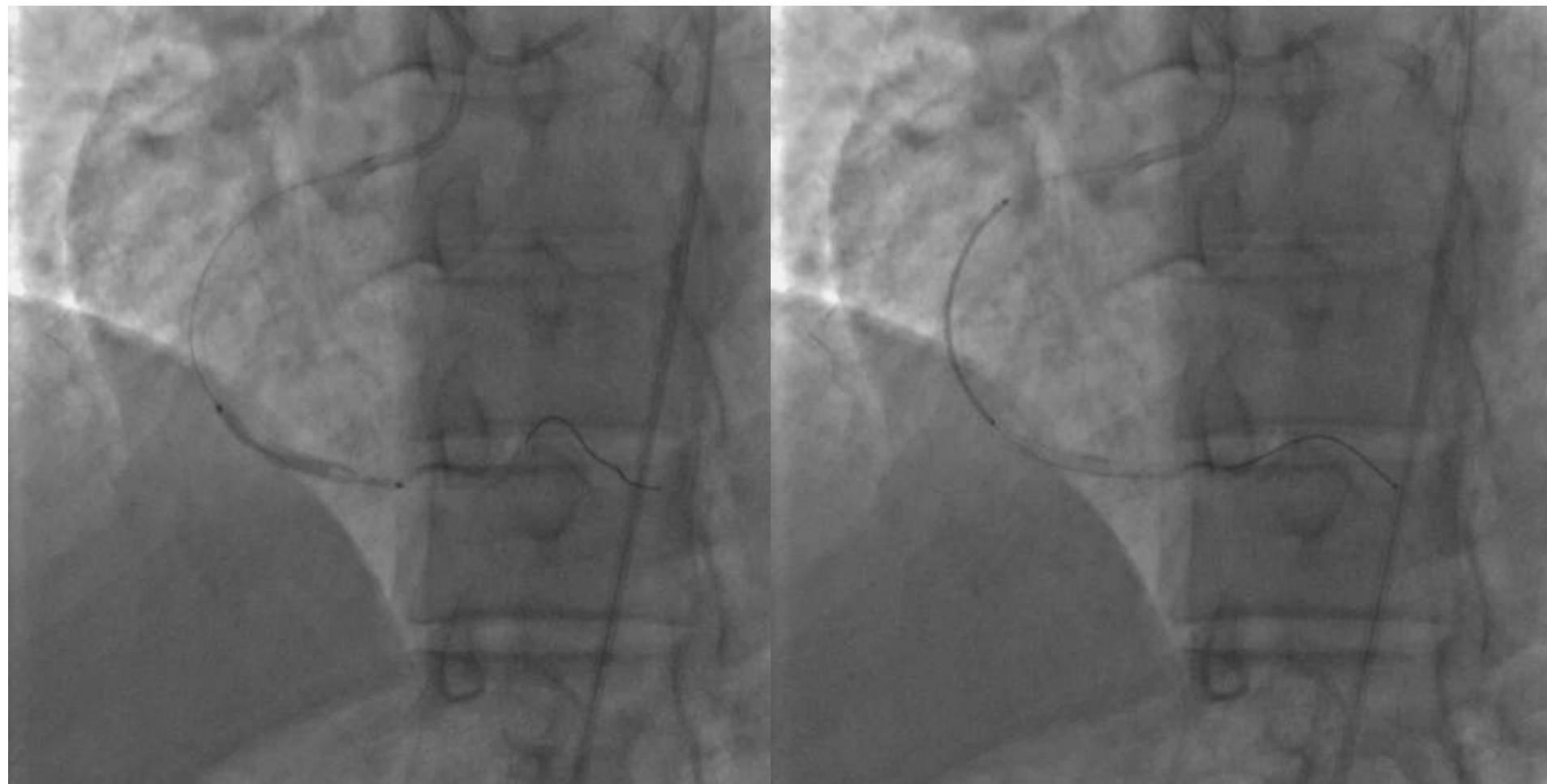
What should I do next?

- **Upset !**
- **Stop, and let the “ugly” dissection be alone**
- **IVUS maybe useful**
- **Just stent it!**



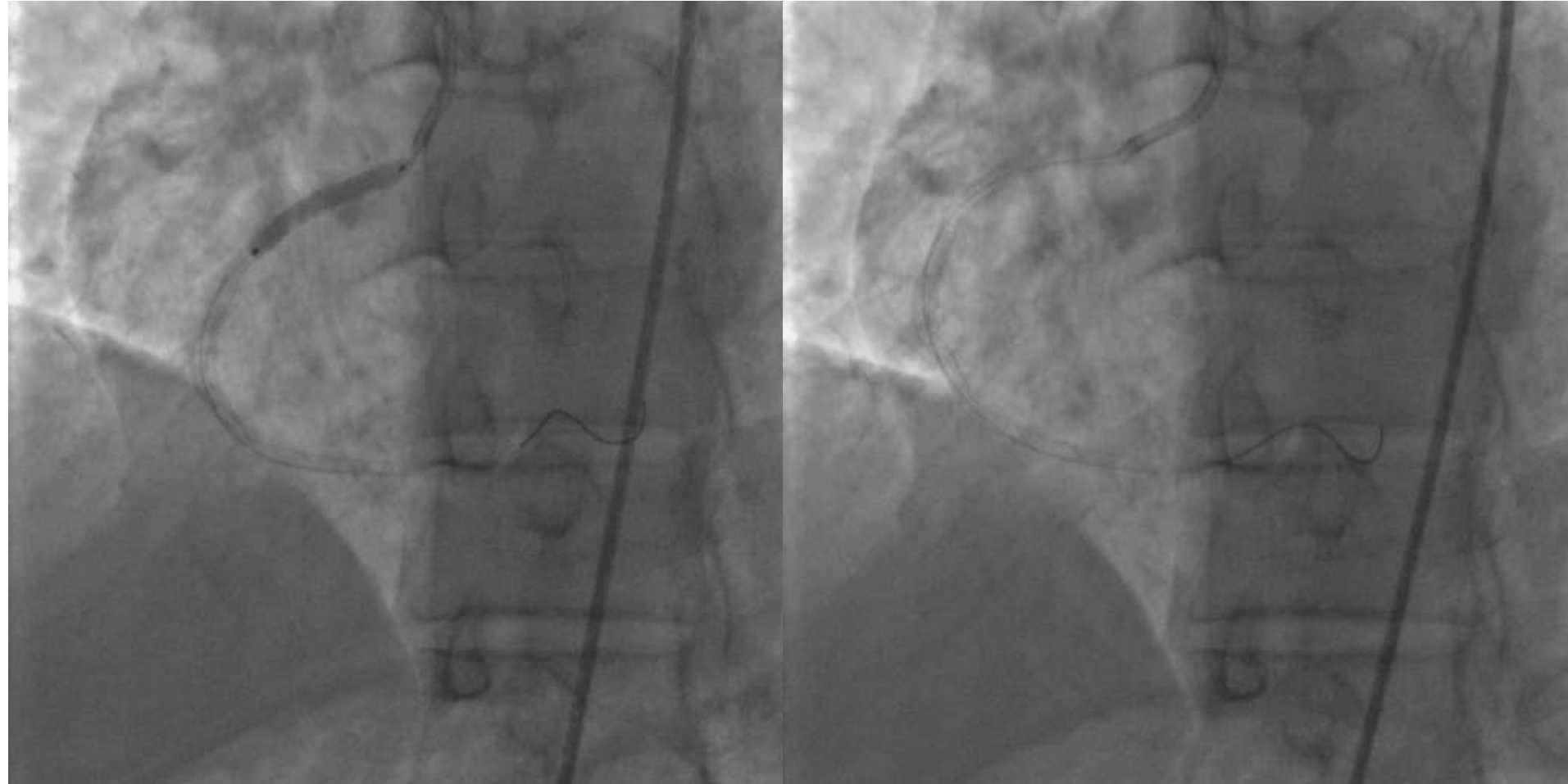


1st and 2nd DES





3rd DES





Final results





Take home message

- **For non-dominant RCA CTO lesion: should we deal with it?**
- **PET/ECT maybe useful for our strategy**
- **It is be cautious while using GC of Amplatz**
- **For long spiral dissection, Stenting is effective but more stents needed**



Thank you for your attention!

