



Wire Crossing Strategy in Heavily Calcific Long CTO in Difficult Situation

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Wire Crossing Strategy in Heavily Calcific Long CTO

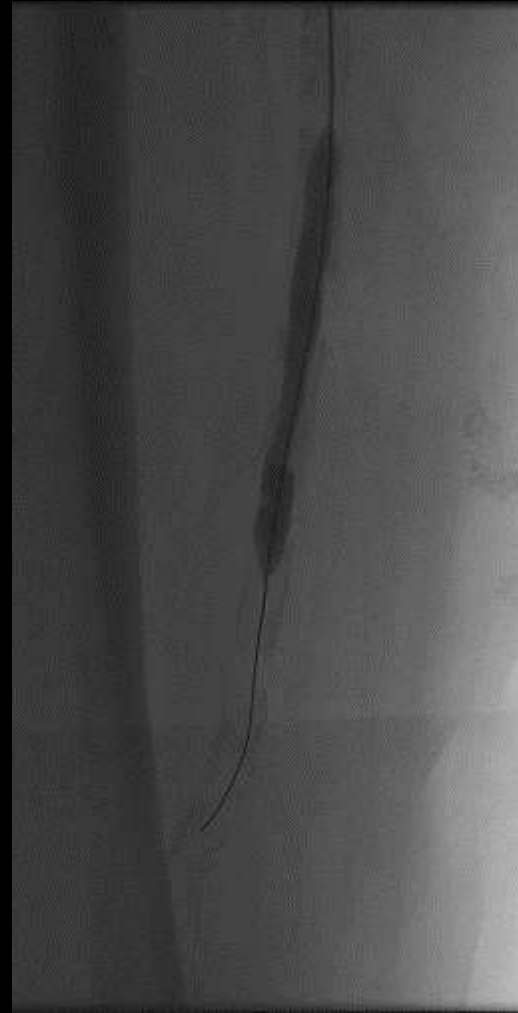
- Intraluminal approach
 - ✓ Conventional wire, New device (TruePath, Crosser)
 - ✓ **Bidirectional approach**
- Subintimal approach
 - ✓ Penetration
 - ✓ Reentry device
 - ✓ **Bidirectional approach**



Wire Crossing Using Conventional wire



Wire Crossing Using Conventional wire



Wire Crossing Using Conventional wire



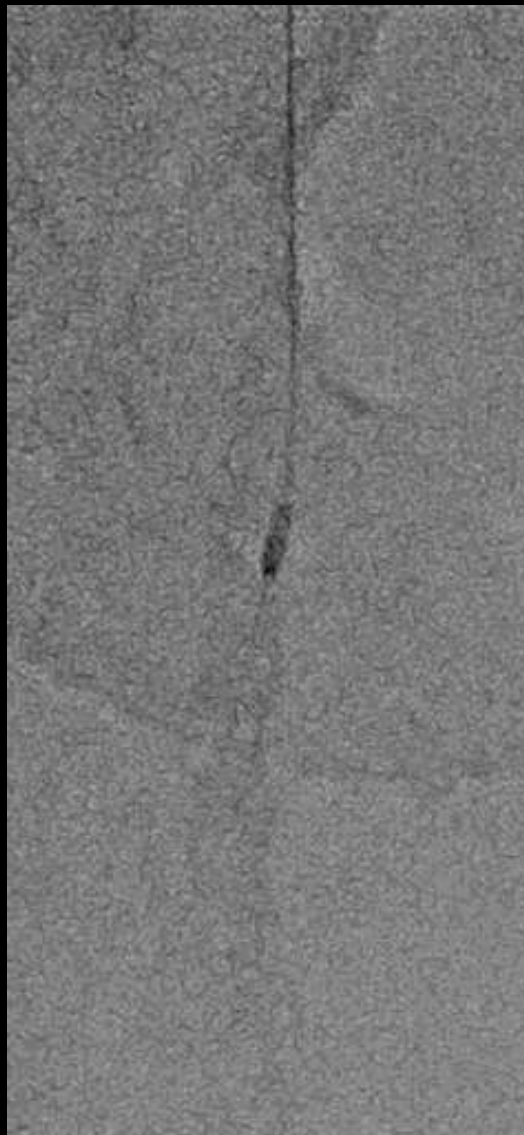
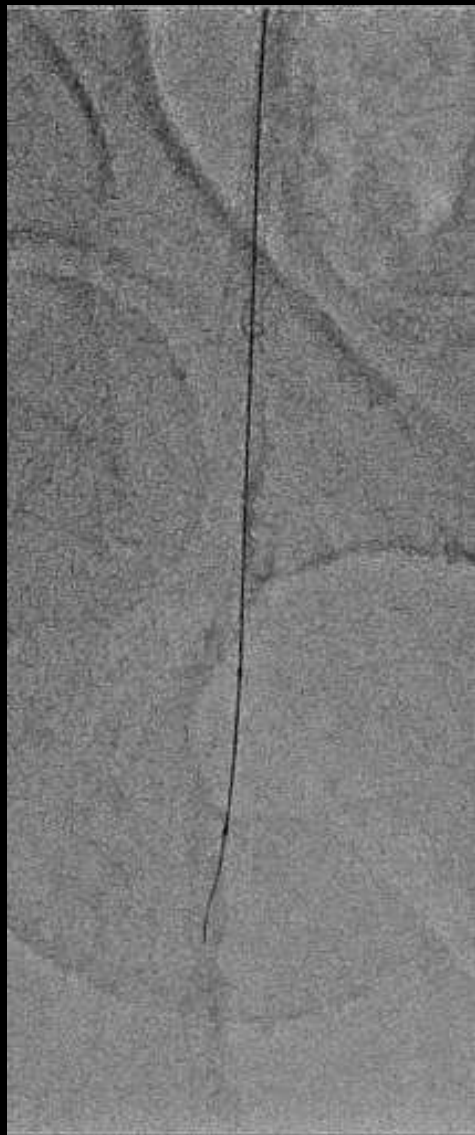
Wire Crossing Using New device



Wire Crossing Using New device



Wire Crossing Using New device

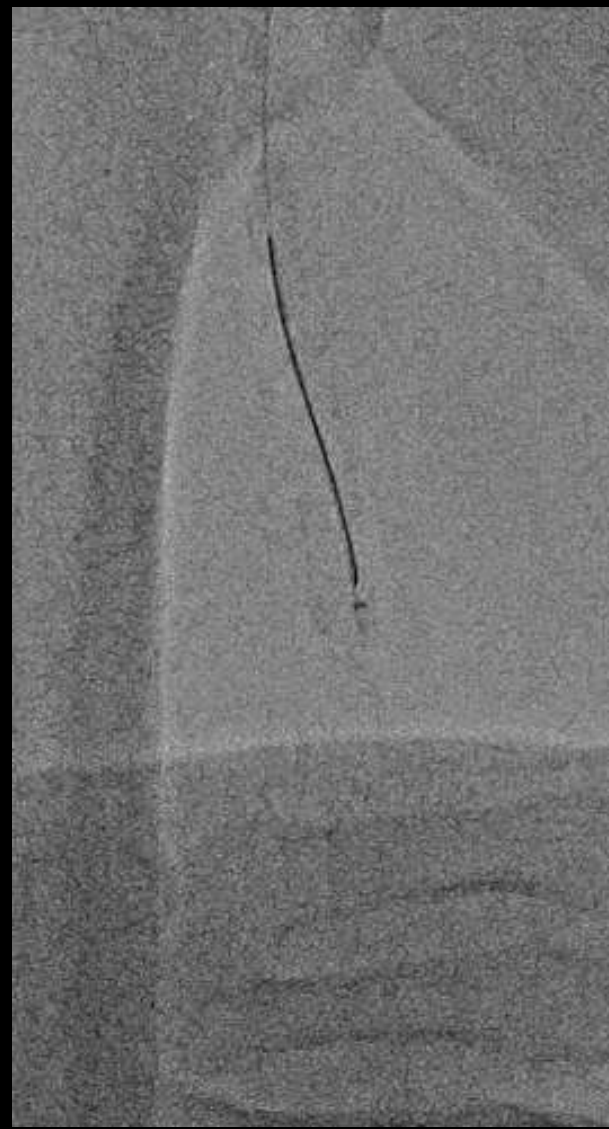


Tail of wire



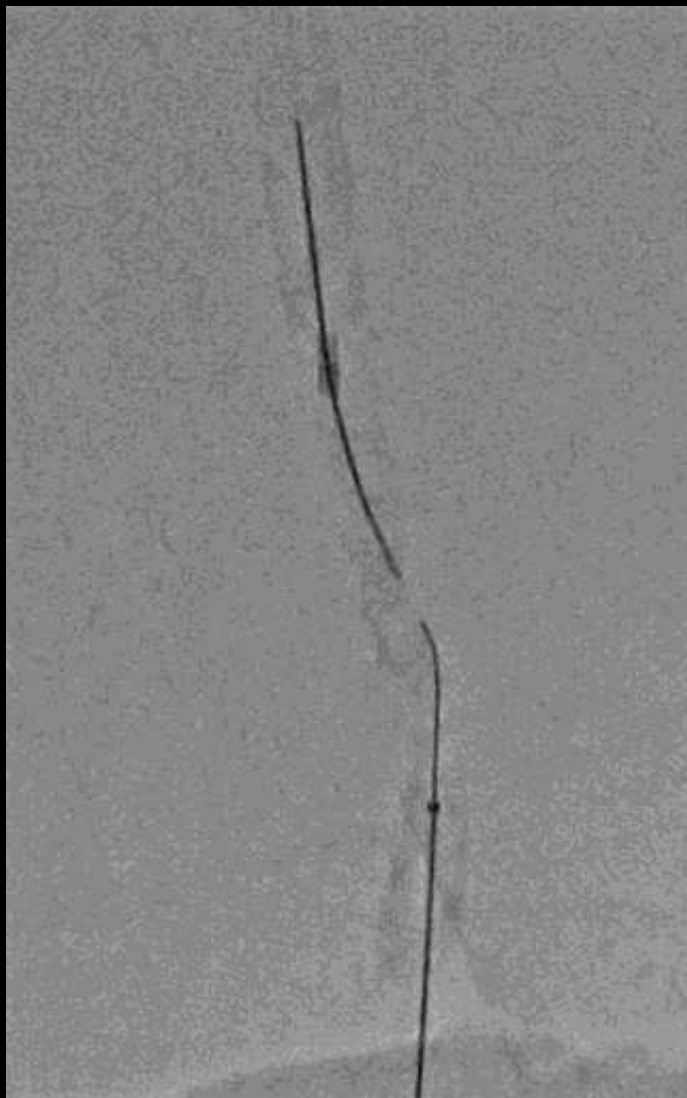
Type U

Wire Crossing Using New device



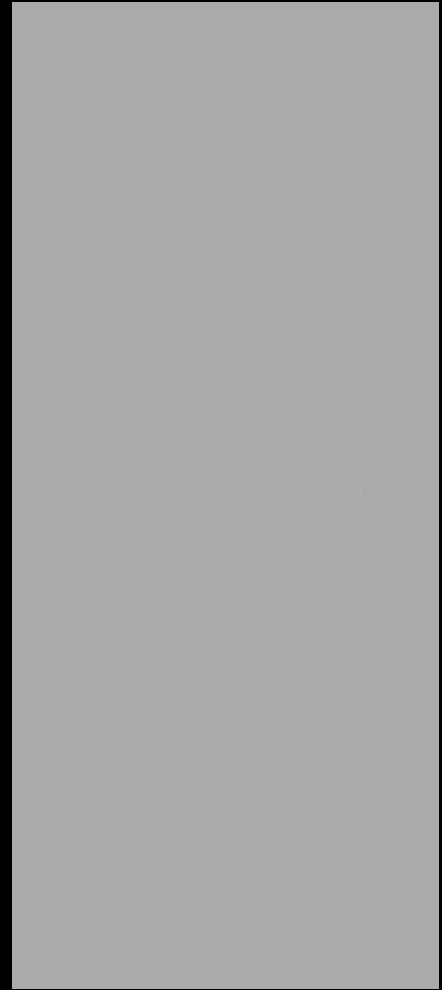
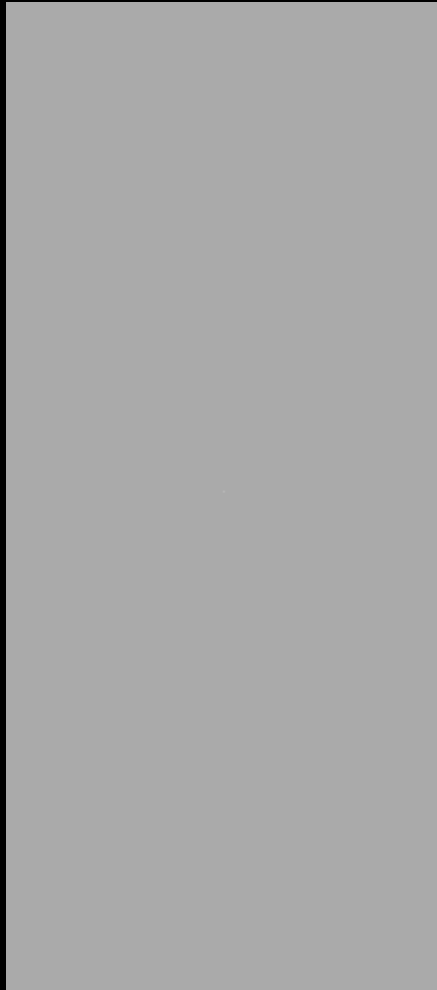
Crosser

Wire Crossing Using New device

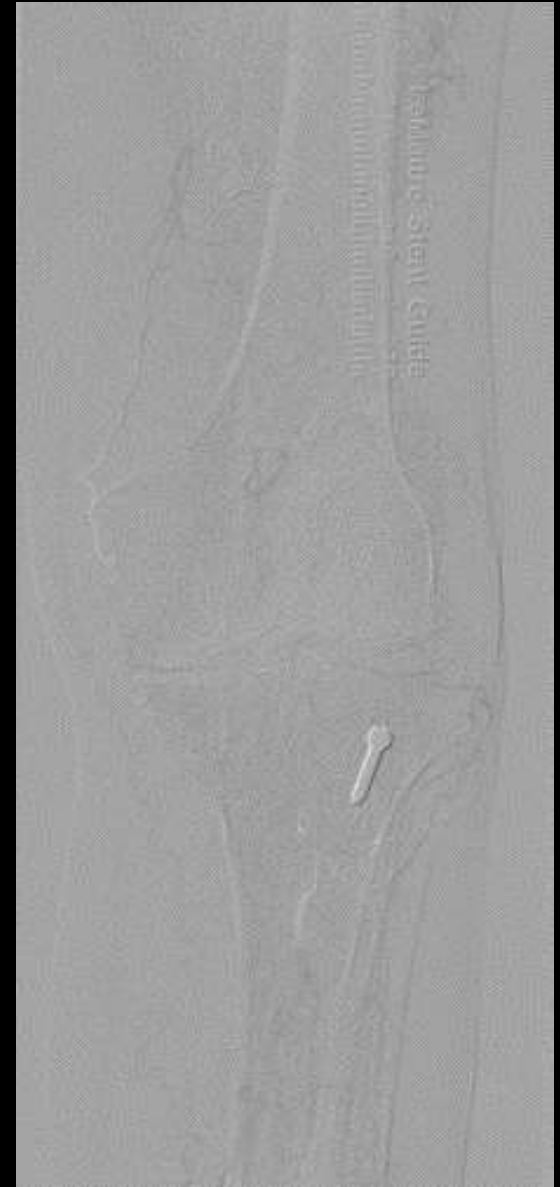
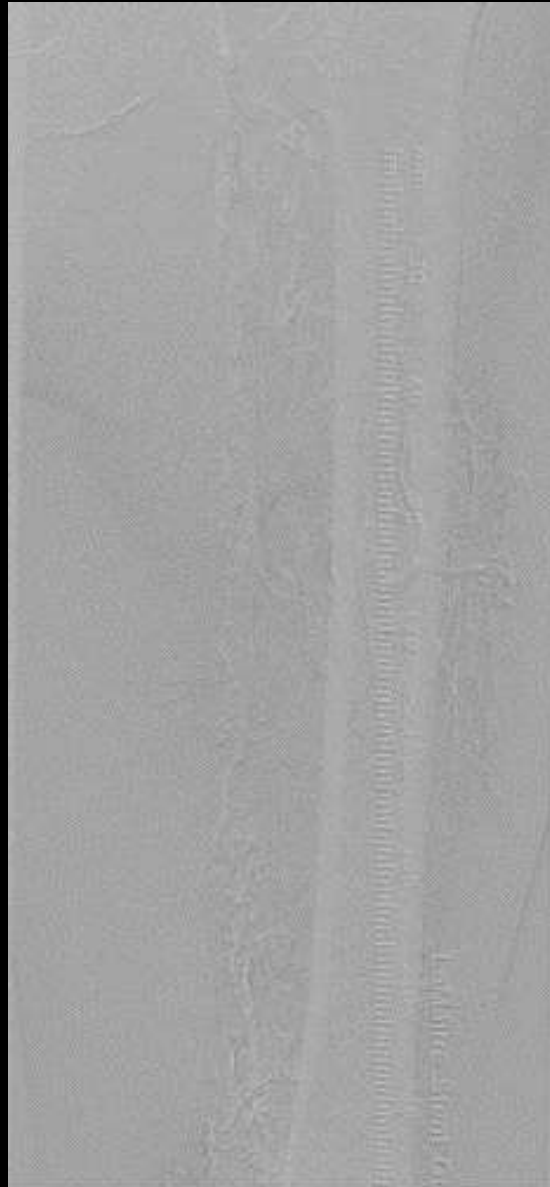


TruePath

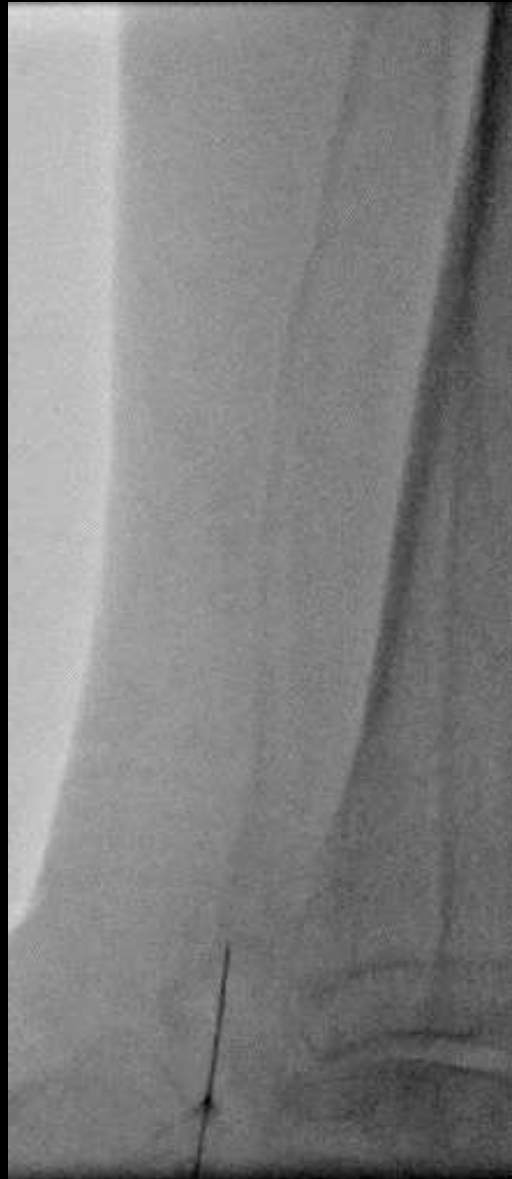
Wire Crossing Using New device Completion Angiography



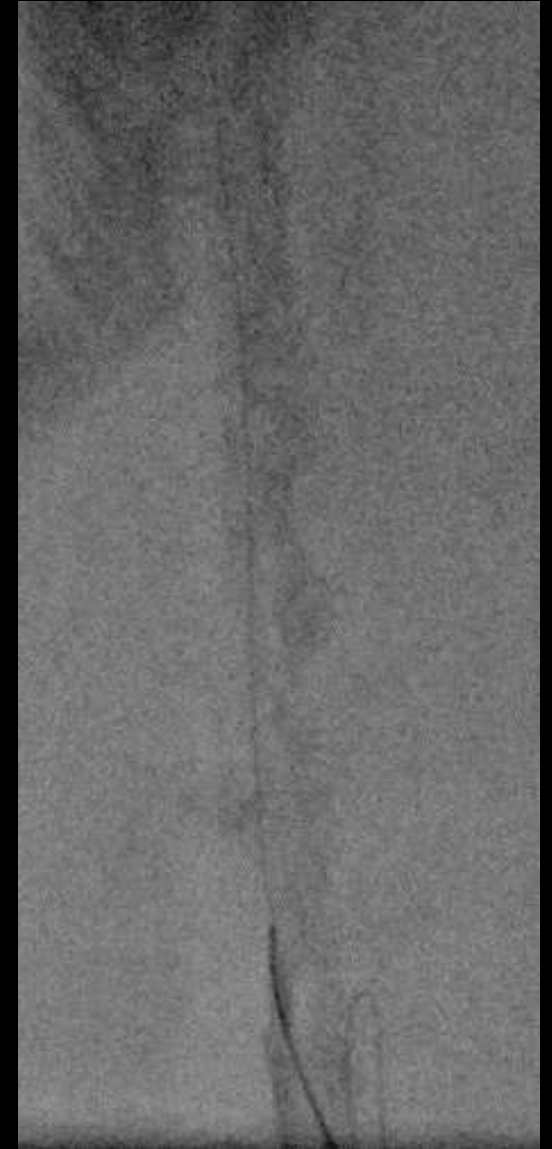
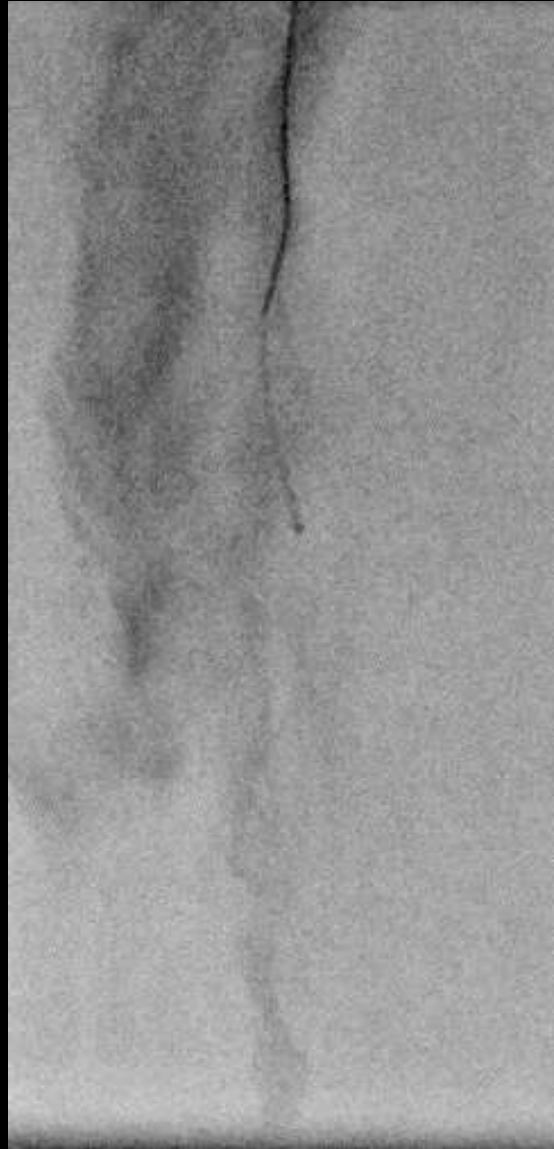
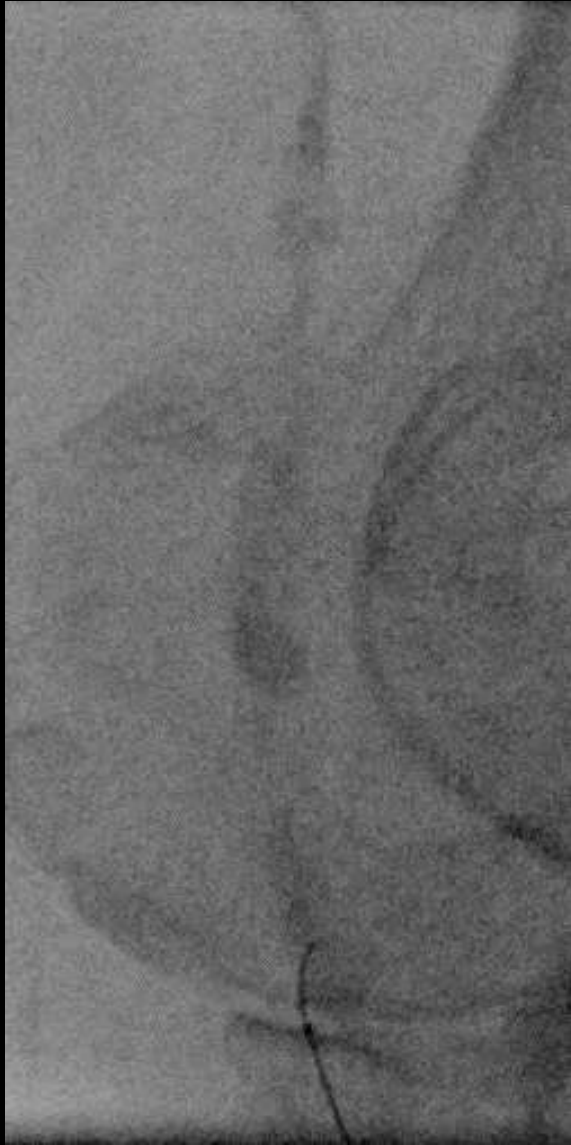
Fail to Intraluminal Approach



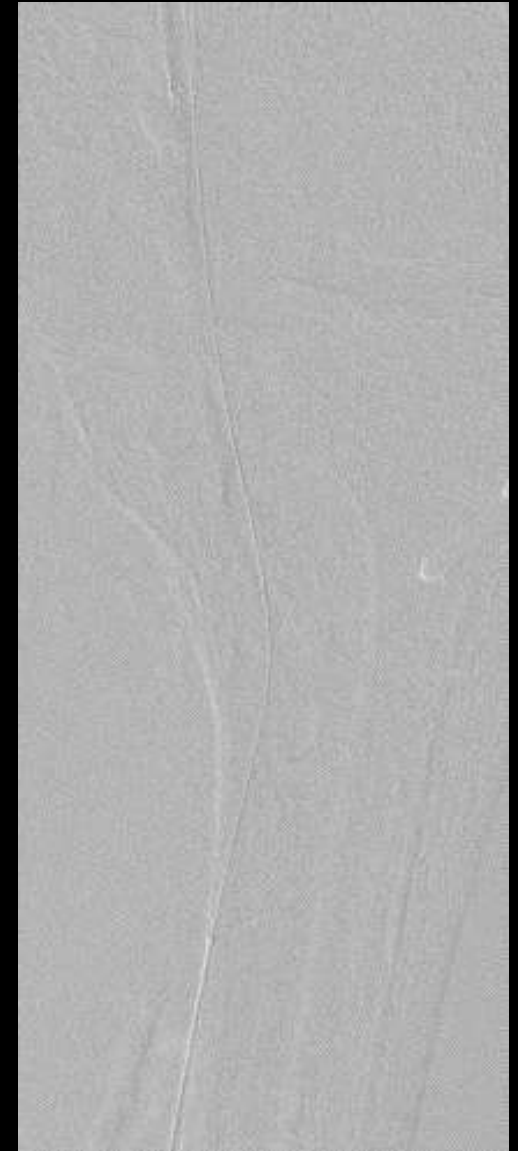
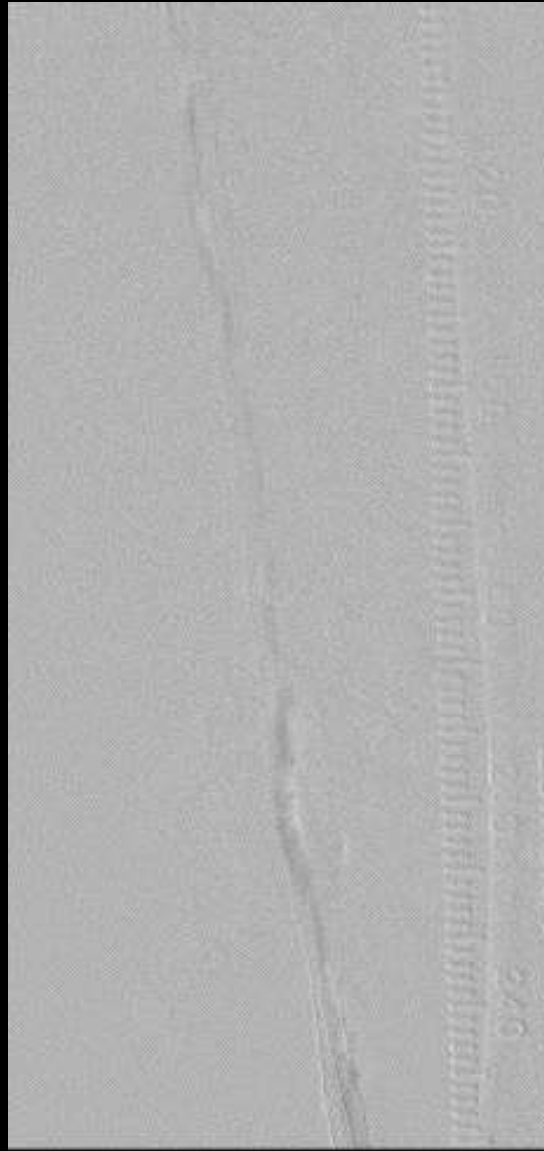
Fail to Intraluminal Approach



Fail to Intraluminal Approach



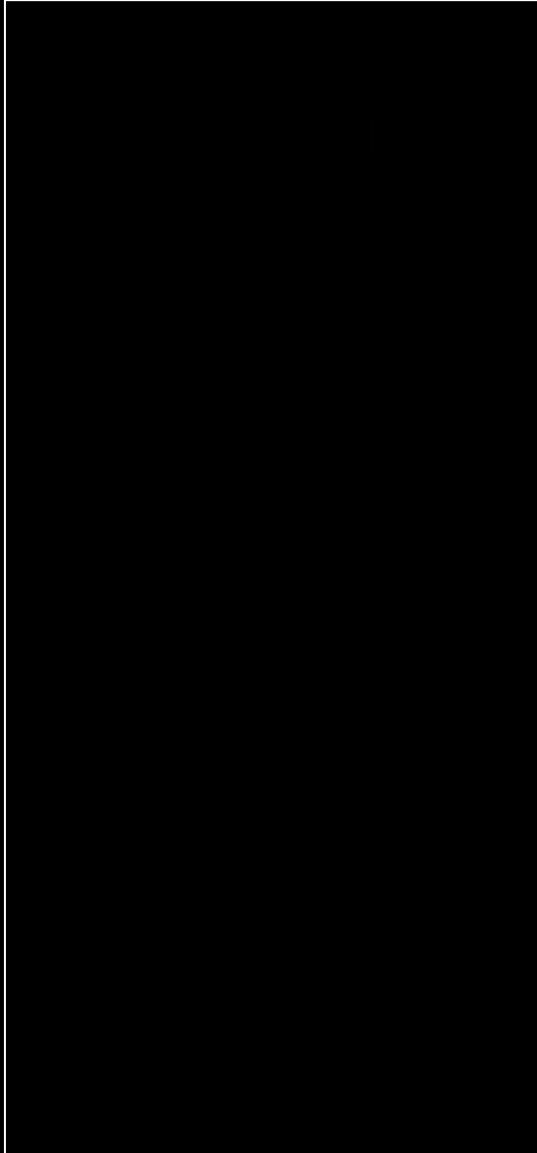
Fail to Intraluminal Approach



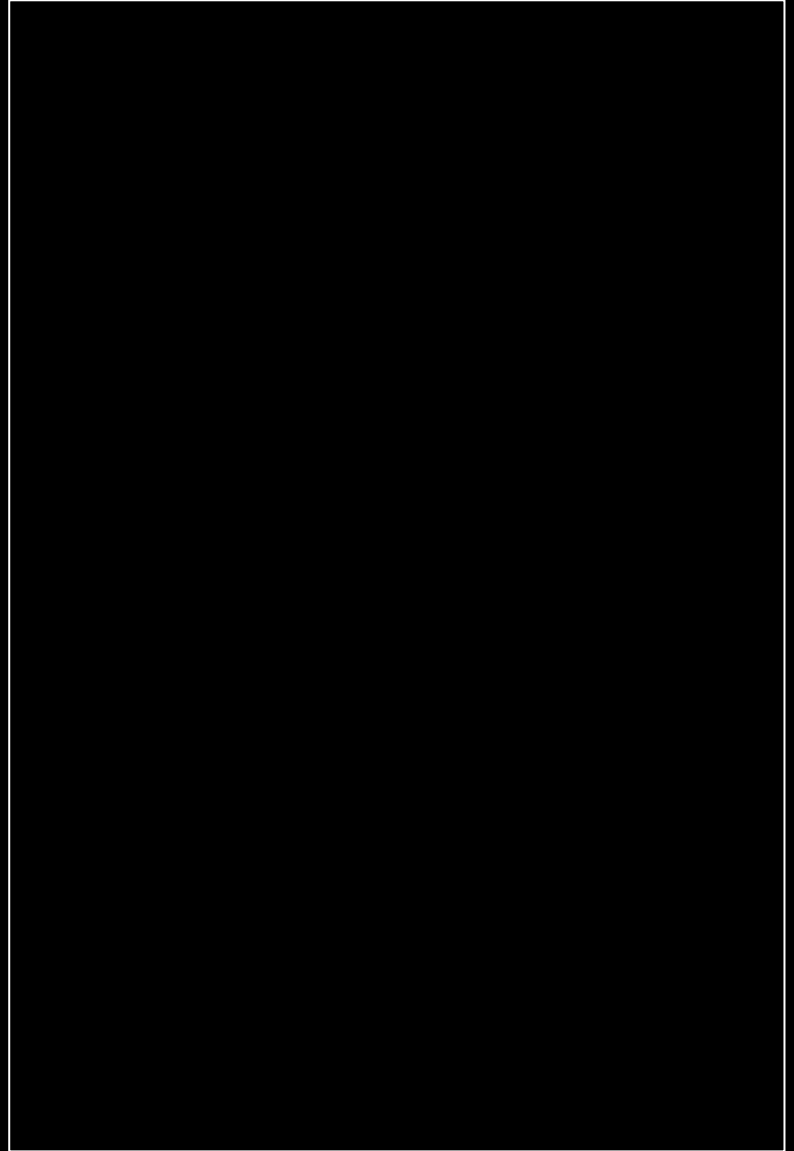
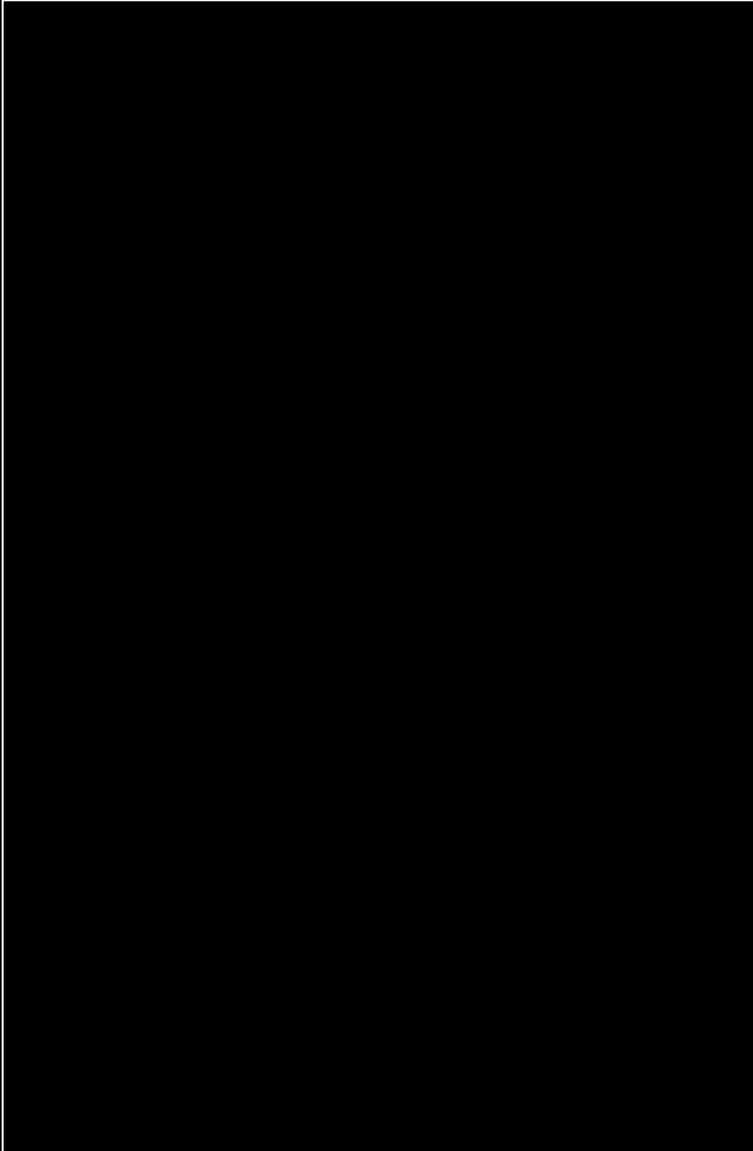
Subintimal Approach



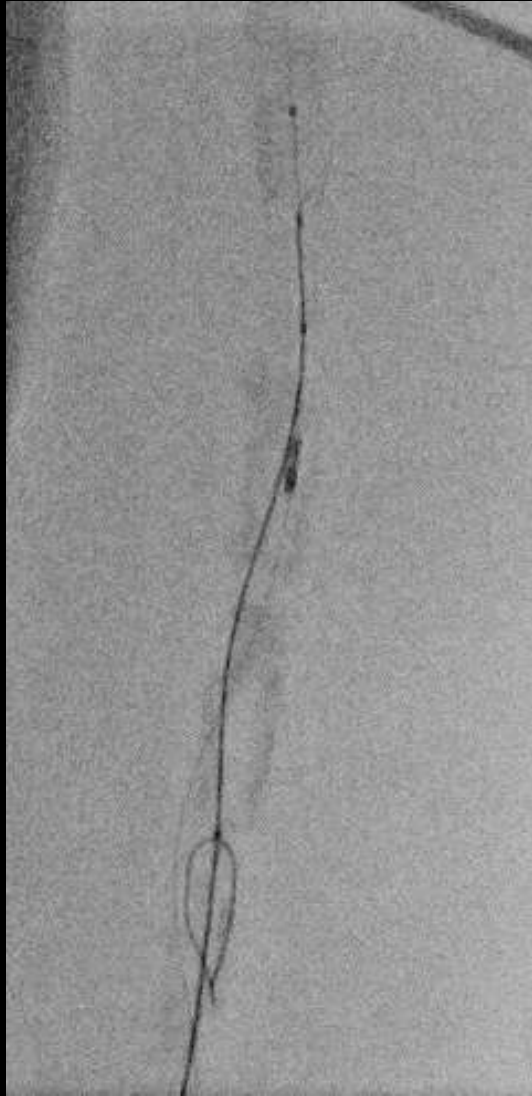
Subintimal Approach



Subintimal Approach



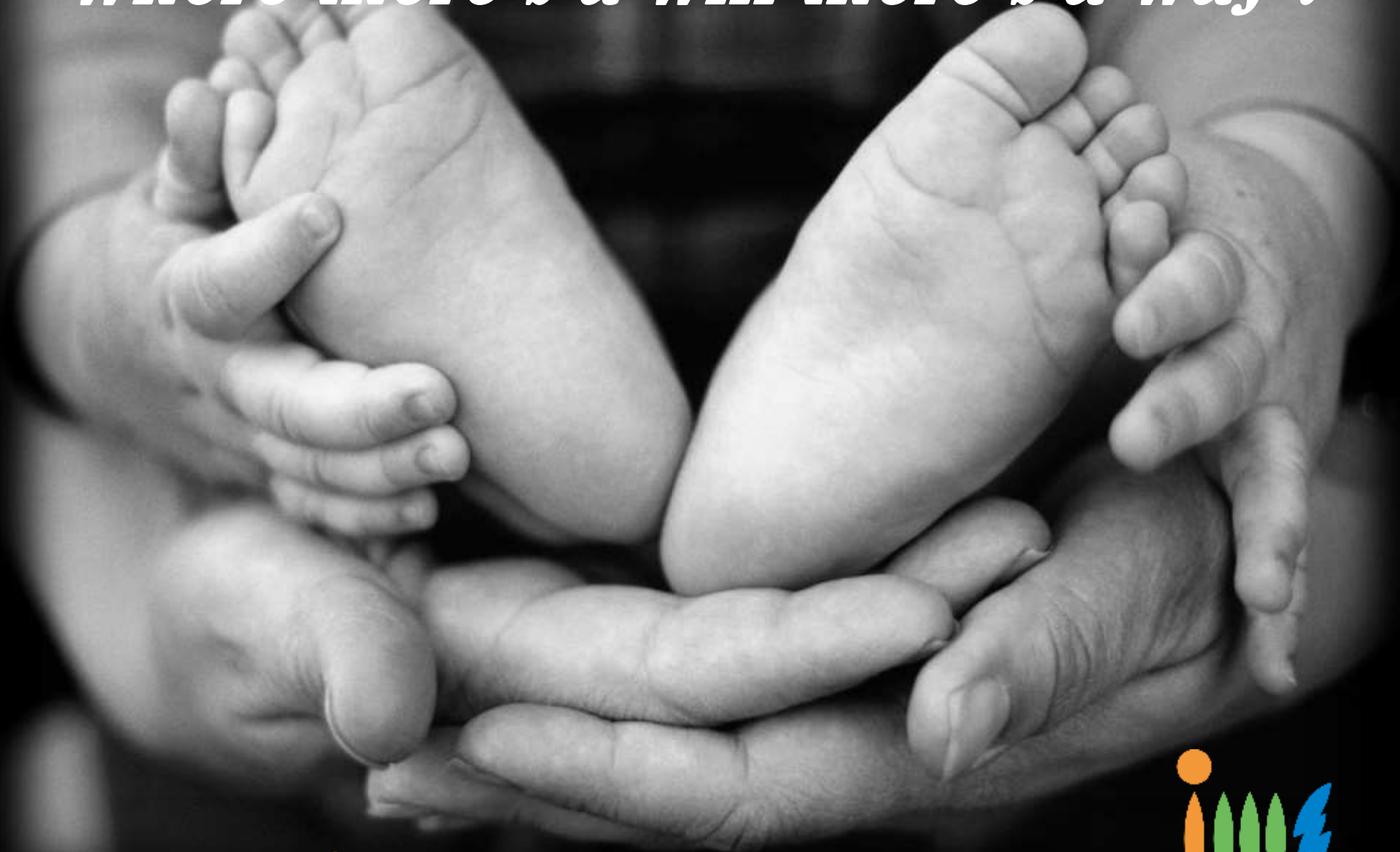
Subintimal Approach



Take Home Messages

- ✓ First of all, Intraluminal approach should be considered.
 - 0.014inch wires
 - New device (TruePath, Crosser ...)
- ✓ Bidirectional approach is helpful to pass a wire.
- ✓ Subintimal approach is not my preference except
 - Failed to intraluminal approach
 - Aged
 - Poor general condition
 - Tremendous severe calcification

Where there's a will there's a way !



Thank you for your attention



ITABASHI MEDICAL SYSTEM