Case Summary. Finally, sufficient coronary flow was obtained. The Gaia Third guidewire is useful for CTO-PCI especially in retrograde approach with contemporary reverse CART.
Relevant test results prior to catheterization:

Relevant catheterization findings:

[INTERVENTIONAL MANAGEMENT]

Procedural step. CAG: RCA was totally occluded, LAD was totally occluded. The LCX angiogram revealed diffuse narrowing of mid. There RCA has been delivered three stents 3.0*30 mm, 3.5*30 mm, 4.0*15 mm (ENDEAVOR RESOLUTE)

When the first stent be loaded the LAD disappear. So we use another wire from the RAC cross the lumina to the LAD and use the balloon expand the lumina. Next step we use the wire cross the LAD forward direction to the distal of LAD. Finally we success.
Case Summary. When you face the difficulty you should keep the calm. The reverse wire technique is very useful when you met the chronic total occlusion and you should more flexible use this technique. This technique is very usefully.

TCTAP C-107
Successful Retrograde Coronary Angioplasty of Left Circumflex Ostial Chronic Total Occlusion by Pulling RG3 Guidewire with Gooseneck Wire Because of Stucking at Acute Branching of Circumflex from Left Main Trunk
Hiroaki Yamamoto, Chieko Itamoto, Hideo Miura, Mutsuki Kodaira, Tsunesuke Kohno, Masashi Hattori, Yu Matsumura, Fukitaka Yamaki
1 Nagano Chuo Hospital, Japan

[CLINICAL INFORMATION]
Patient initials or identifier number. ID 25924501 K.R.
Relevant clinical history and physical exam. Patient is 83 year-old man. About 9 years ago, he became unstable angina, showing severe stenosis at LMT, mid LAD and just LCX. We did CABG to LAD and LCX, but graft to LCX was occluded. So we tried LMT and LCX stenting, however LCX was branching from LMT in acute angulation. So guidewire could not pass. After eight years, he experienced frequent chest pain again. Right coronary artery has several stenoses under 50%, and some atrial branches were feeding to LCX.