Successful Revascularization for a Man with 2 Vessel Chronically Total Occlusion
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[CLINICAL INFORMATION]
Patient initials or identifier number. 22020593
Relevant clinical history and physical exam. A 60 year-old man with past history of chronic hepatitis B and hypercholesterolemia presented with dyspnea and chest tightness on exertion for 6 months. It lasted for 2 to 3 minutes each time, with radiation to forearm. Physical examination on chest and heart were unremarkable. Myocardial stress test revealed positive result, and then a coronary angiogram was arranged.
Relevant test results prior to catheterization. Chest film revealed normal heart size, without active pulmonary infiltration. Electrocardiogram showed sinus rhythm with first degree AV block.

Relevant catheterization findings. The RCA was tortuous and totally occluded from middle site, with auto-collateral supplies from RV branch and from LCX AM branch to RCA PL branch. The left main coronary was patent, and so was LCX. However, the LAD had calcification with a tapered end total occlusion from middle site, with retrograde collateral from LCX. In summary, he had 2-vessel disease, and each had total occlusive lesion.
Procedural step. First we tried to open the LAD. The guide wire penetrated into the micro-channel. Then rota-ablation was performed to debulk the calcification with a 1.75 mm burr. For RCA, retrograde route was attempted initially via RV auto-collateral. Kissing wire was attempted. However, each guide wire could not go into the micro-catheters in the opposite site. Finally, we put the retrograde micro-catheter at the intersection point. The antegrade wire went into the micro-catheter smoothly and completed rendezvous. Full metal jacket was performed for diffuse lesion, and the final result was good.

Case Summary. PCI for CTO lesion by using drug-eluting stents may be a treatment alternative for patients with multi-vessel disease and multiple CTOs, but long-term follow-up is mandatory. Kissing wiring strategy is fundamental in the retrograde approach of CTO PCI, and micro-catheter may offer another route for rendezvous inside the CTO lesion.

Successful Staged PCI for Young-Onset Triple Vessels CTO Lesion
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Relevant clinical history and physical exam. A 47-year-old man presented with an exertional chest pain for 1 month. However, he did not visit a