

Complex PCI Case with ACAOS, BUCTO & Acute Angulation of Side Branch

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ACAOS; Anomalous Coronary Artery from Opposite Sinus
BUCTO; Balloon Uncrossable CTO

Case Summary

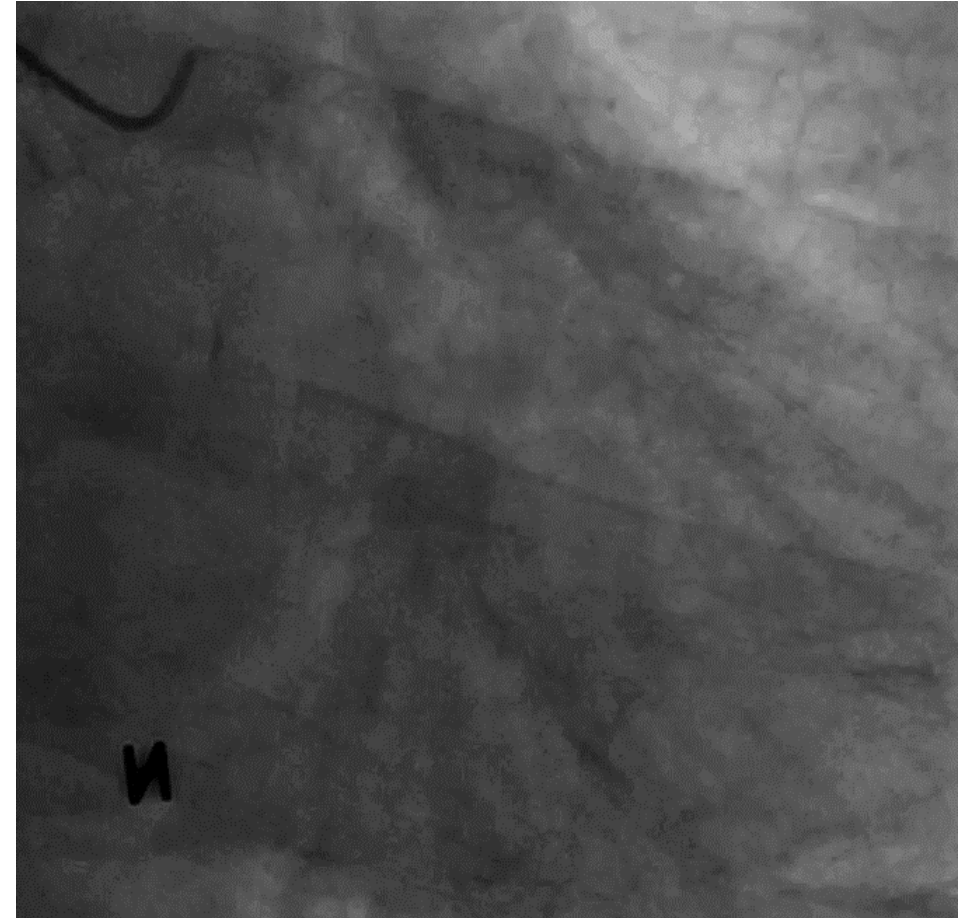
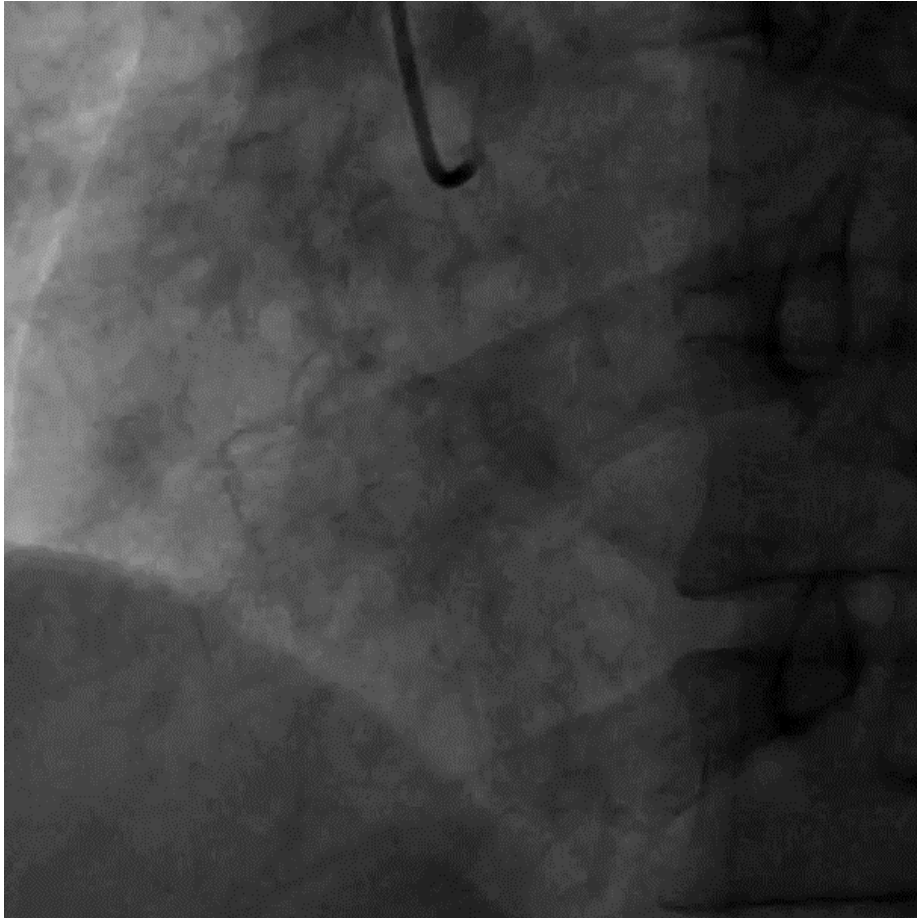
- M/64
- Aggravating effort-related chest pain
→ Unstable angina Ib
- RF; Hypertension, Dyslipidemia, Smoking
- ECG; OK except PVC
- CXR; OK
- TTE; OK
- s-Cr; 0.7 mg/dL
- Treadmill; Positive at stage II



**Treadmill stage II;
Chest pain with ST depression at inferior leads**

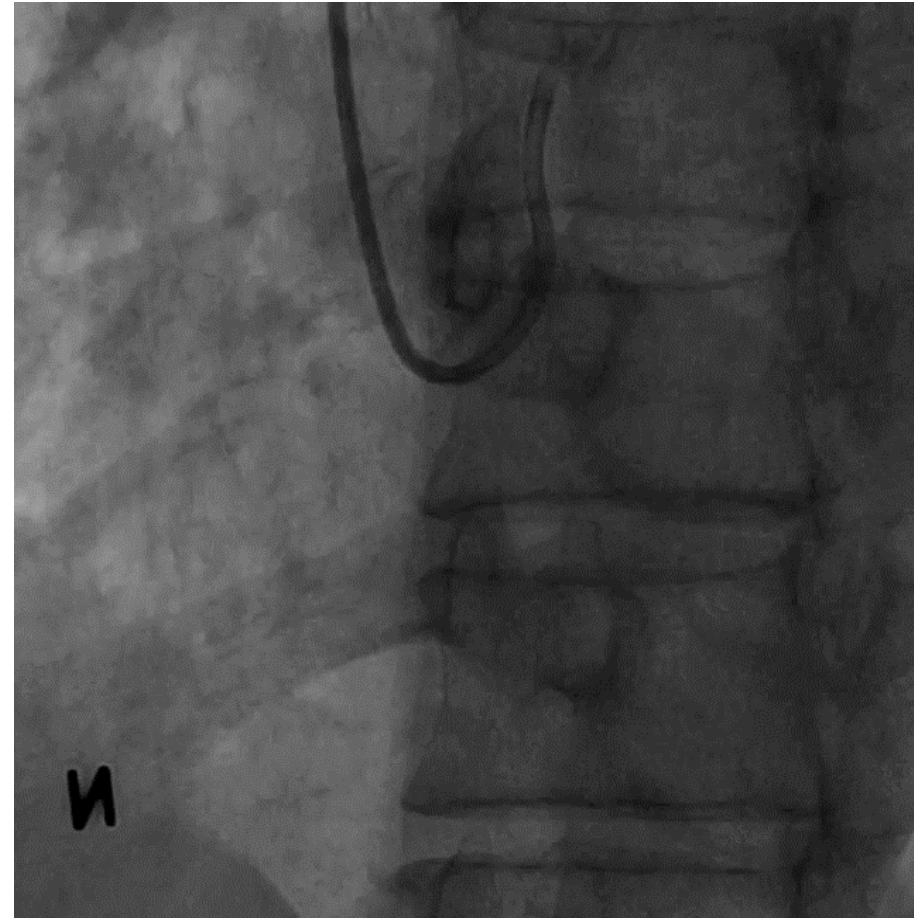
Baseline Angiogram (Transradial approach)

ACAOS (RCA originated from LCC)



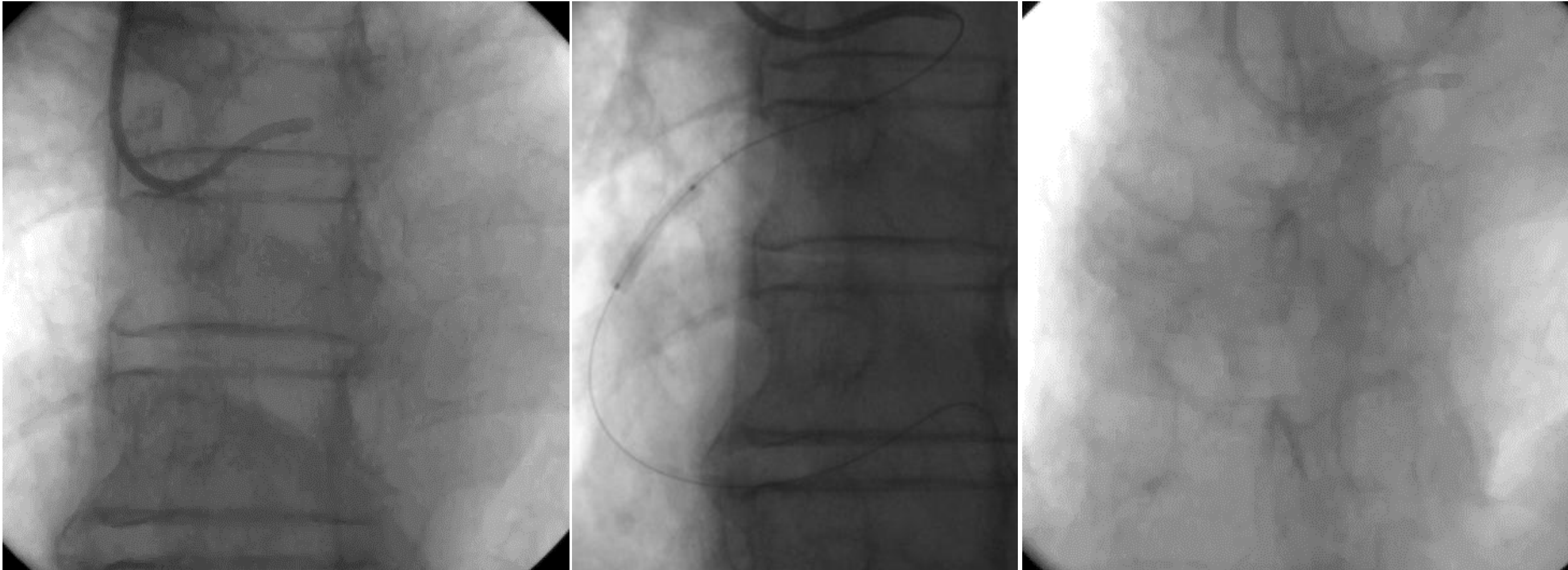
Baseline Angiogram (Transradial approach)

ACAOS (RCA originated from LCC)



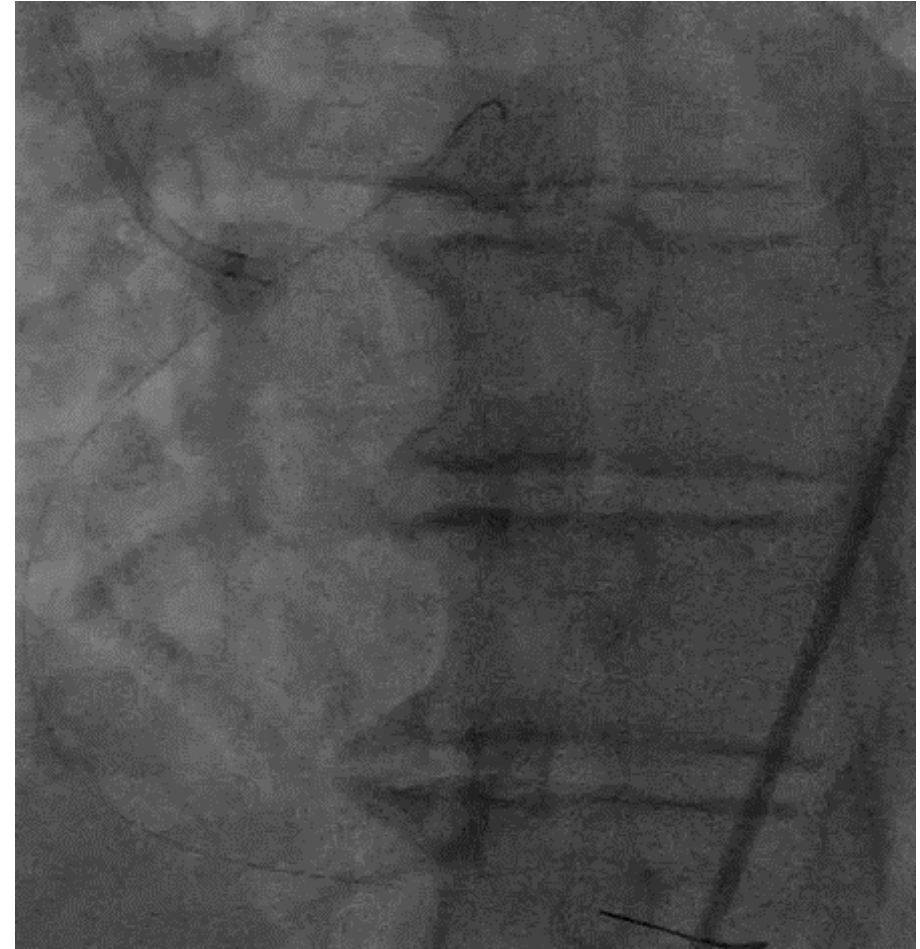
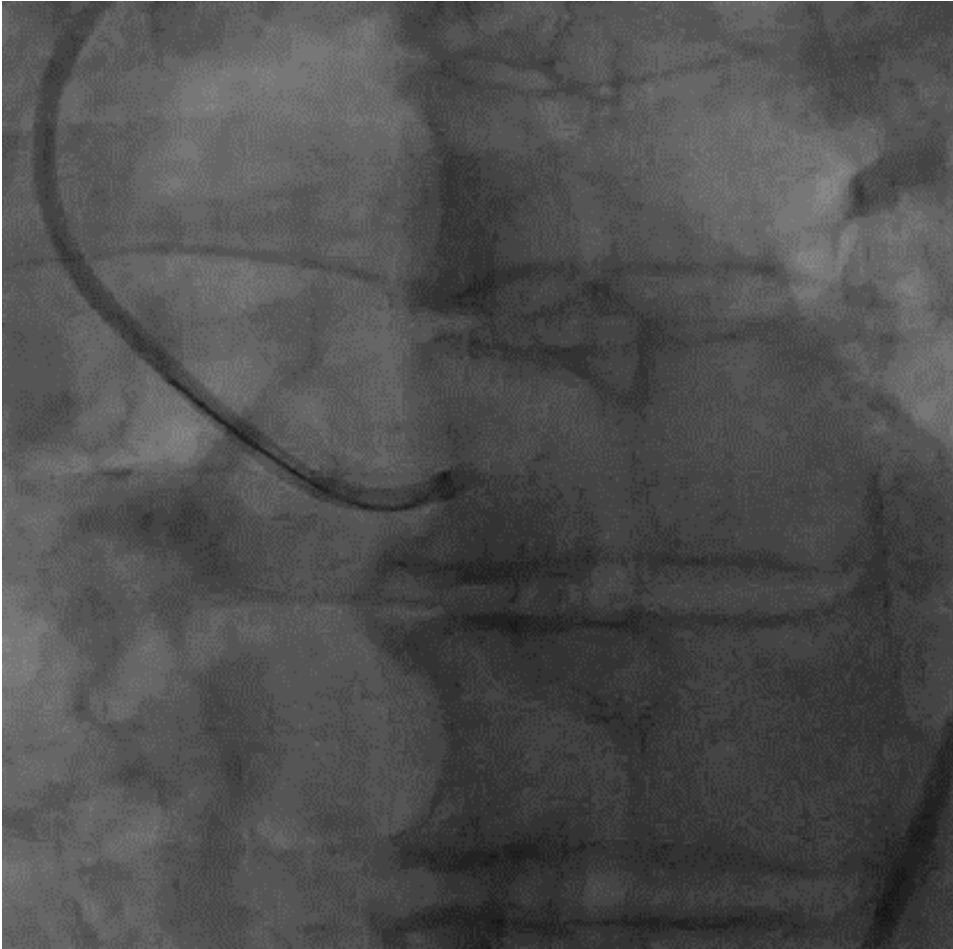
Previous ACAOS Case (RCA originated from LCC)

PCI with AL1 guiding catheter



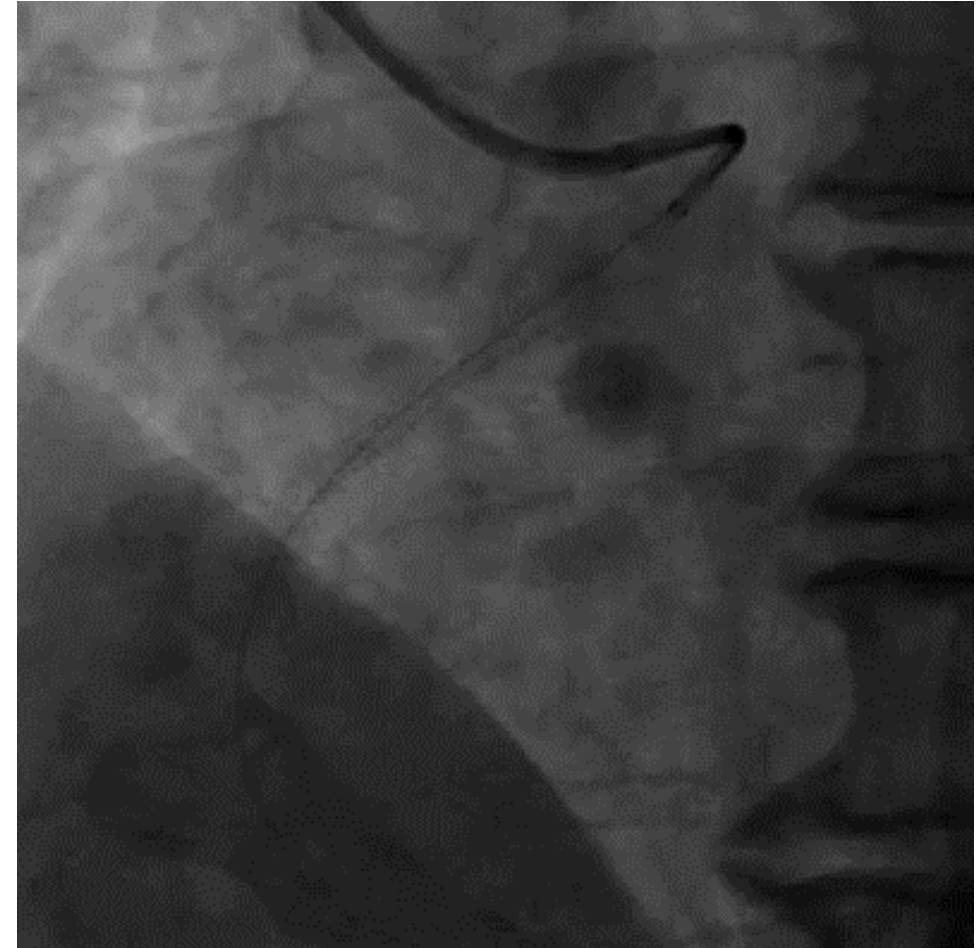
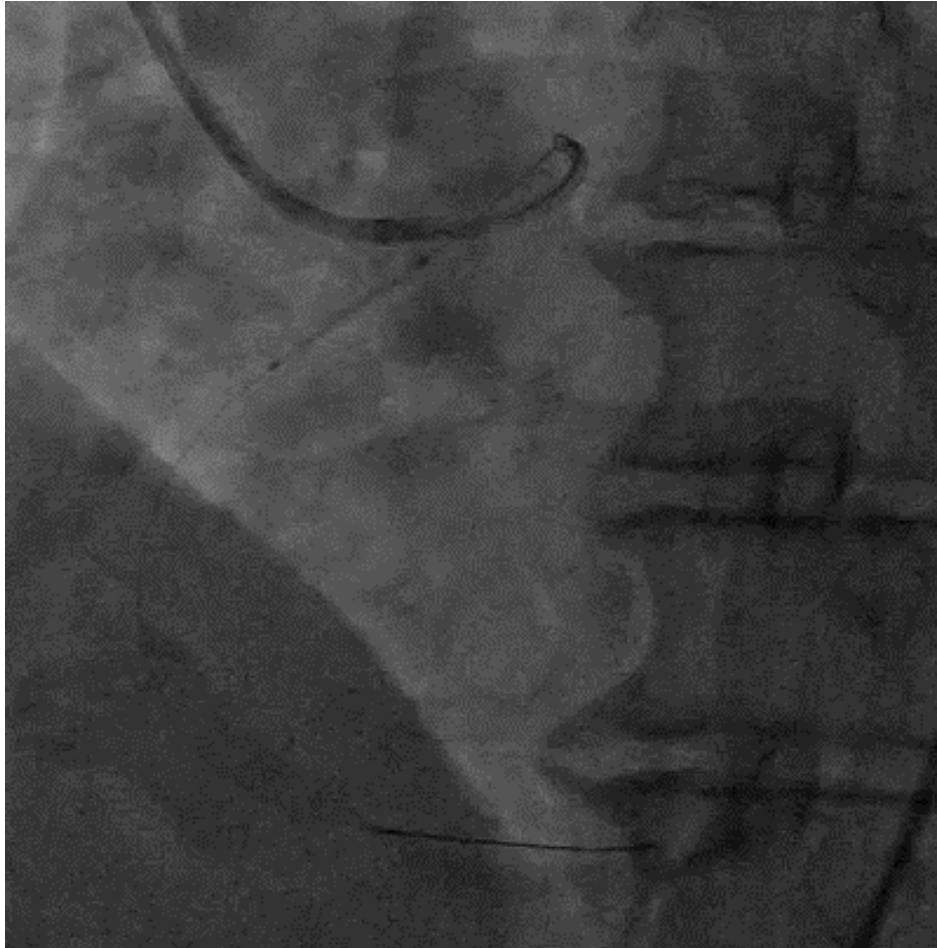
Another ACAOS Case (RCA originated from LCC)

JL + Guidezilla case (Guide Catheter Extension, Mother-child technique)



Another ACAOS Case (RCA originated from LCC)

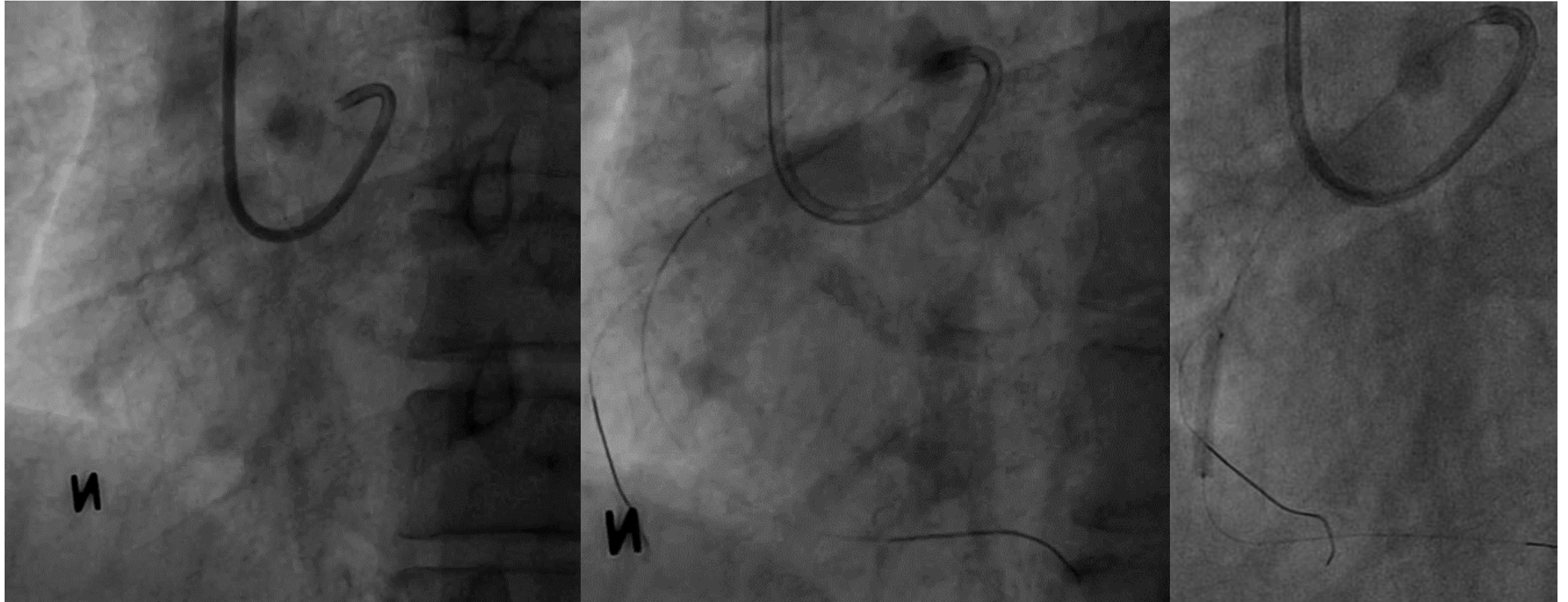
JL + Guidezilla case (Guide Catheter Extension, Mother-child technique)



Return to This Case - RCA Intervention

Transradial 7 Fr JL 3.5

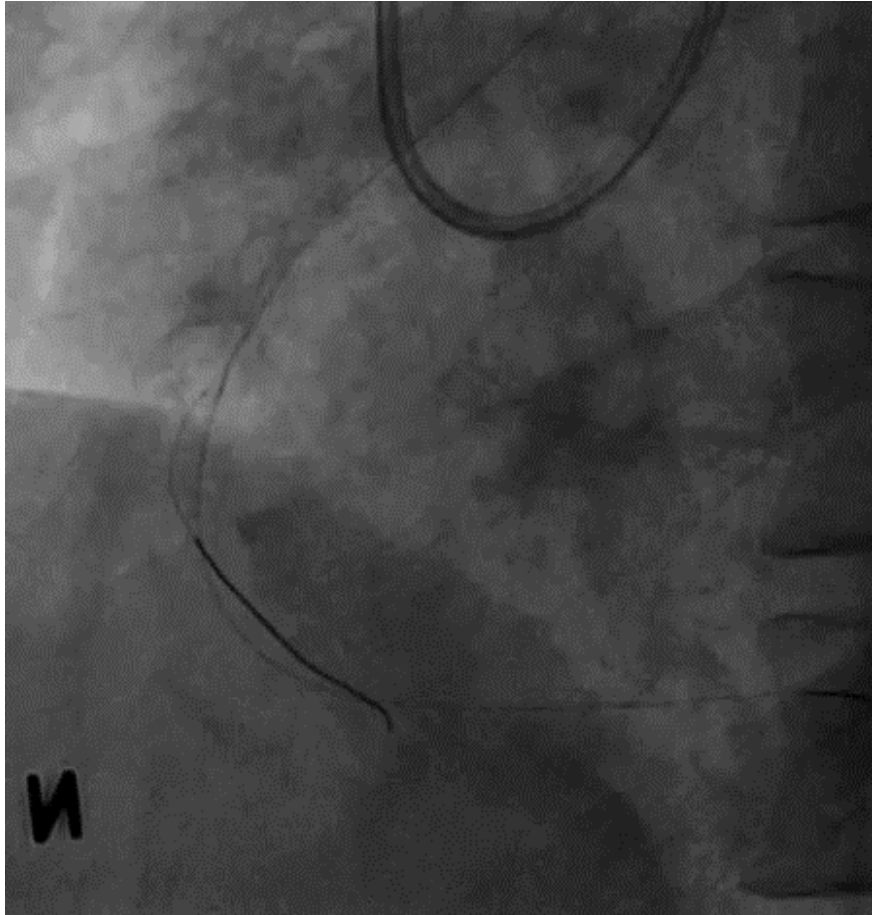
2.5 x 20 mm balloon



Two GWs to protect RV branch

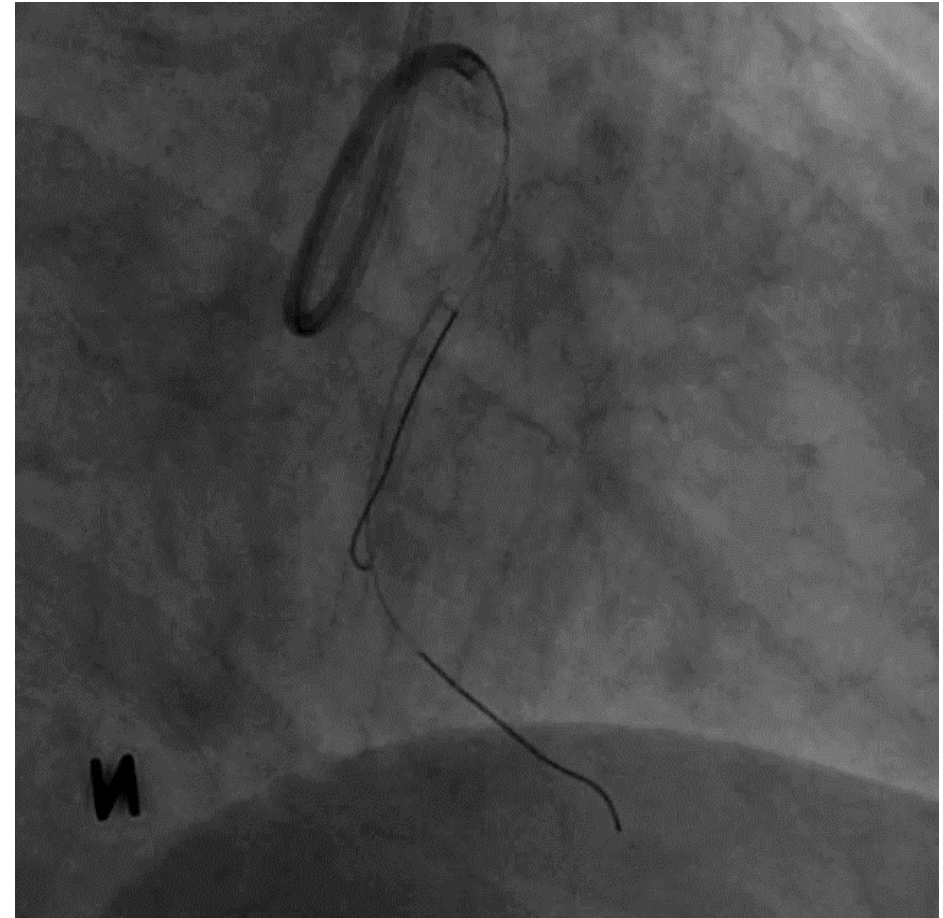
RCA Intervention (Transradial 7 Fr, JL 3.5)

3.0 x 40 mm ORSIRO



Occluded RV branch

RV branch rewiring failed



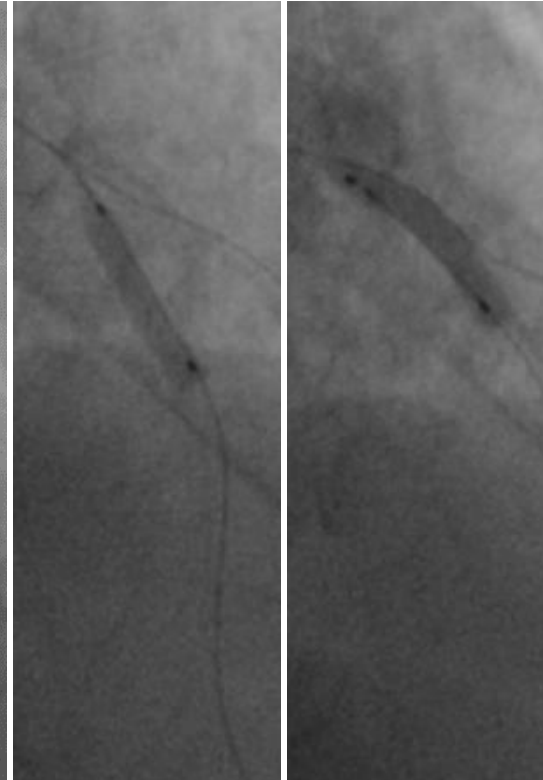
Stopped in several minutes

LAD Intervention (Transradial 7 Fr, JL 3.5)

7 Fr JL 3.5

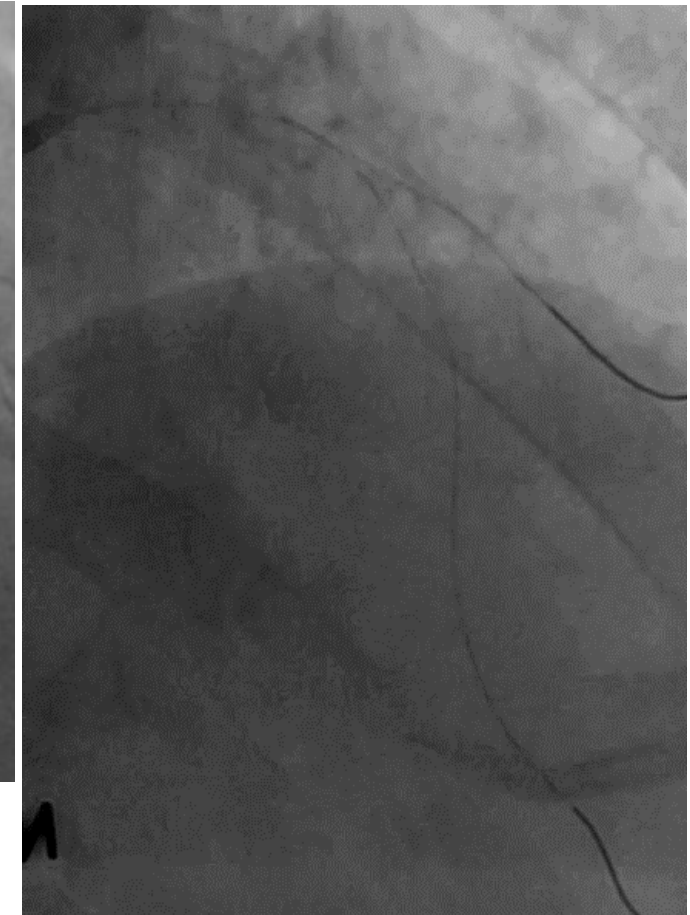


Predilatation



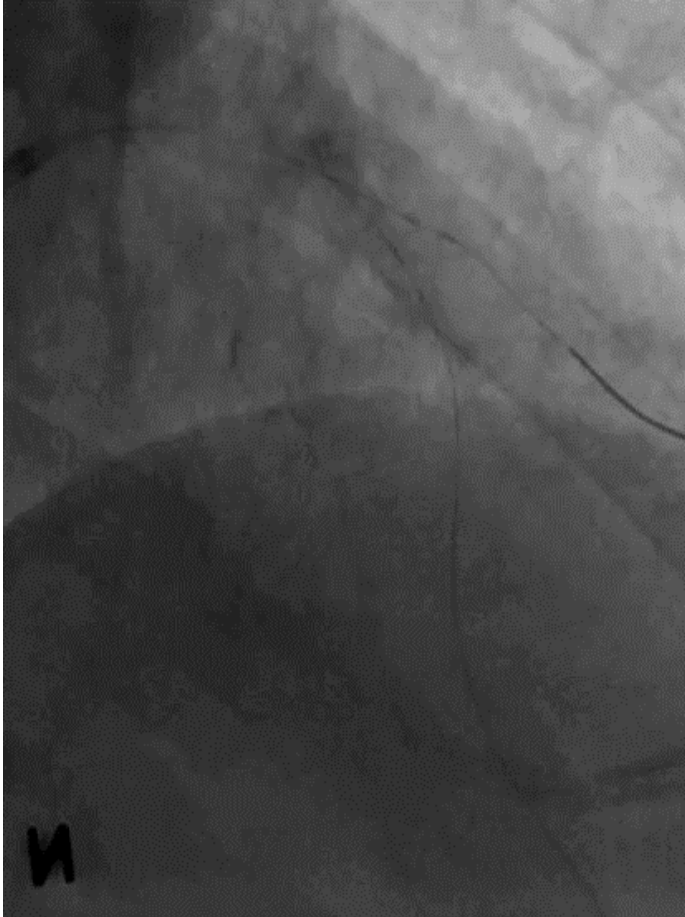
NC 3.0 x 15 mm

After predilatation

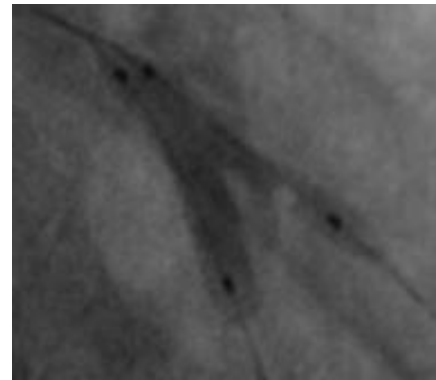
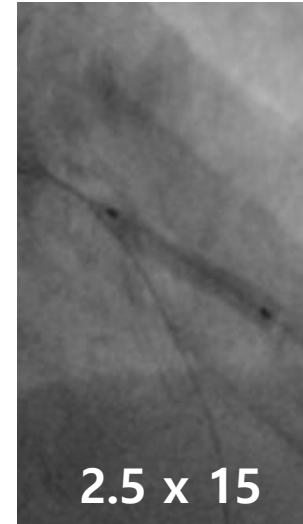
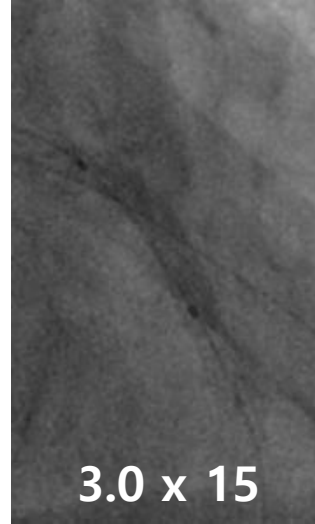


LAD Intervention (Transradial 7 Fr, JL 3.5)

ORSIRO 3.0 x 26 mm

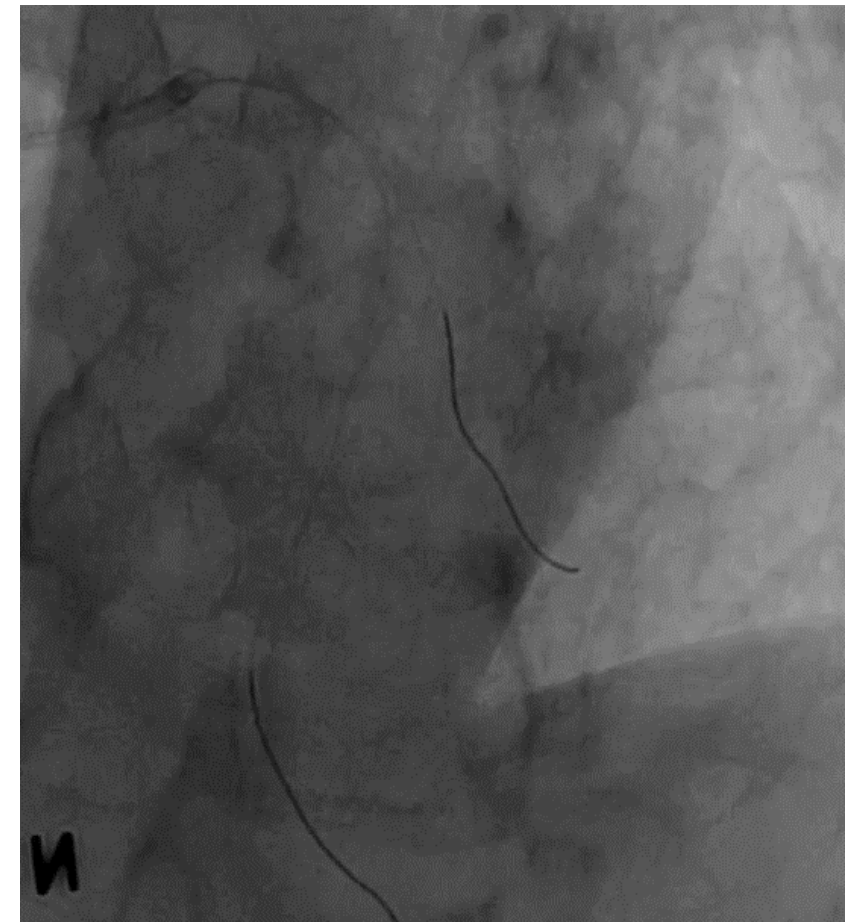


In-stent & Side branch



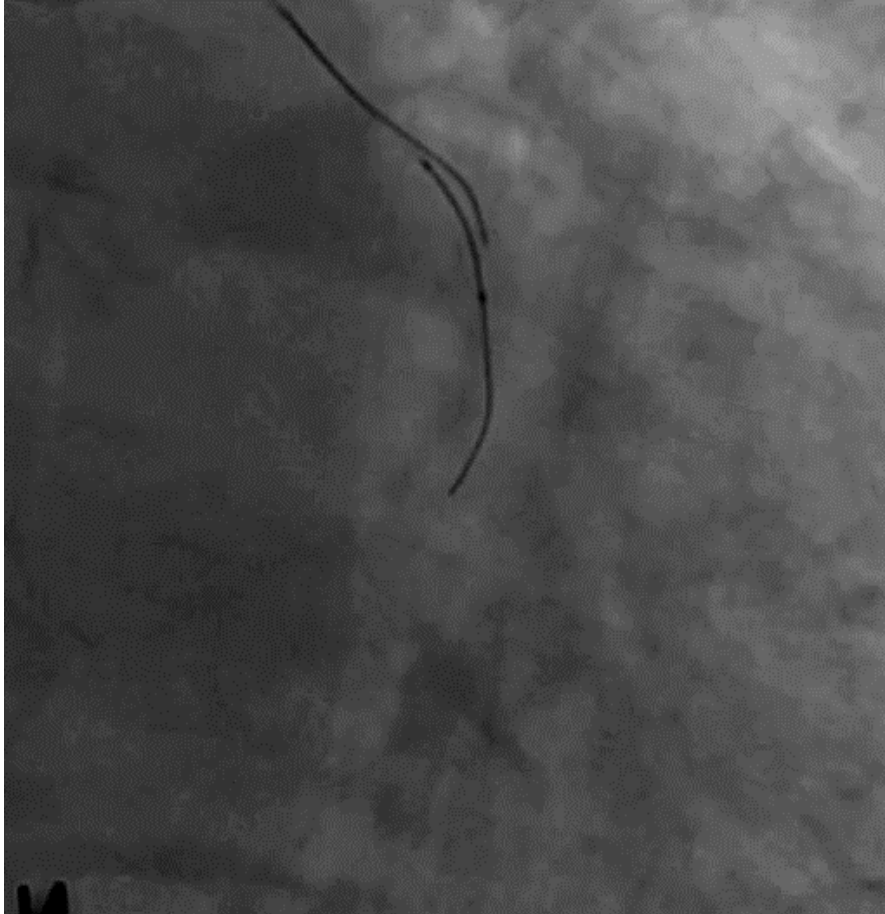
KB 3.0 + 2.5

Final LAD



LCx CTO Intervention (Transradial 7 Fr, JL 3.5)

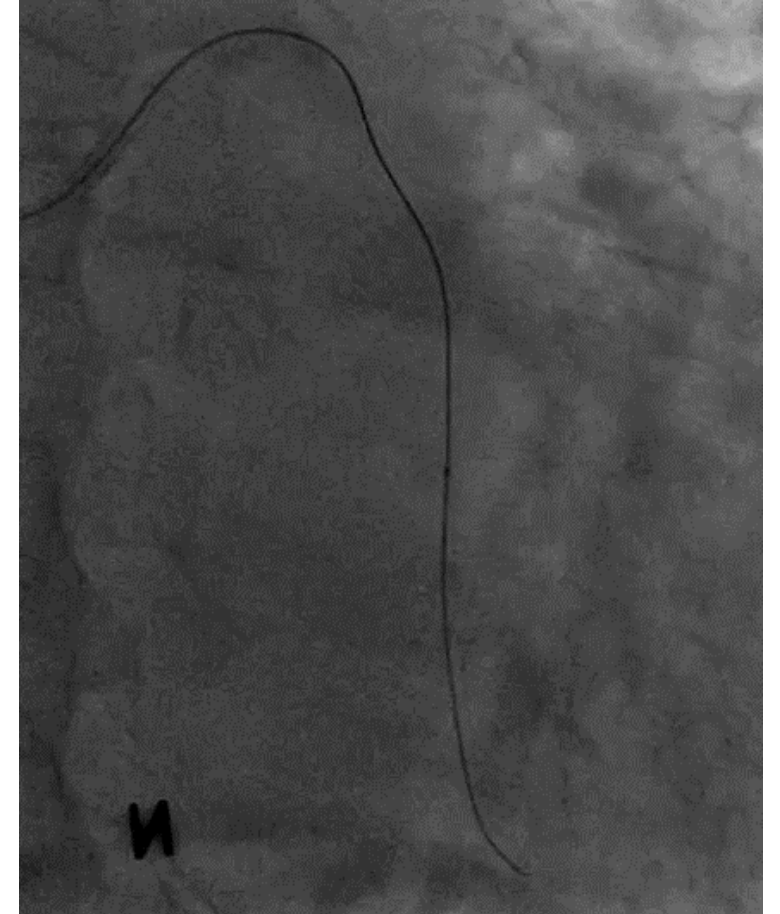
Finecross + Fielder XTR



Easy passage

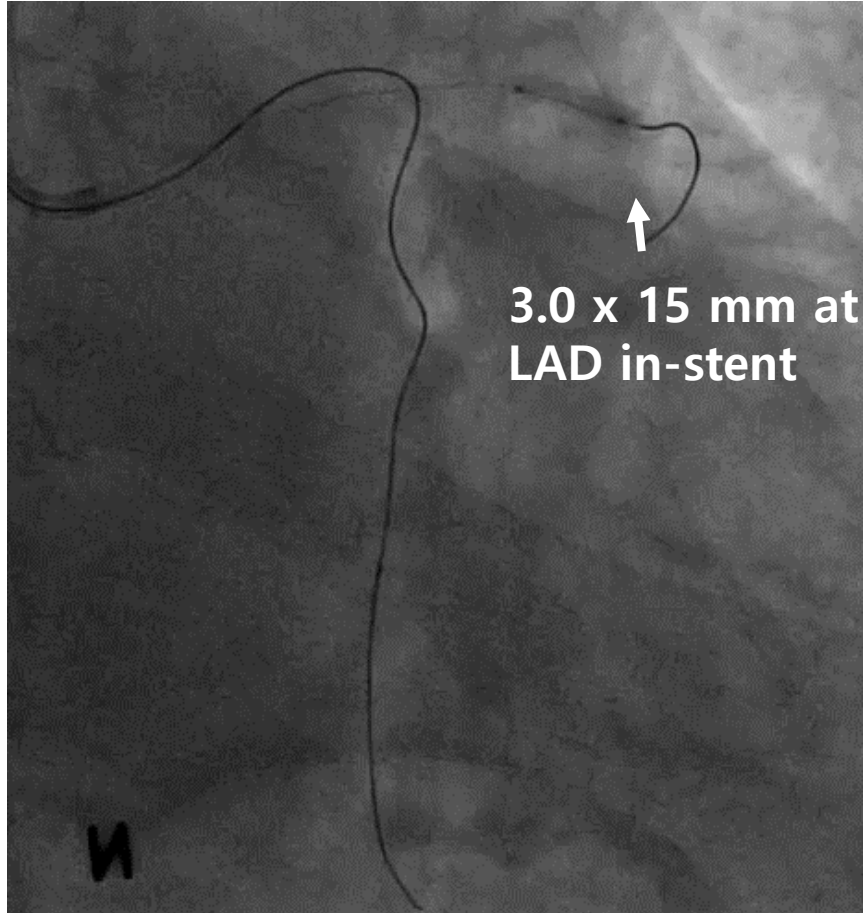


But, failed delivery of Finecross



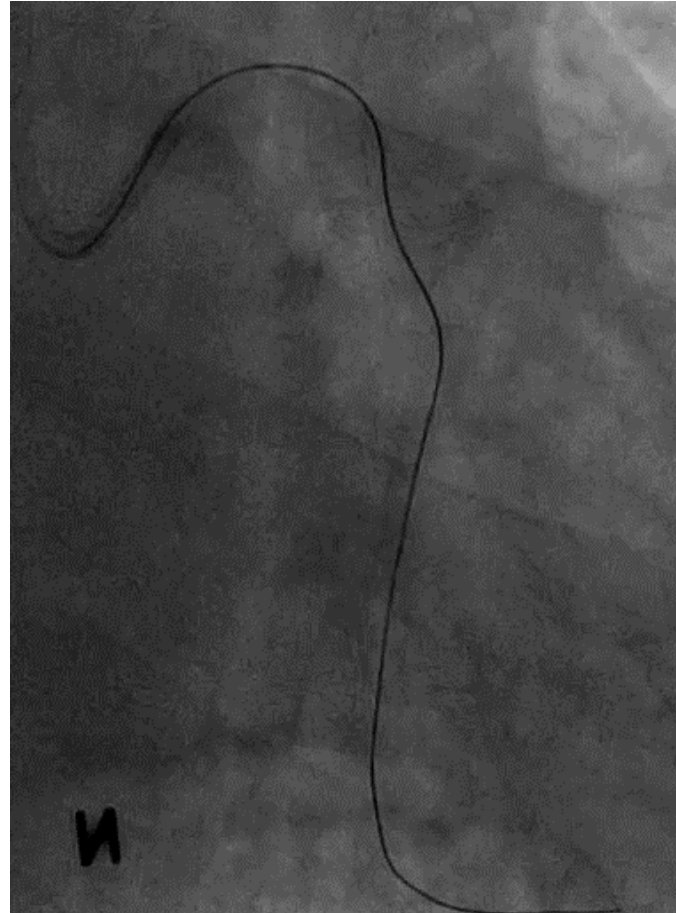
LCx CTO Intervention (JL 3.5 → EBU 3.5)

Anchoring technique

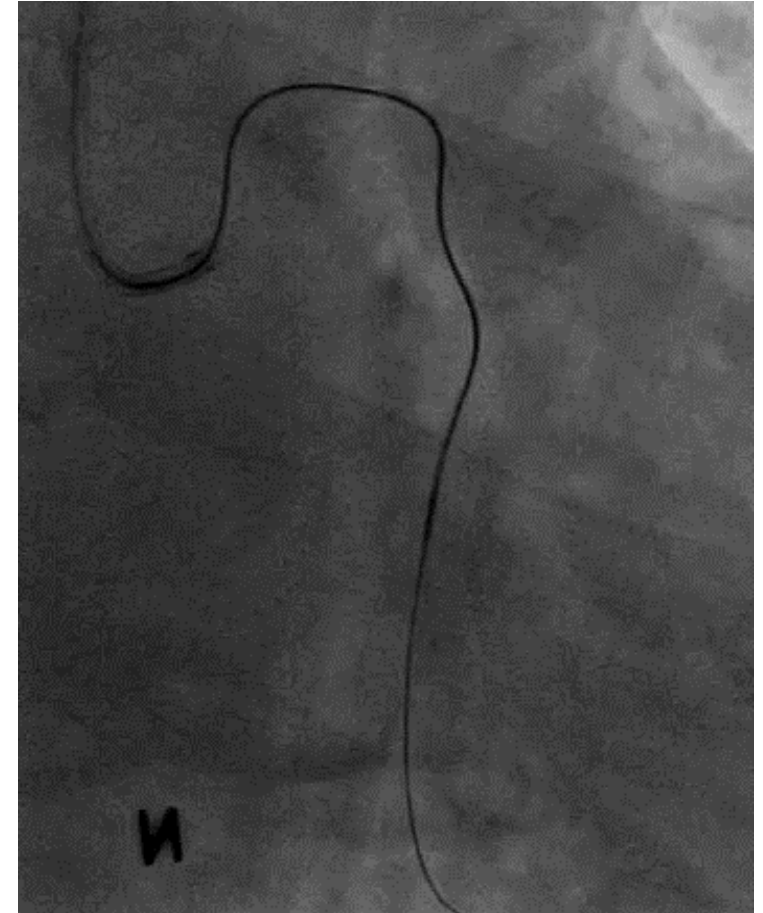


Failed delivery

Guiding catheter changed to EBU 3.5

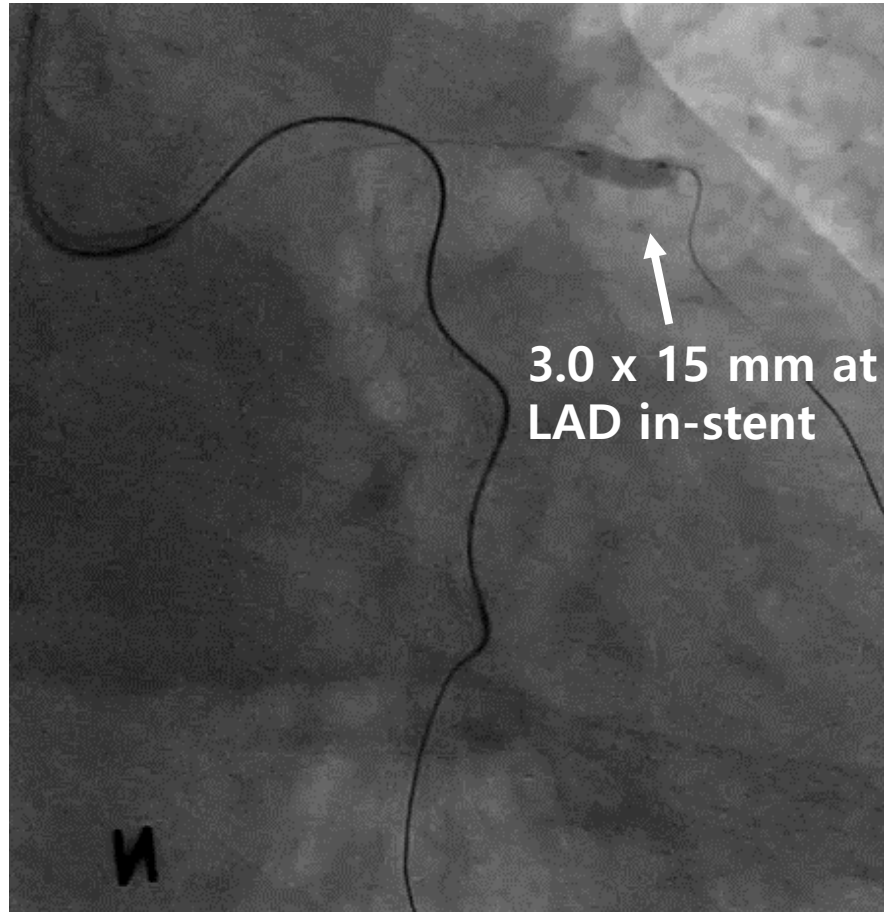


Failed Finecross & Corsair delivery



Balloon Uncrossable CTO

EBU + Anchoring + Corsair



Failed Corsair delivery

Overcoming BU CTO

What is your next option?

Augmented guide support

Transfemoral > Transradial

Deep engagement

Bigger sheath

Mother-child technique using a

Guidezilla / Guideliner

Anchor wire/ Buddy wire

Anchor balloon ...

Lesion Modification

Microcatheter (Finecross, Corsair, Tornus...)

Balloon assisted microdissection (BAM)

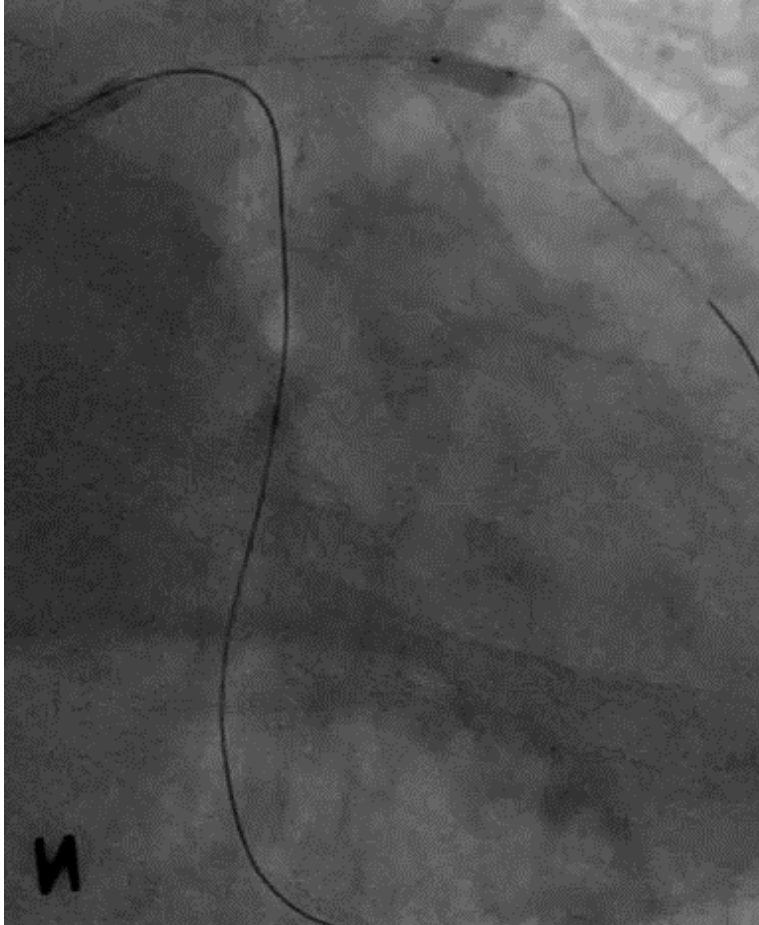
Intentional balloon rupture

Rotablation

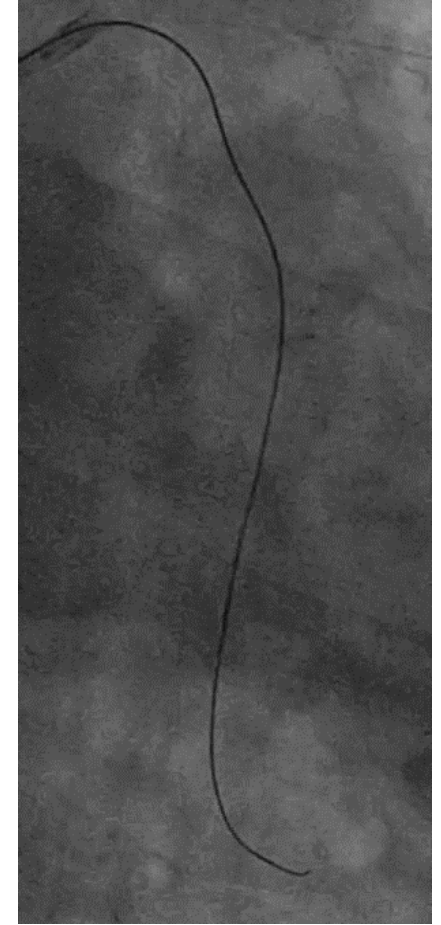
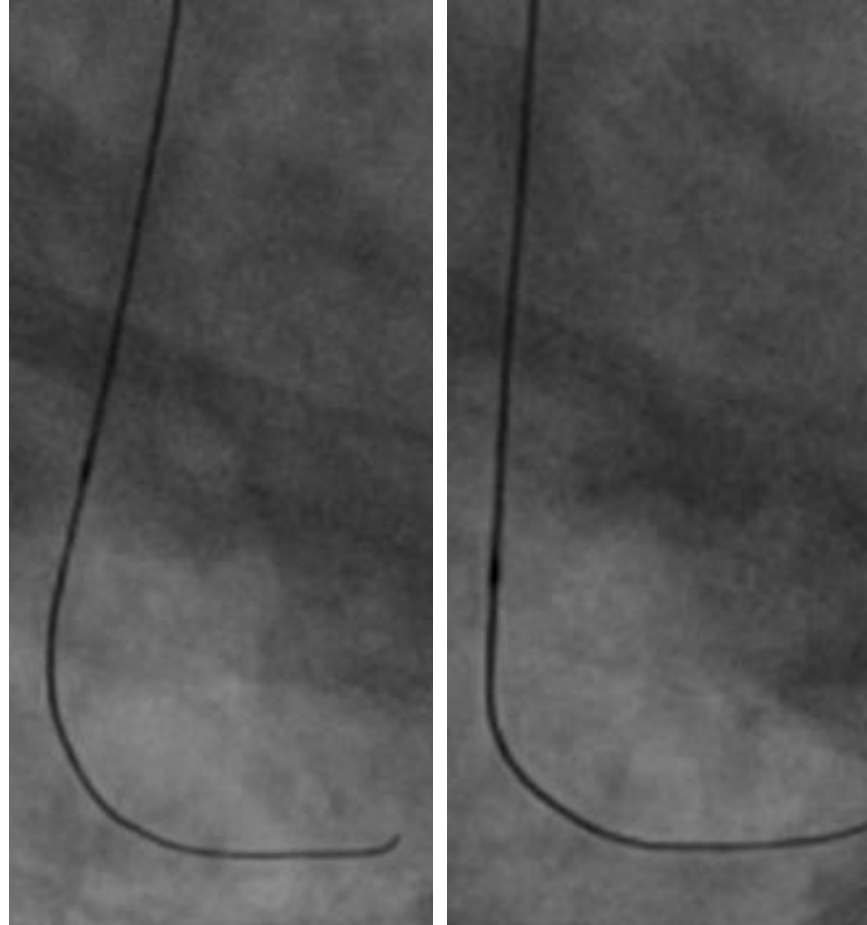
Retrograde approach ...

Balloon-Assisted Microdissection (BAM)

7 Fr EBU + Anchoring technique



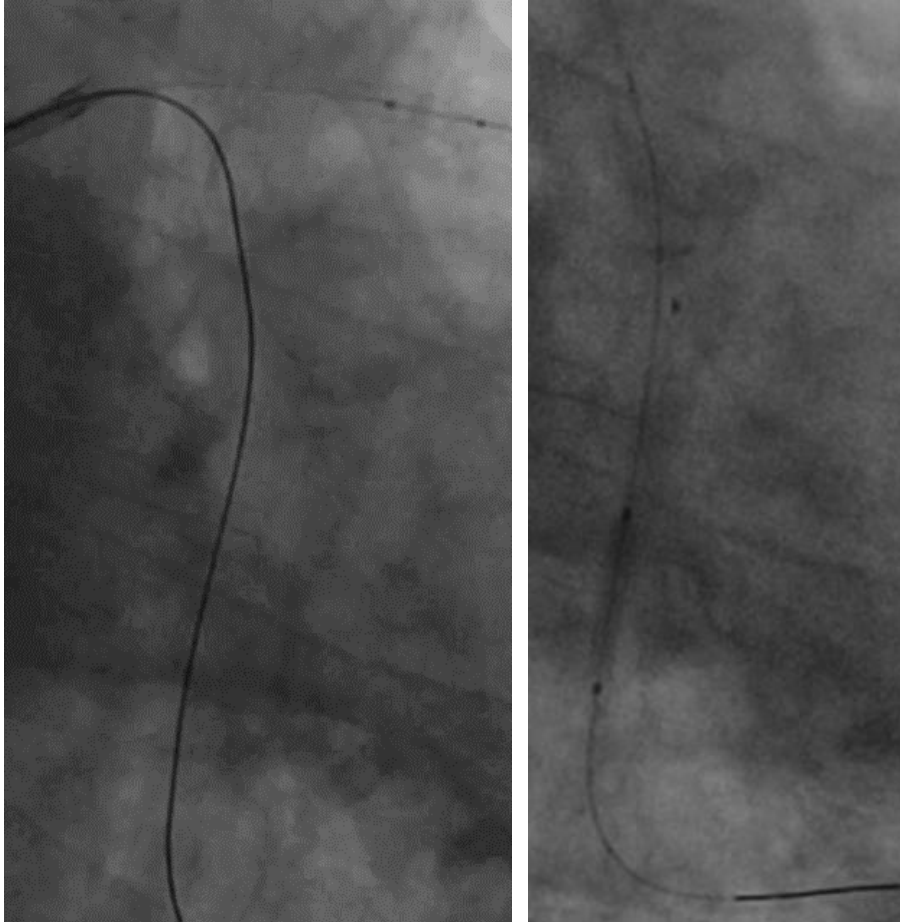
GW exchange



Sapphire II 1.0 x 10 mm

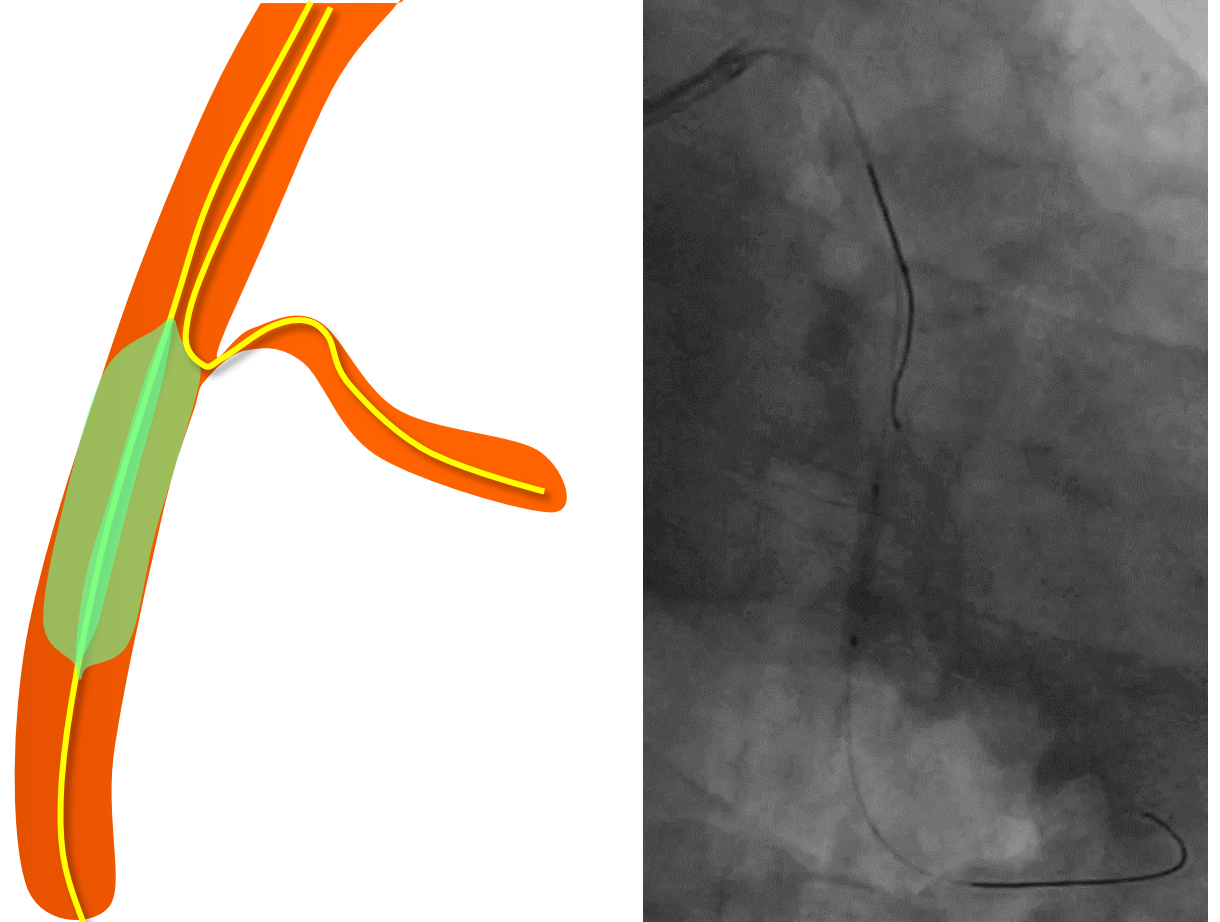
Side Branch Wiring

Balloon predilatation



NC 2.5 x 15 mm

Balloon-assisted SB wiring



Side Branch Wiring

Still difficult



Still difficult

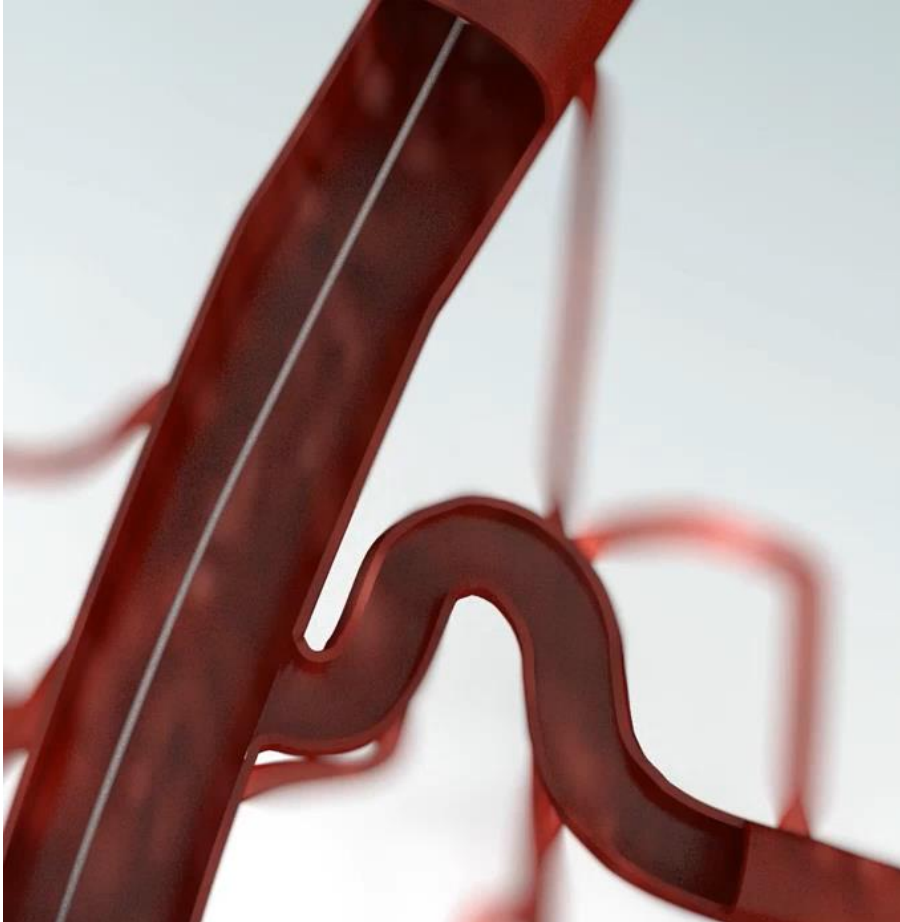


Your Next Option?

NC 2.5 x 15 mm for prox. MB

Reverse Wire Technique

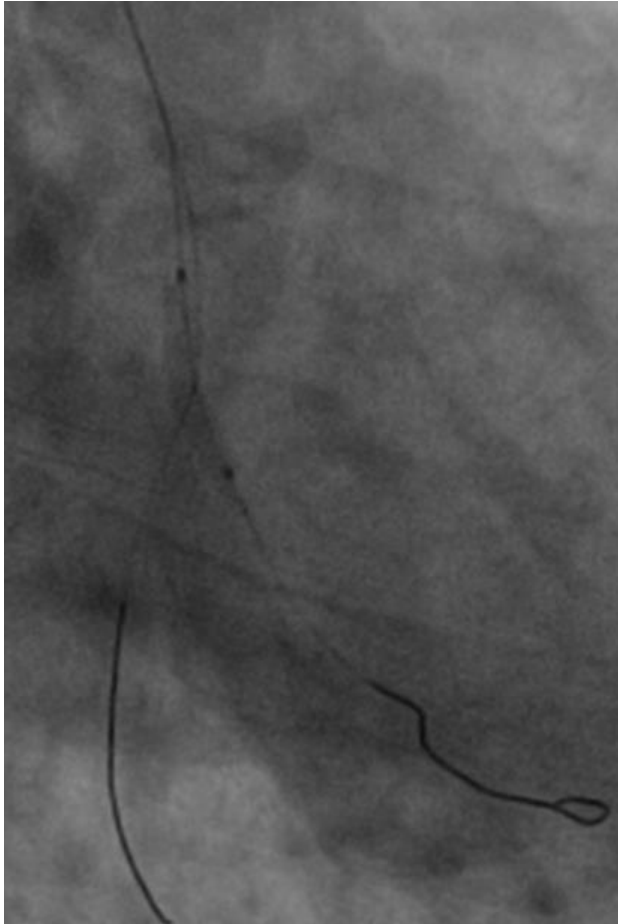
Crusade + Fielder FC



Video From ASAHI INTECC

Stenting & Postdilatation

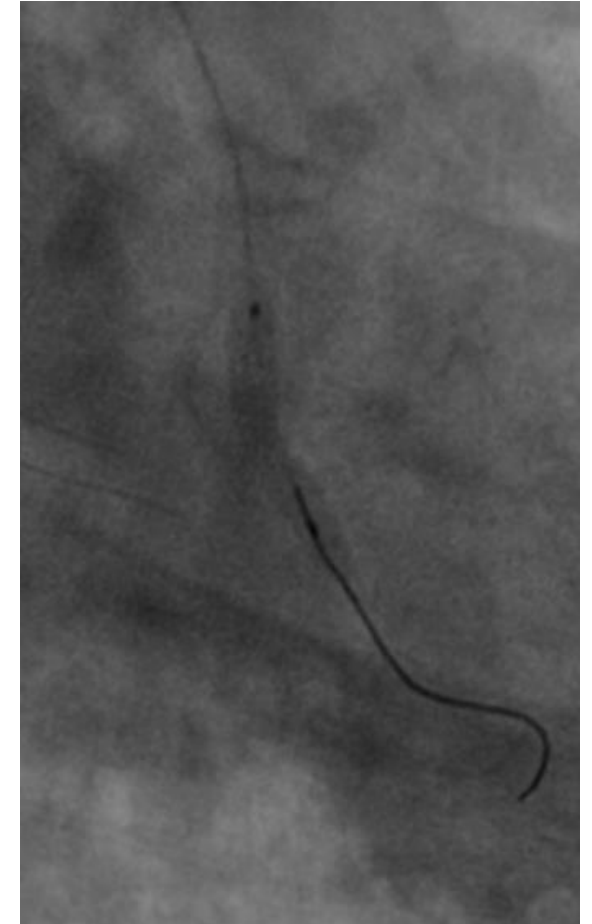
NC 2.5 x 15



After SB dilatation

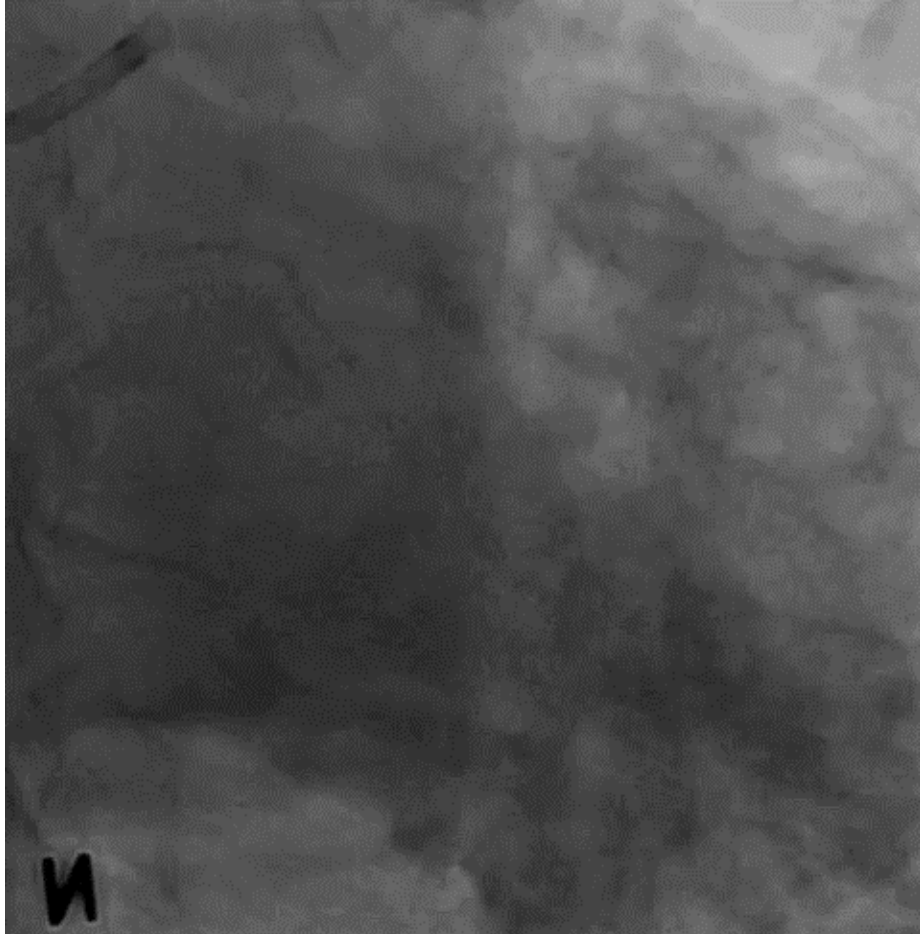


NC 3.0 x 15



ORSIRO 2.75 x 22 mm

Final Angiogram



Conclusion

- I. Engagement of ACAOS (RCA originated from LCC)
 - ✓ *JL* >> AL1
 - ✓ Guide catheter extension (Guidezilla / Guideliner)
- II. Balloon Uncrossable CTO
 - ✓ Bigger sheath
 - ✓ Anchor balloon technique
 - ✓ Microcatheter (Finecros, Corsair, Crusade)
 - ✓ *Balloon assisted microdissection (BAM)*
- III. Acute angulation of side branch
 - ✓ Balloon-assisted wire technique
 - ✓ *Reversed wire technique*

Thanks for your attention

