Chronic Total Occlusions
(TCTAP C-077 to TCTAP C-121)

TCTAP C-077
PTCA of Chronic Total Occlusion: Bi-femoral Approach and Dual Injection Technique
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[Clinical Information]
Patient initials or identifier number:
Case 1: Nazrul
Case 2: Sawkot

Relevant clinical history and physical exam:
C

[Interventional Management]
Procedural step:
2 Cases are included in this presentation.
Case 1: Mr X was diagnosed as a case of non-STEMI and old MI (Inferior) and coronary angiogram revealed - LMCA: Normal, LAD: Normal, D1- Large caliber vessel, 90% proximal stenosis, LCX: Normal and RCA: 100% proximal stenosis. Device used in angioplasty procedure was mentioned below-
PTCA and stenting to RCA, CTO lesion
Guide catheter: JR 6F
Guide wire: ACS intermediate
Balloon: Ryujin 1.5x15mm
Saphier 2.0x 20mm
Stent: Cofloexus 3.5x 36mm at 14 ATM
Cinatra 3.5x 16mm at 14 ATM
Post dilatation-
NC mercury 3.5x 20mm at 16-18 ATM
PTCA and stenting to D1
Guide catheter: XB 6F 3.0
Guide wire: BMW
Stent: Cinatra- 2.75x 19mm at 12 ATM
Post dilatation-
NC mercury 3.0x 10mm at 16 ATM
Case 2: Mr Y was diagnosed as a case of unstable angina and old MI (Anterior) and coronary angiogram revealed - LMCA: Normal, LAD: 100% lesion at mid part, LCX: Dominant, 80-90% lesion at its distal part and RCA: Non- dominant and normal. Device used in angioplasty procedure was mentioned below-
PTCA and stenting to LAD, CTO lesion
Guide catheter: JR 6F
Guide wire: ACS intermediate
Balloon: Ryujin 1.5x15mm
Case Summary:
PTCA of CTO lesion represents 20-40% of all angioplasty procedures and associated with lower success rates, higher equipments costs, increased radiation exposure and more restenosis compared to PTCA of nontotal occlusions. Various techniques and hardware are used in CTO angioplasty to improve procedural success and to reduce complications. Bi-femoral approach and dual injection techniques are safe, effective and less expensive.

TCTAP C-078
CTO of Anomalous RCA from Left Coronary Sinus
Prakash Ajmera
Narayana Hrudayalaya Hospital, India

[Clinical Information]
Patient initials or identifier number:
Bhumaiah

Relevant clinical history and physical exam:
Age/Gender: 35yrs/Male
Echo: LV RWMA+, Normal LV/RV Function
Diagnosis: CAD-Recent IWMI
Non-hypertensive
Non-diabetic

[Interventional Management]
Procedural step:
RCA was engaged with 6F,JR 3.5 GC
Check Angio reveled 100% stenosis of MID RCA
Guide wire was unable to cross the lesion due to heavy calcification
Buddy Wire Technique have been used to cross the lesion
Serial Dilatation done with 1.25X8mm and 2.0X15mm
* Conclusion: RCA CTO with Anomalous Origin from Left Sinus, Choice of Guiding Catheter JL/AL