

The use of 2nd guiding catheter in the recanalization of CTO – 2 cases sharing

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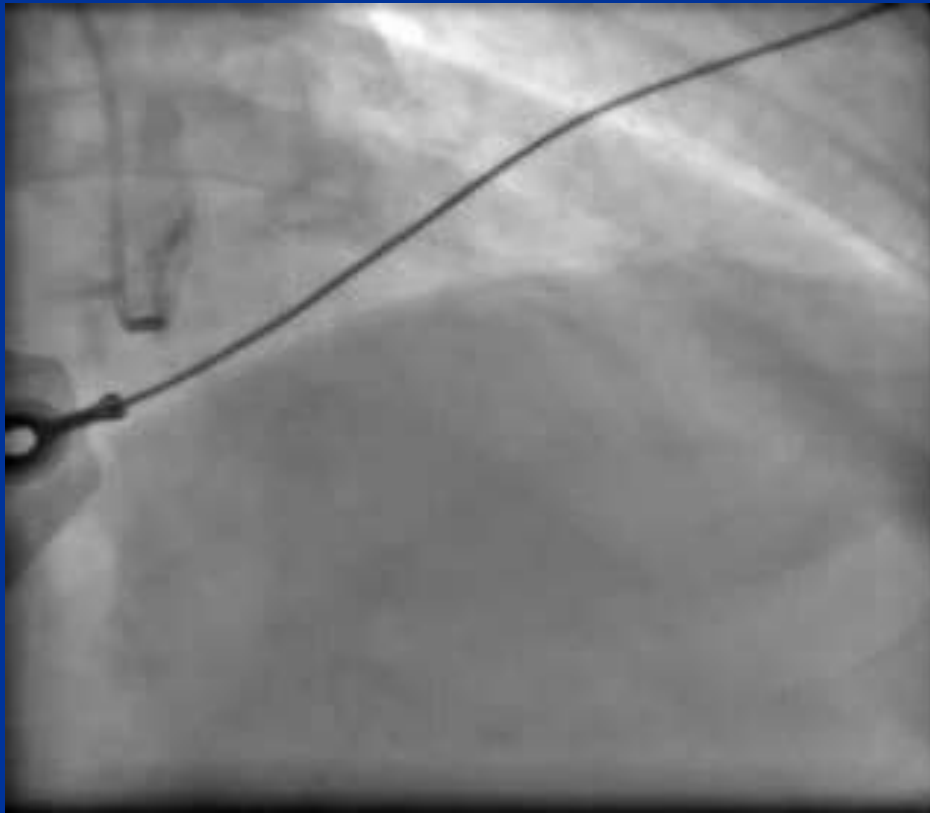
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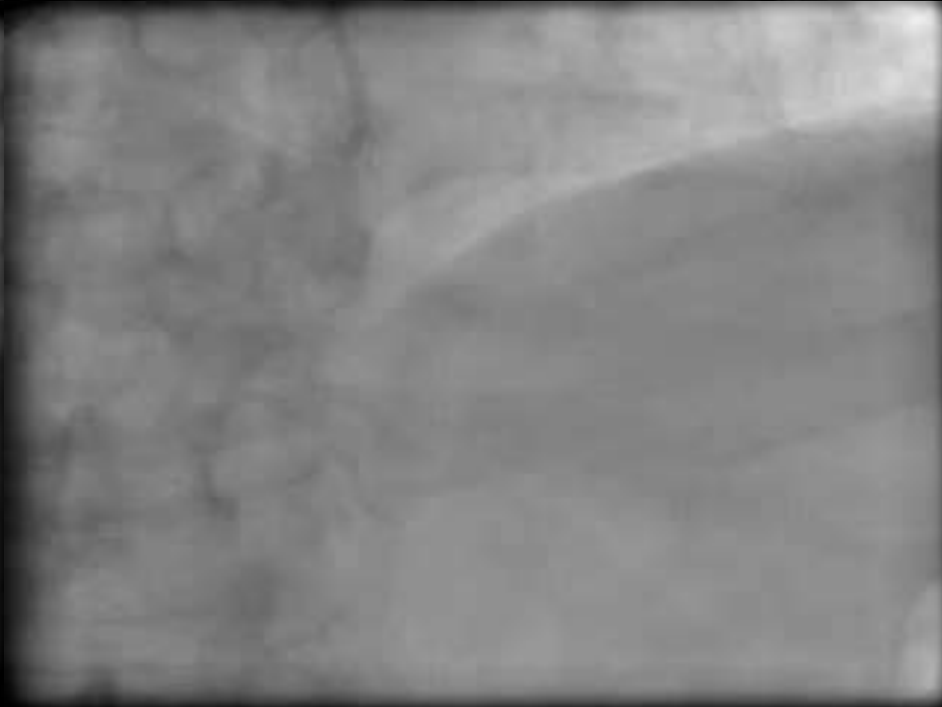
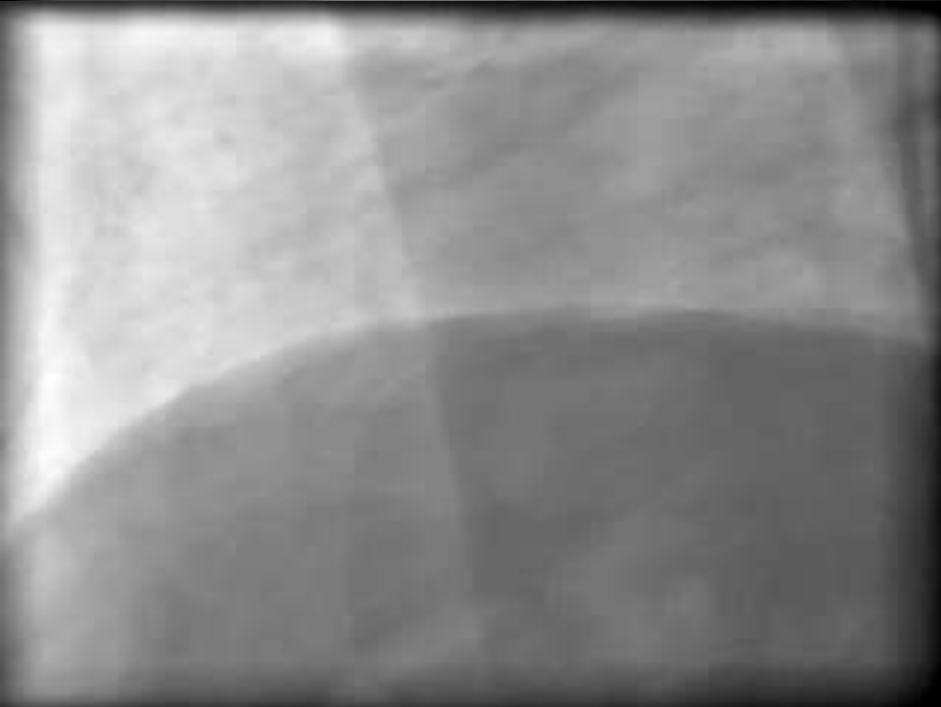
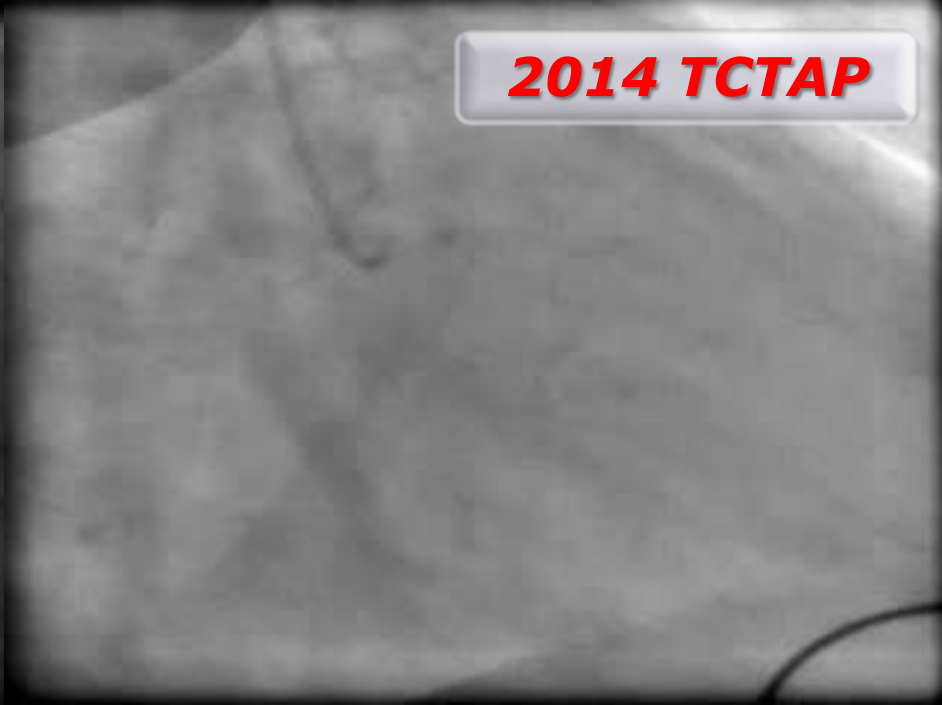


Case 1 – 65 Y/O male, DM, hypertension and ex-smoker.
NSTEMI with cardiogenic shock S/P stenting over LM and LAD long
lesion in 2012-2.

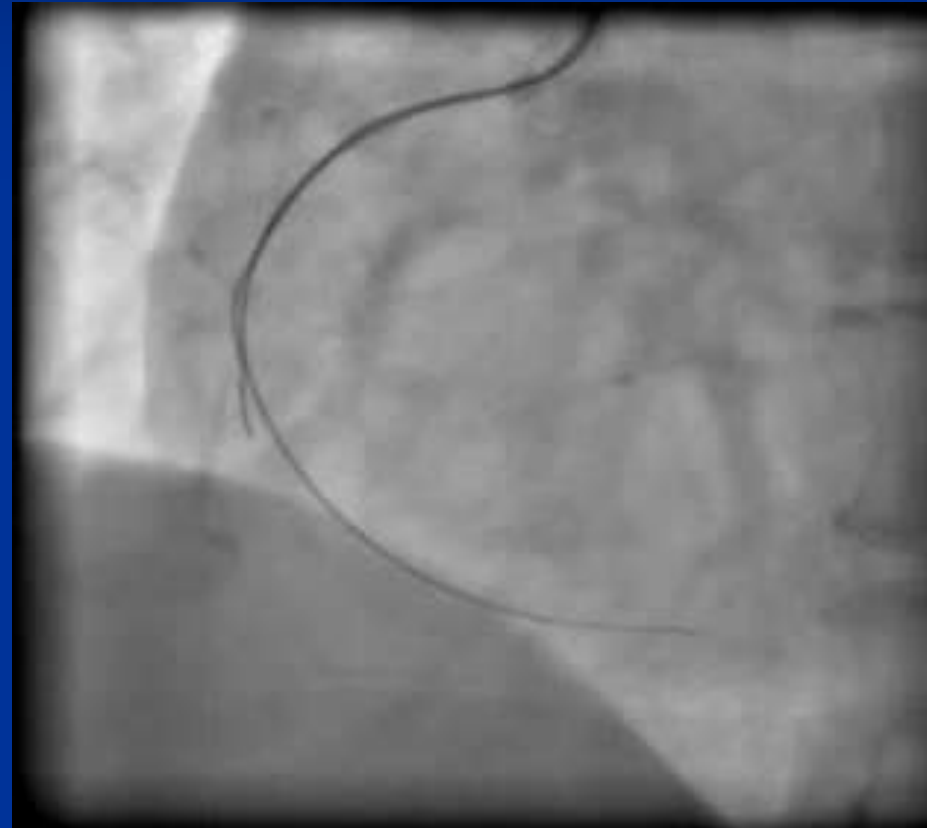
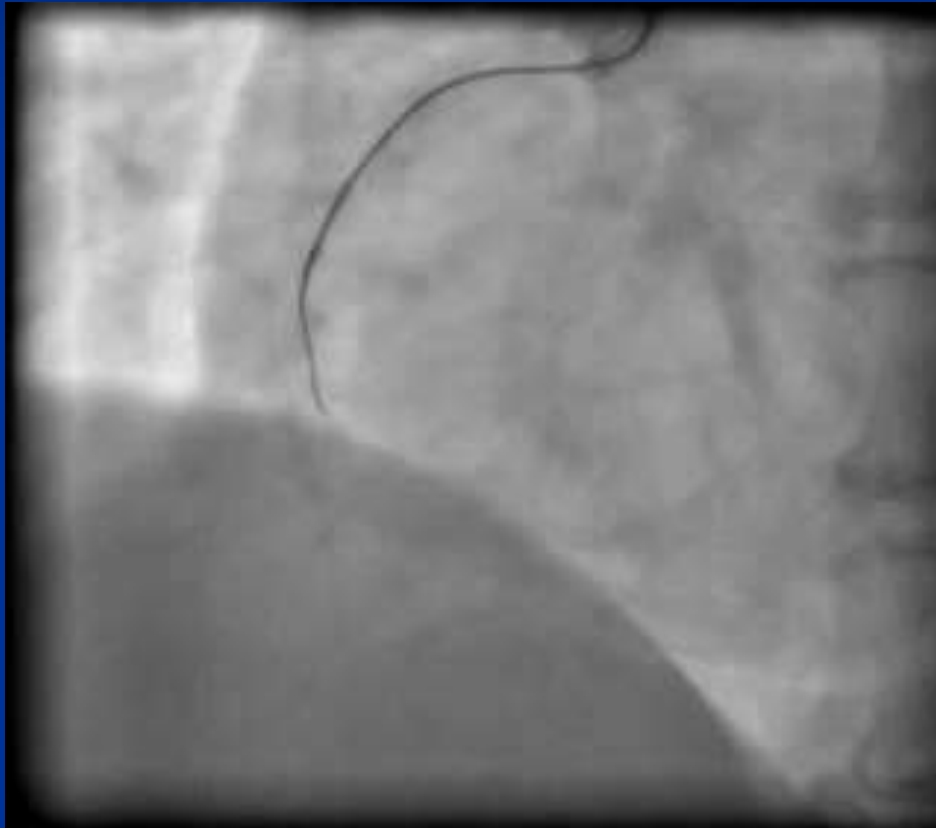
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- LM and LAD long lesion S/P stenting, RCA-M CTO
- collaterals from RCA-RV/LCX Br.

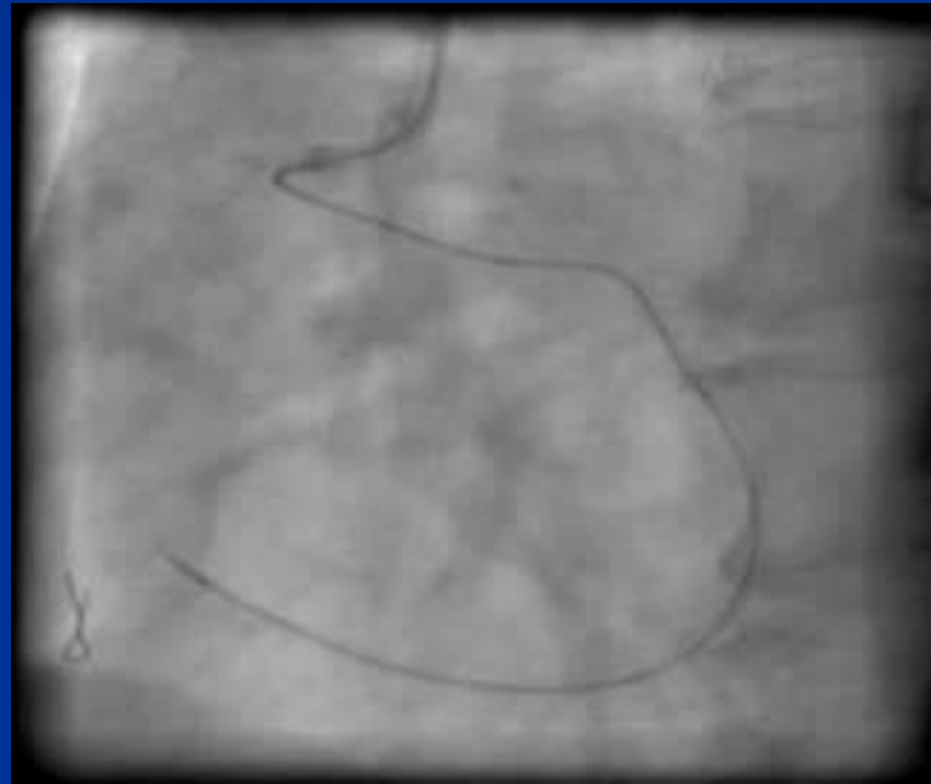




Antegrade approach – conquest/parallel wiring, but.....



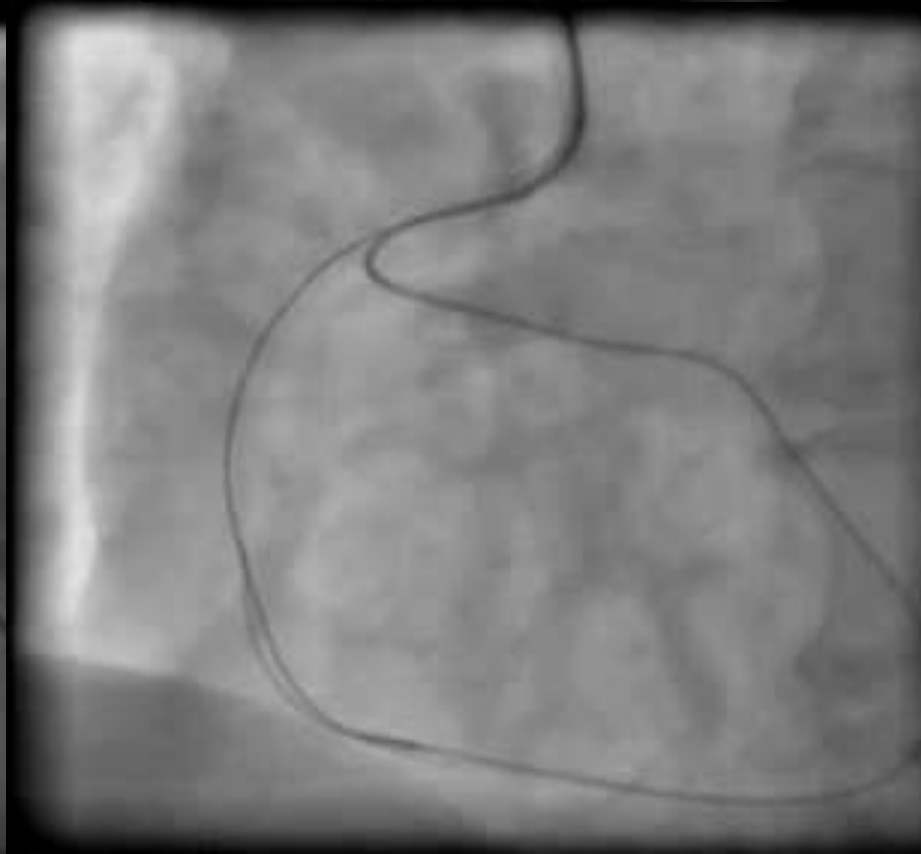
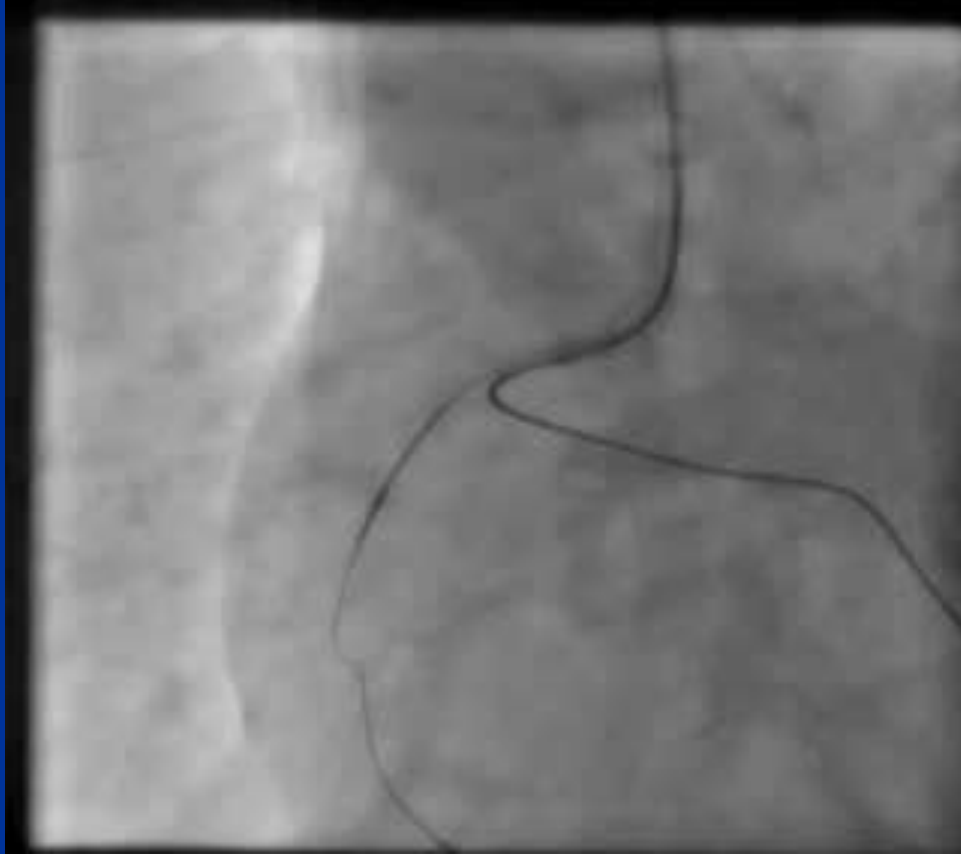
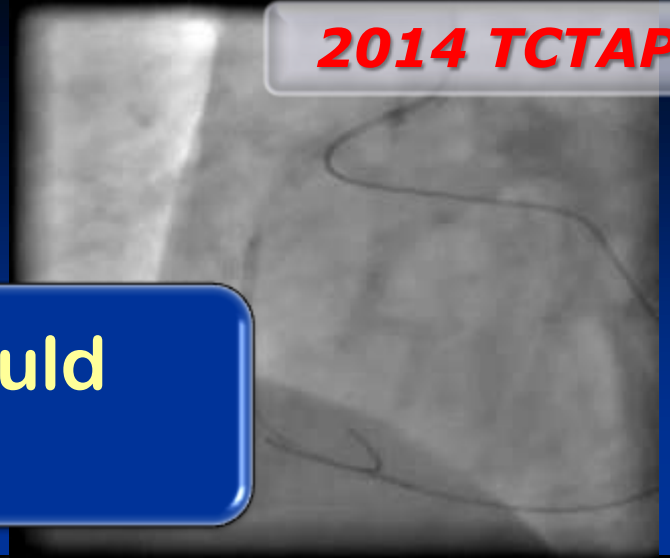
Retrograde approach from RCA- Kugel's auto-collateral



**Kissing wire technique
Reverse CART**

**However, corsair catheter could
not be advanced.....**

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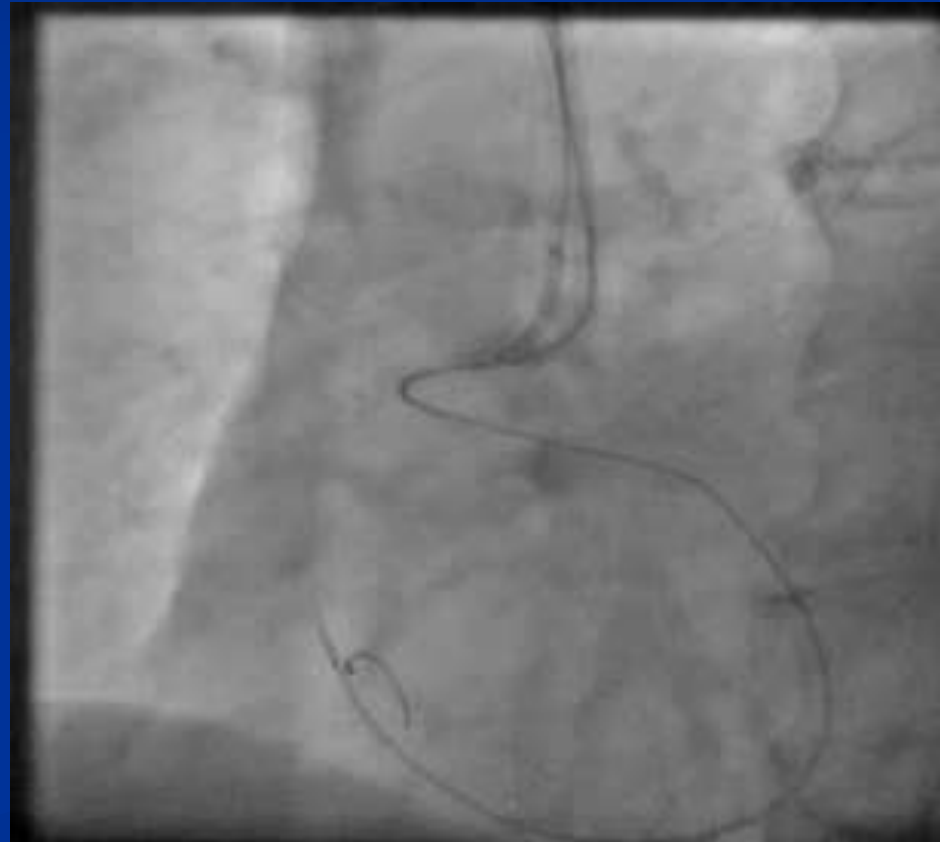
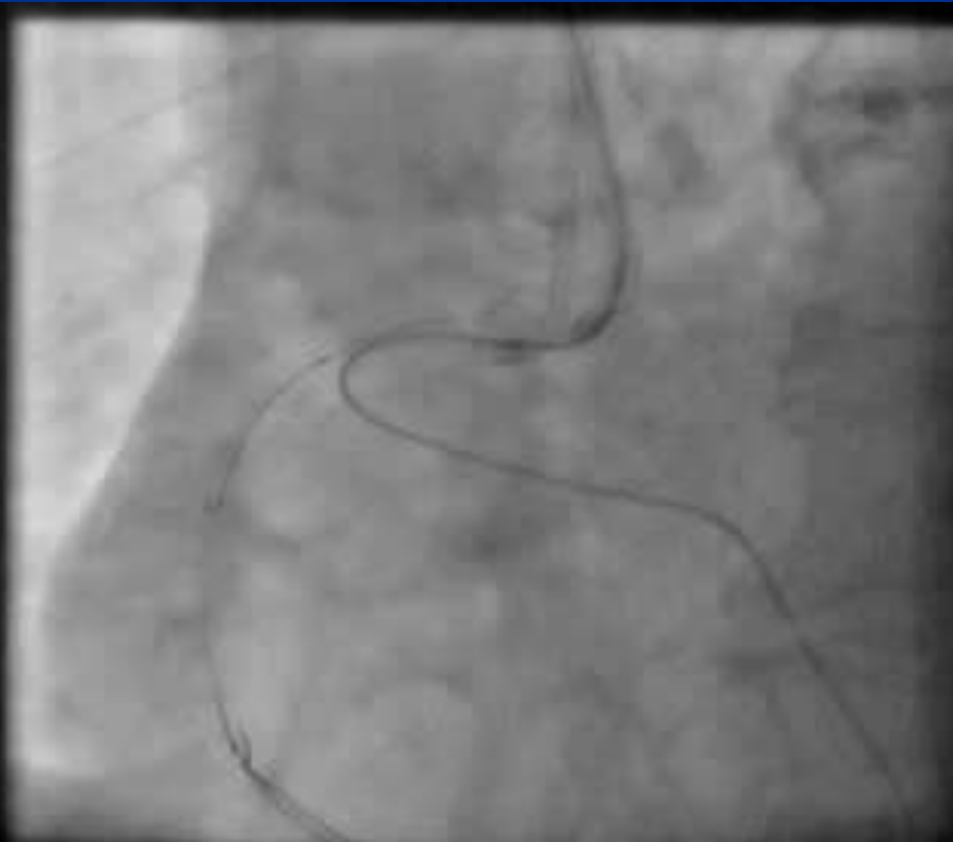
What would be the next step?

- Try another 300cm wire to cross CTO body and for externalization.
- or trapping, at where?

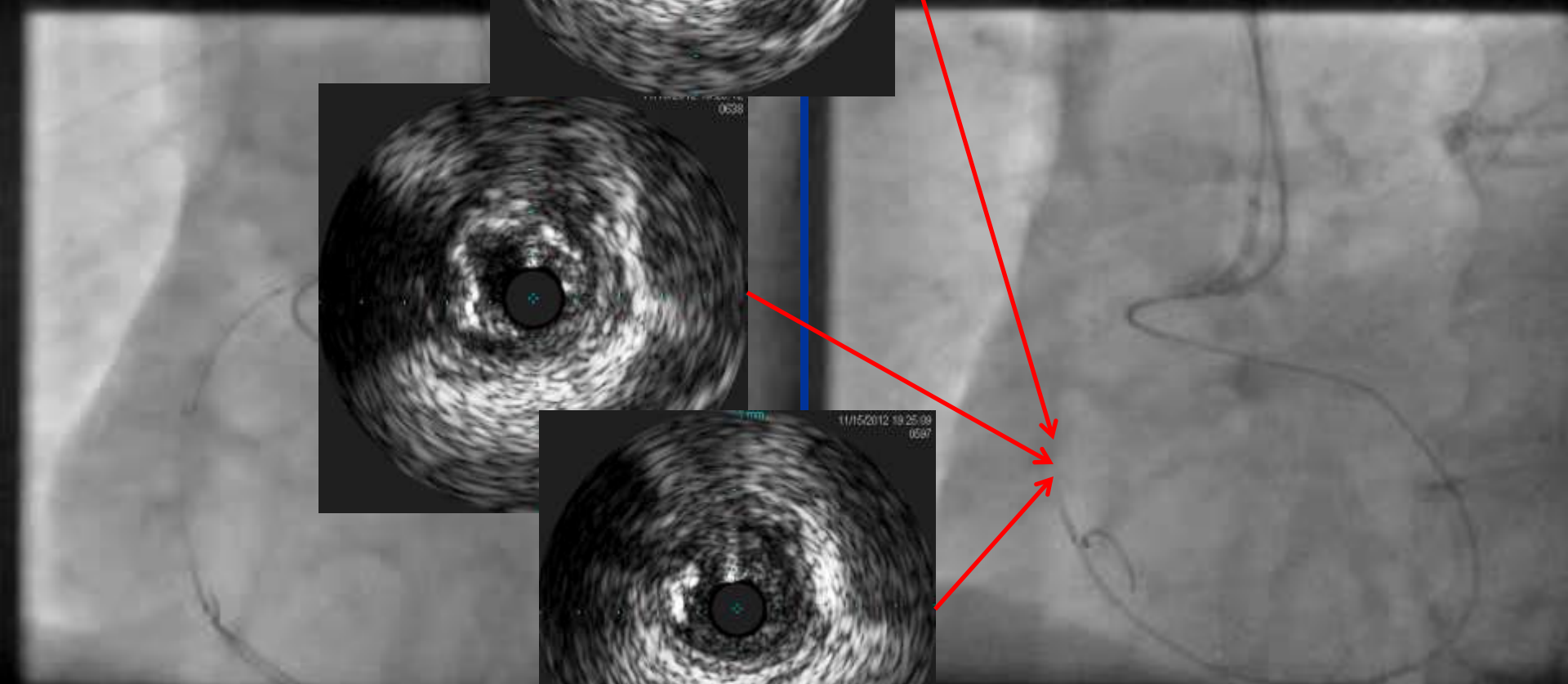
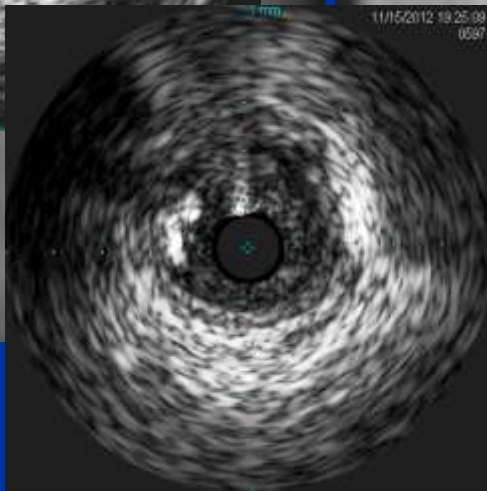
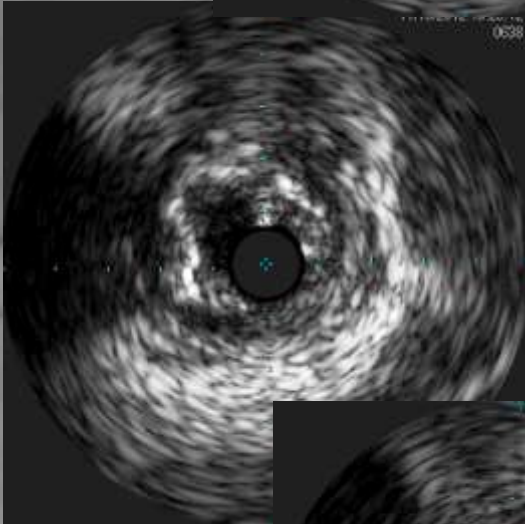
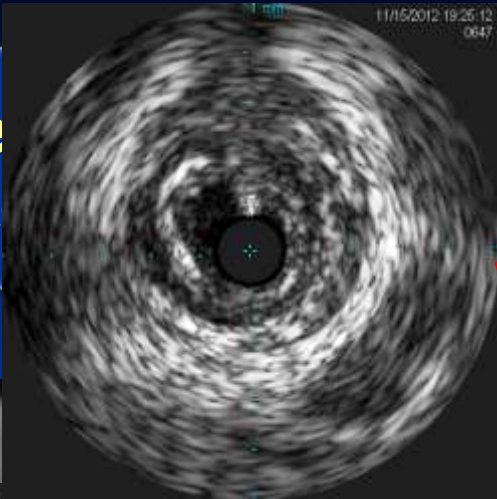
At the proximal-RCA, or

In another guiding catheter

Trapping wire/advance corsair and do the Rendezvous tech in 2nd guiding catheter

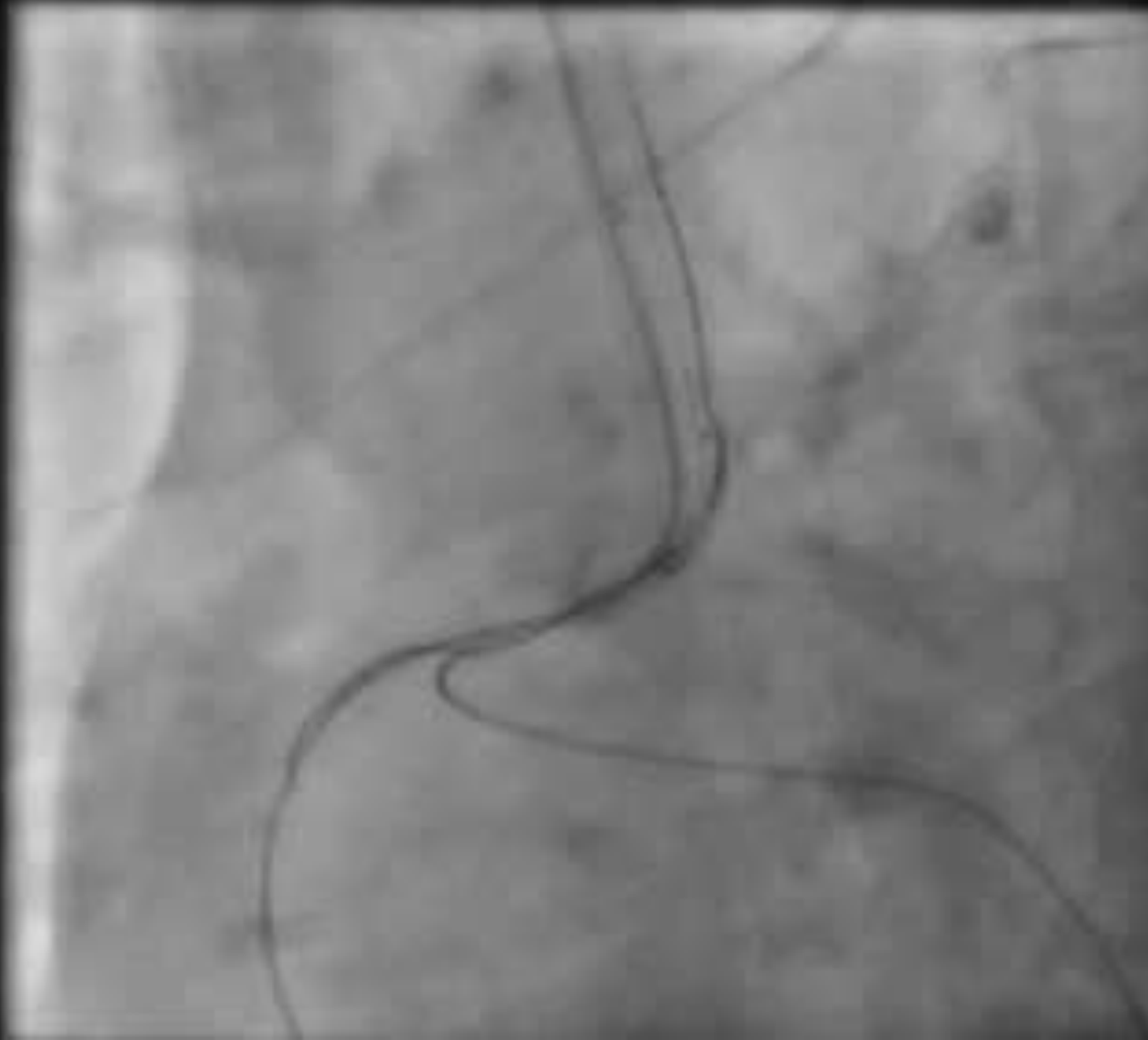


Trapping wire
Rendezvous t
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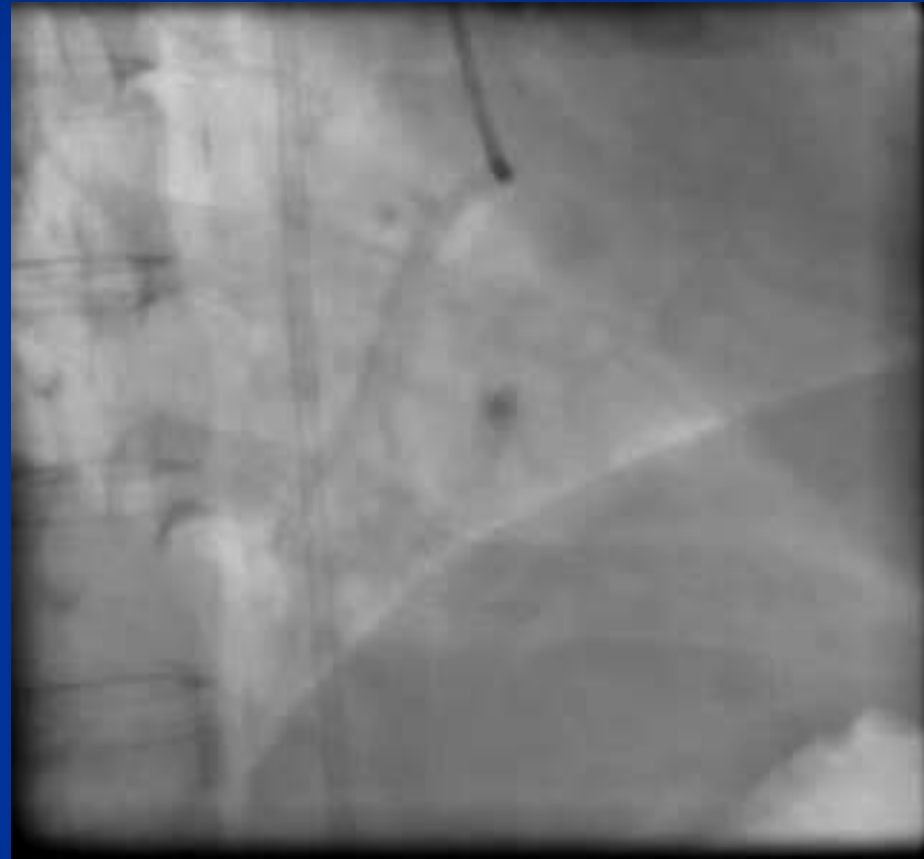
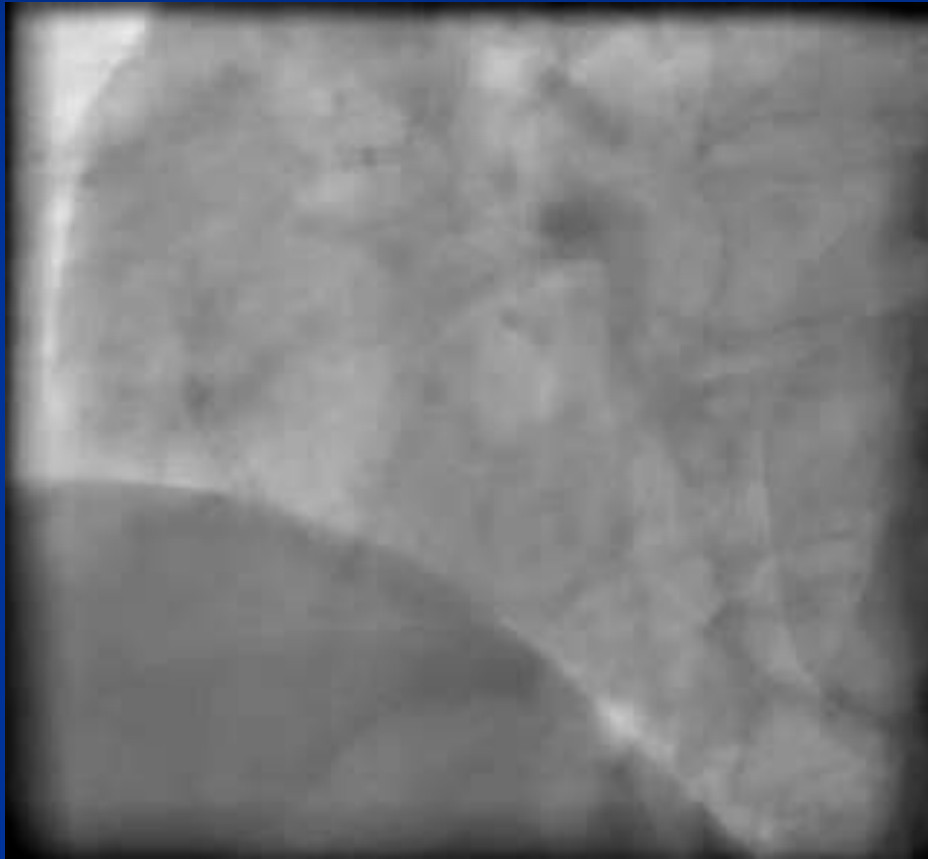


Simplified Rendezvous wire exchange in the 2nd guiding catheter

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Final angiogram after 2 DES stenting



Case II – 64 Y/O male, hypertension and hyperlipidemia

NSTEMI in 2013-5

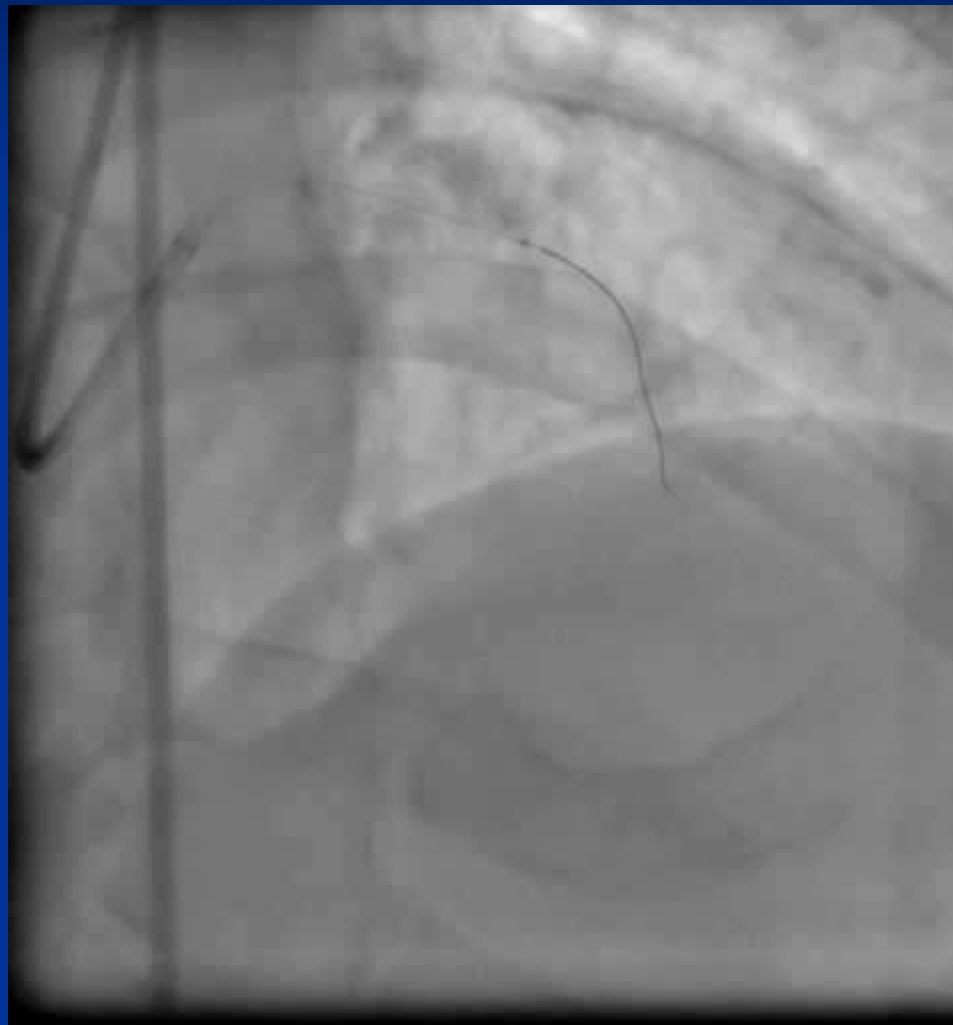
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– LAD –P: CTO

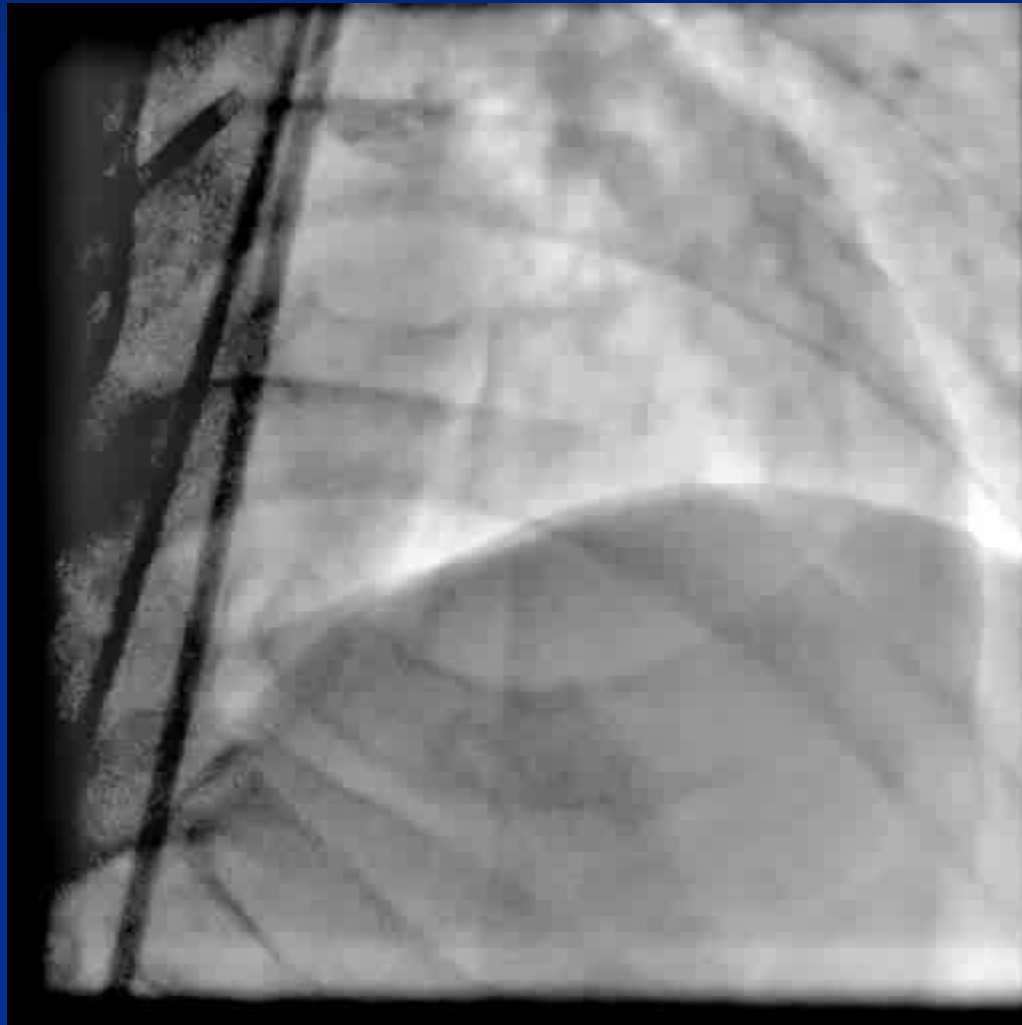
– collaterals from RCA-RV/LCX Br.



Antegrade approach but GW appeared to enter false lumen of distal LAD



Final angiogram after 1st PCI attempt



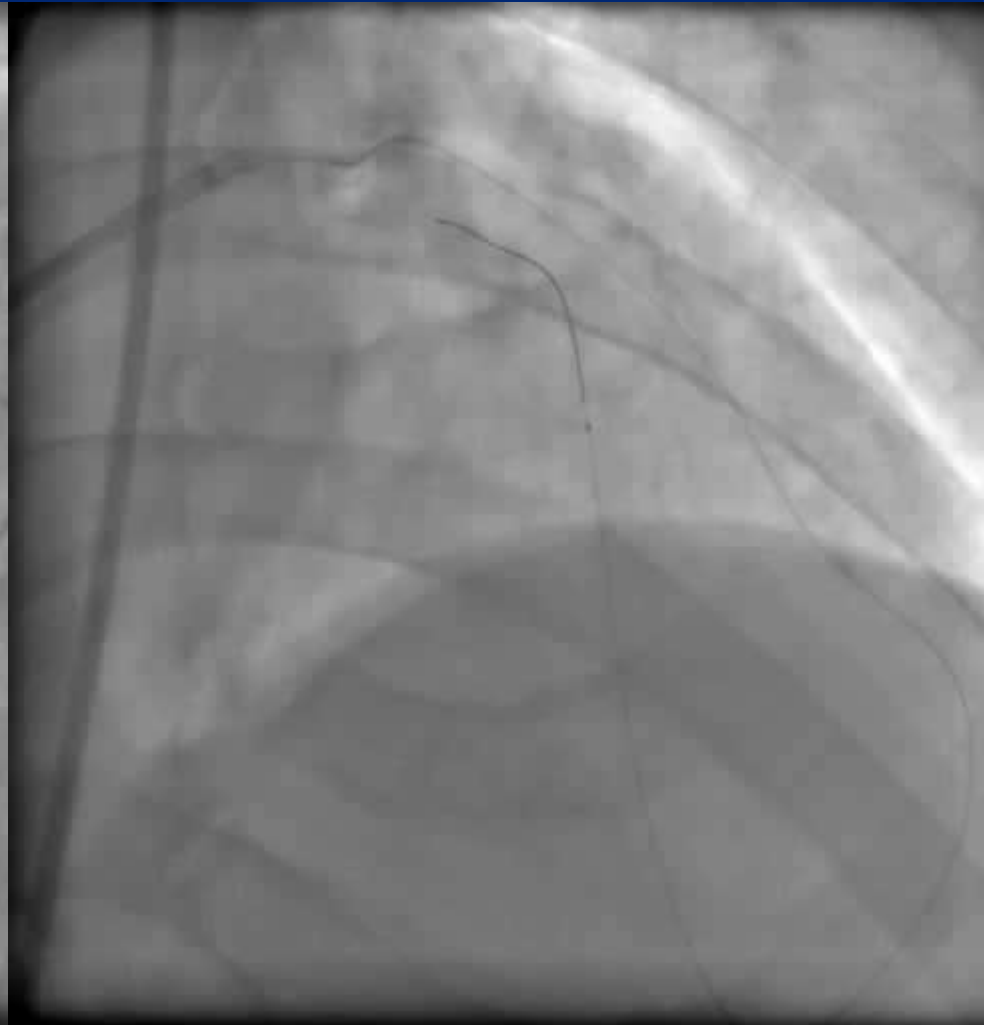
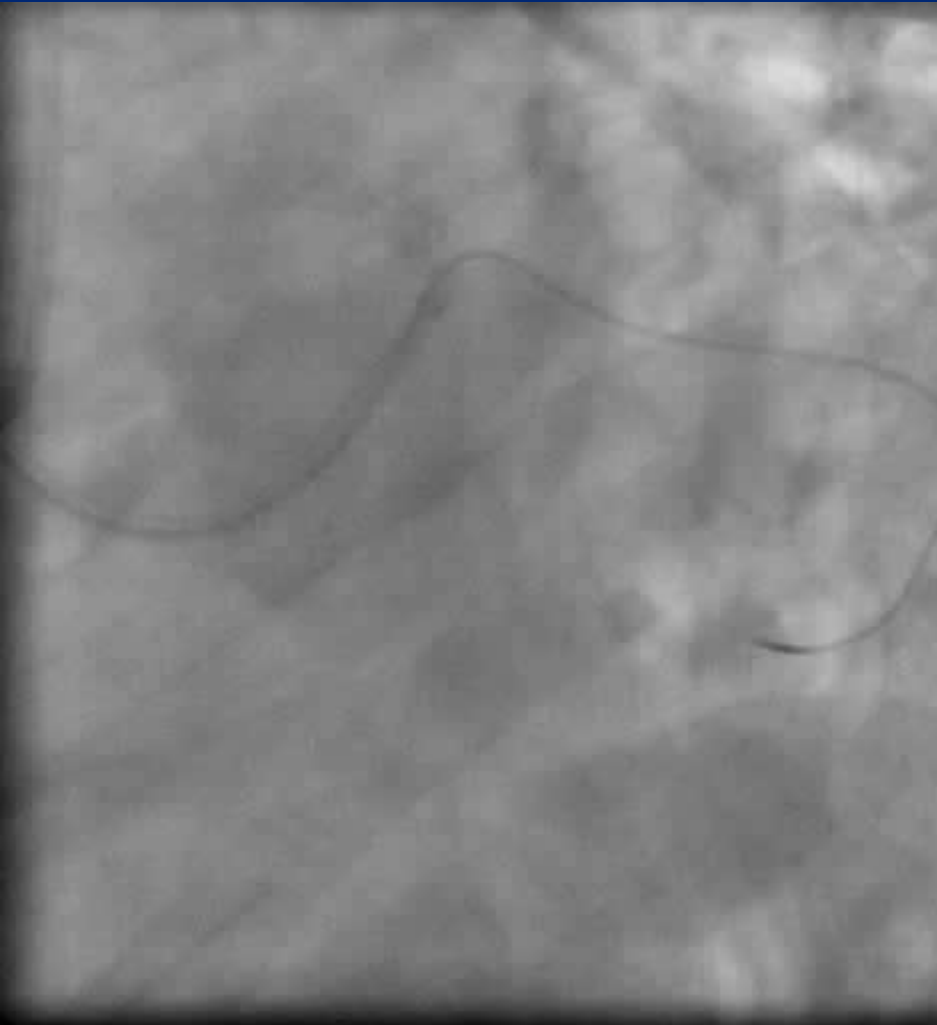
2nd PCI attempt 3 months later



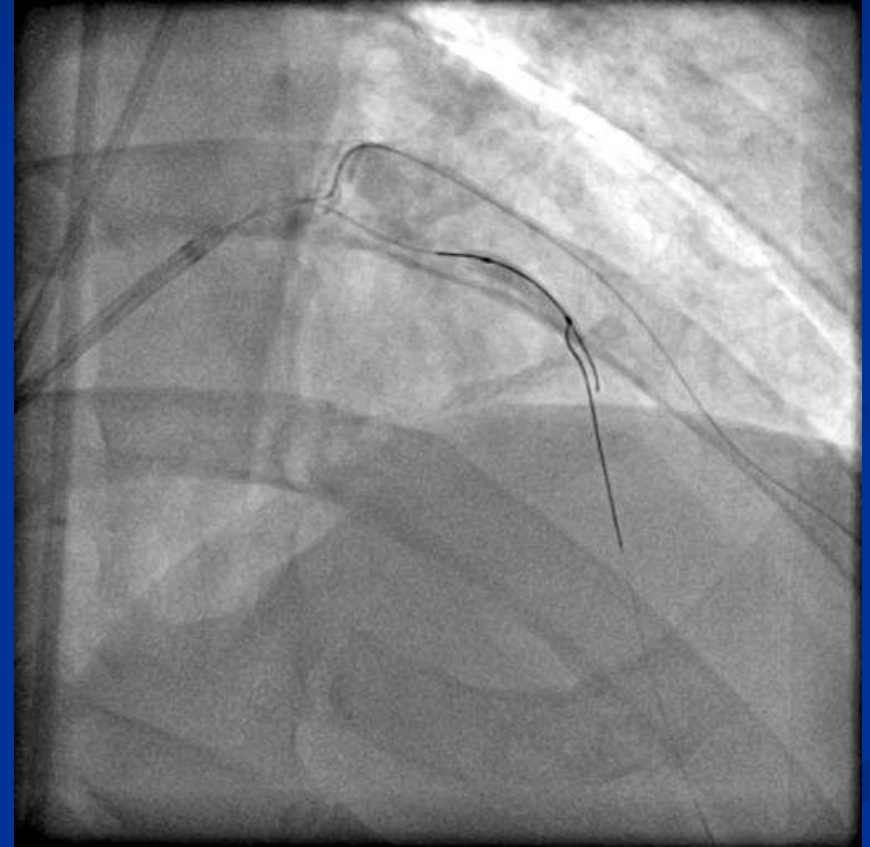
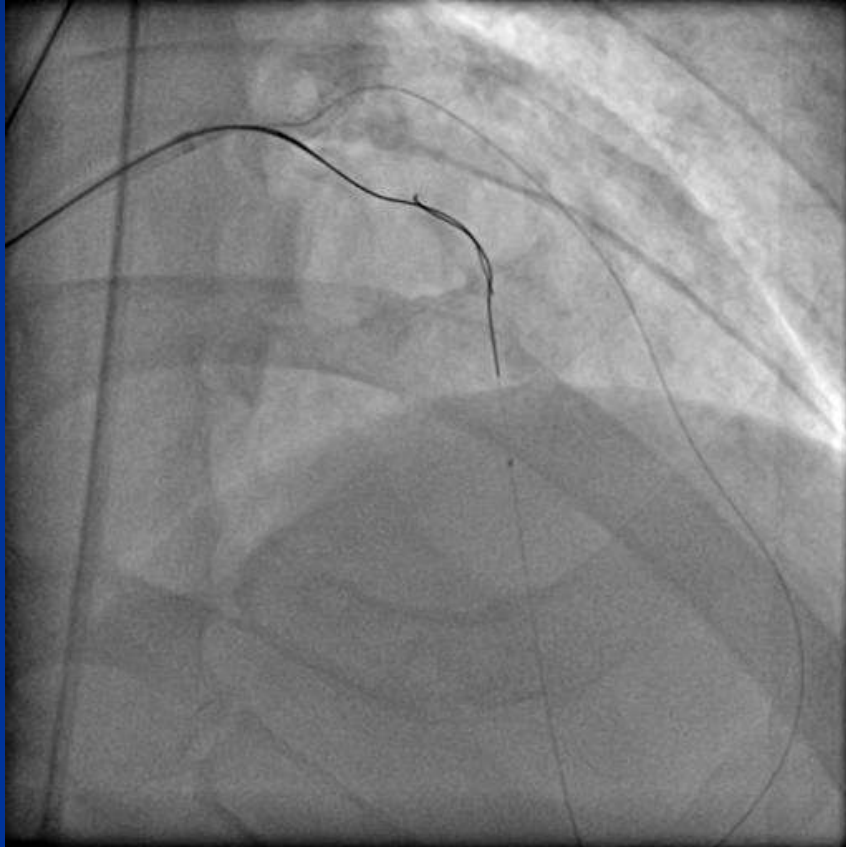
Antegrade approach with parallel wiring
- Provia 12 GW and Conquest pro 12 GW
- Failed



**Successful retrograde wiring from LCX-OM to LAD-D
- But direct crossing with retrograde GW failed again**



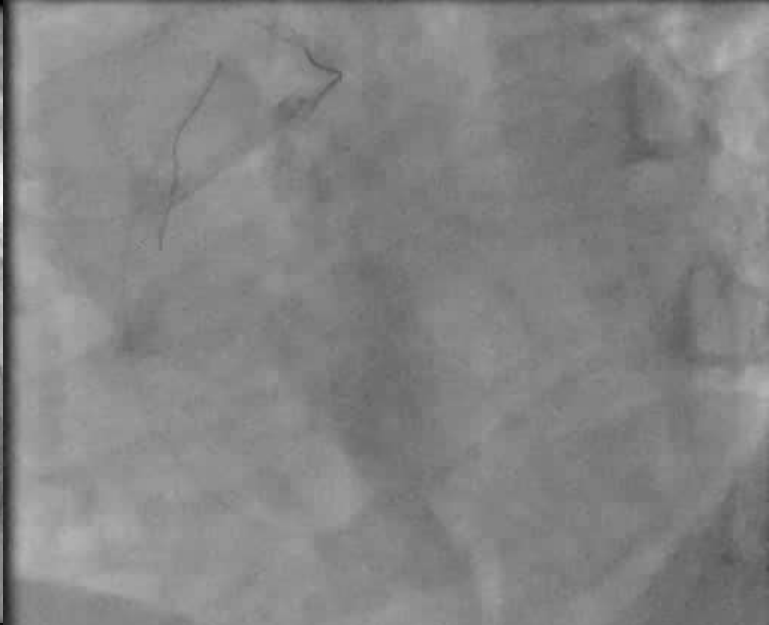
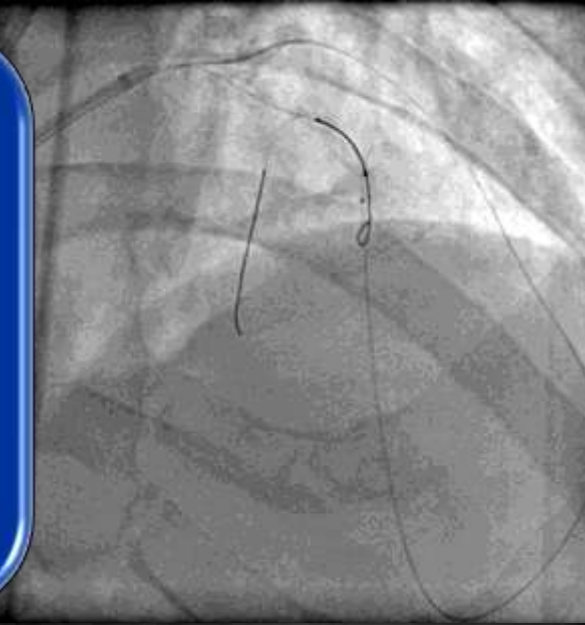
Reverse CART with 2.5 BC



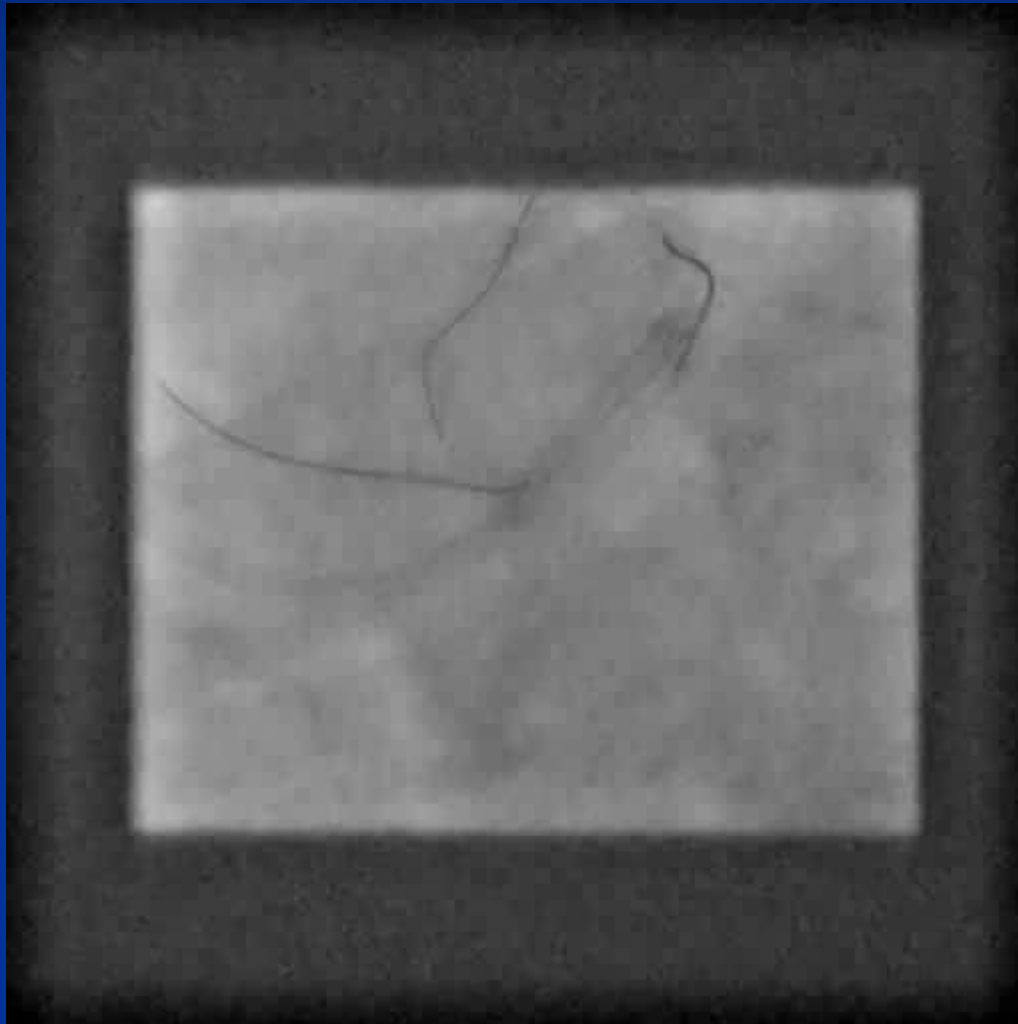
- *Use of 2nd guiding catheter*

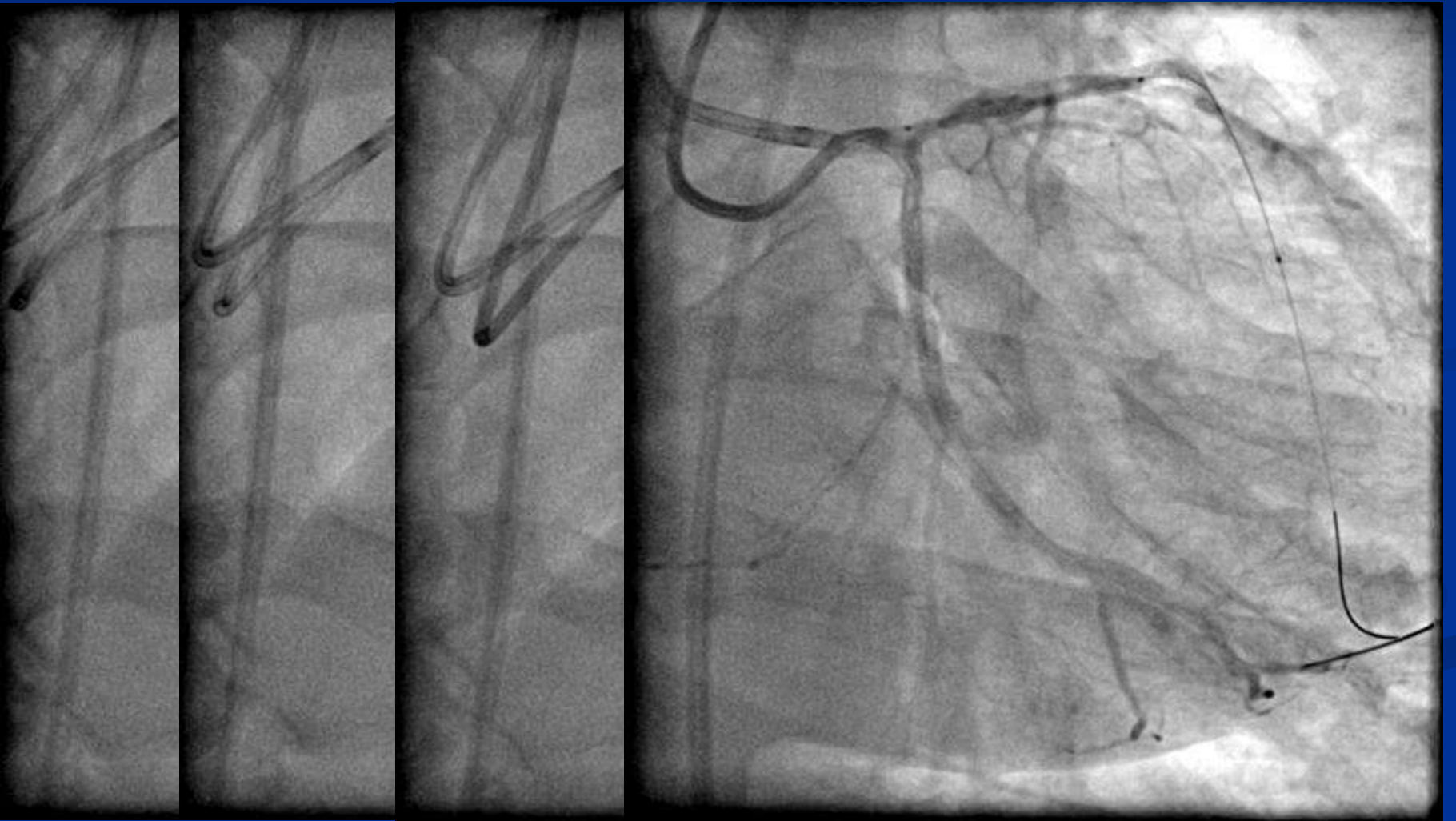
- Retrograde Wiring into 2nd guiding catheter

- Trapping for entrance of finecross MC into 2nd guiding catheter

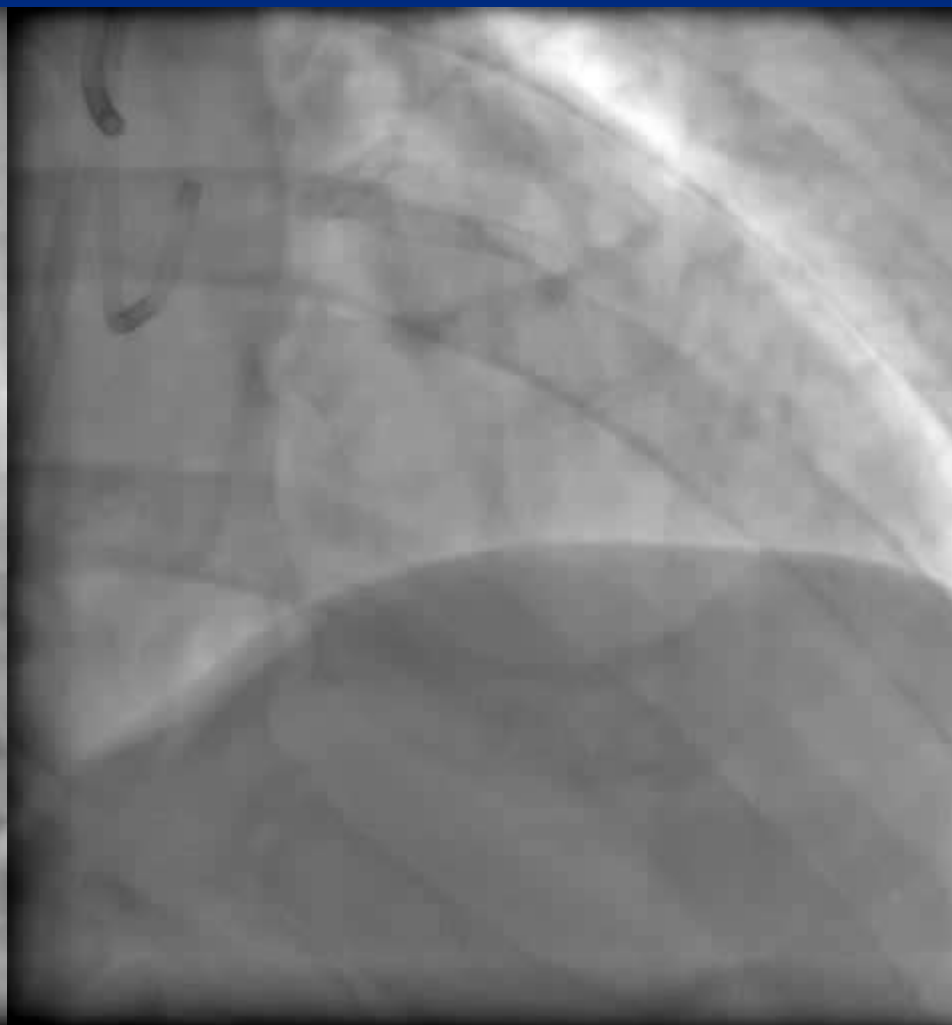


Simplified Rendezvous wire exchange in the 2nd guiding catheter





Final angiogram after 2 DES stenting



Take home message

- In retrograde approach via auto-collateral, two guiding catheters may be a useful alternative method for wire exchange, especially when retrograde microcatheter cannot pass the CTO body.
- Simplified Rendezvous method in 2nd guiding catheter is effective and time-saving for retrograde wire exchange.





Thank you for your attention