Occlusions with Retrograde Approach

Long-Term Outcomes of Percutaneous Coronary Intervention for Chronic Total Occlusion

We performed a retrospective analysis of the long-term clinical outcomes of successful percutaneous coronary intervention (PCI) using the retrograde approach. The retina was more frequent in patients with a higher complexity of CTO lesions. This study sought to examine the short and long-term outcomes of CTO PCI with a higher complexity of CTO lesions.

Conclusions: The successful treatment of non-LAD-CTO associated with a complete revascularization links with a very high survival rate. LAD-CTO is a predictor of cardiac mortality despite the completeness of coronary revascularization.

TCT-366
Short and Long-Term Outcomes After Retrograde Coronary Intervention for Chronic Total Occlusion: Comparison With the Anterograde Approach

Background: Little data is available about safety, feasibility, and long-term outcome after retrograde CTO PCI. This study sought to examine the short and long-term outcomes of retrograde chronic total occlusion (CTO) percutaneous coronary interventions following the Retrograde approach.

Methods: From a single-center prospective registry, 1343 consecutive patients underwent CTO PCI from January 2004 to January 2012.

Results: Of these, 144 (10.7%) had retrograde CTO PCI, 1,302 (9.2, 6.2, 15.6, 10.9, 16.1, 23.4% from 2004 to 2011). Patients with retrograde CTO were significantly younger (61.2 vs. 69.2; 11.4 years, p < 0.001), more frequently dyslipidemic (72.9 vs. 62.3%, p < 0.001), right coronary artery CTO (65.3 vs. 43.7%, p < 0.001), and had lower lesion length (27.2 ± 21.9 vs. 19.6 ± 16.5 mm, p < 0.001) and less tapered morphology (31.7 ± 46.5%, p < 0.001). Procedural success rate of antegrade and retrograde approach was 73.7 and higher complexity of CTO lesions and long stent lengths needed in those treated with the retrograde approach.