

14th

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ASIAN INTERVENTIONAL CARDIOVASCULAR THERAPEUTICS
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Complete revascularization on severe CAD including 2CTO lesions

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Conflicts of Interest

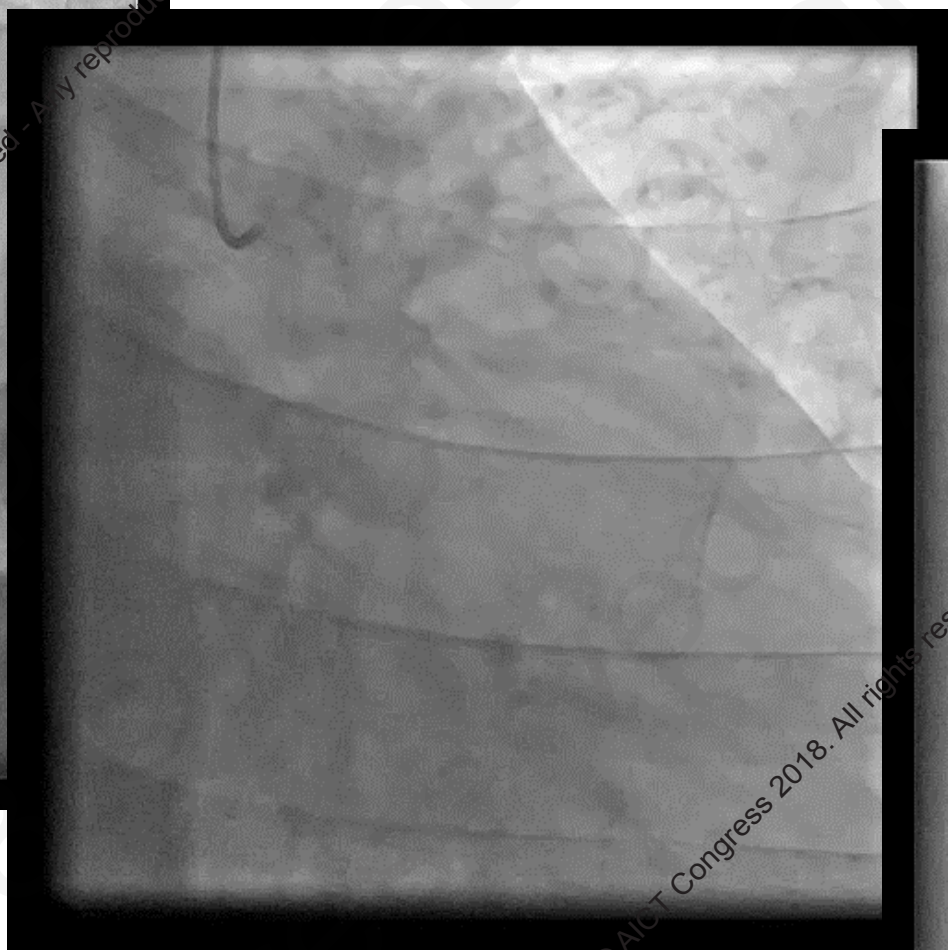
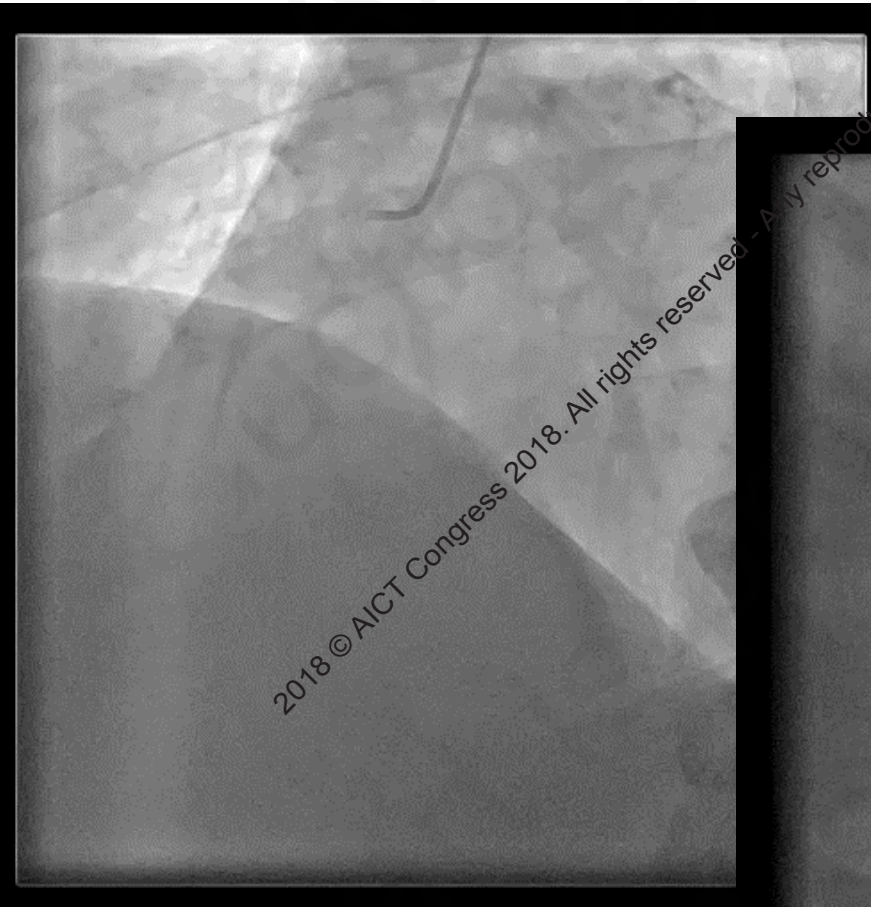
Speaker's name : Kenichiro Shimoji, MD, PhD

The authors have no financial conflicts of interest to disclose concerning the presentation.

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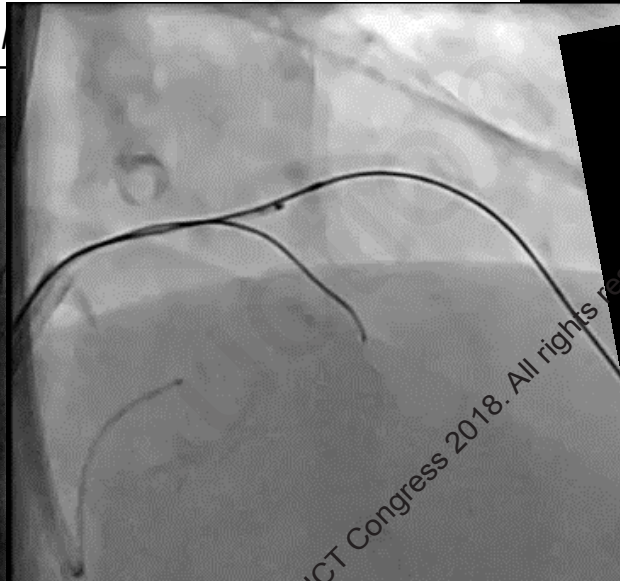
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Late 60's male, effort angina

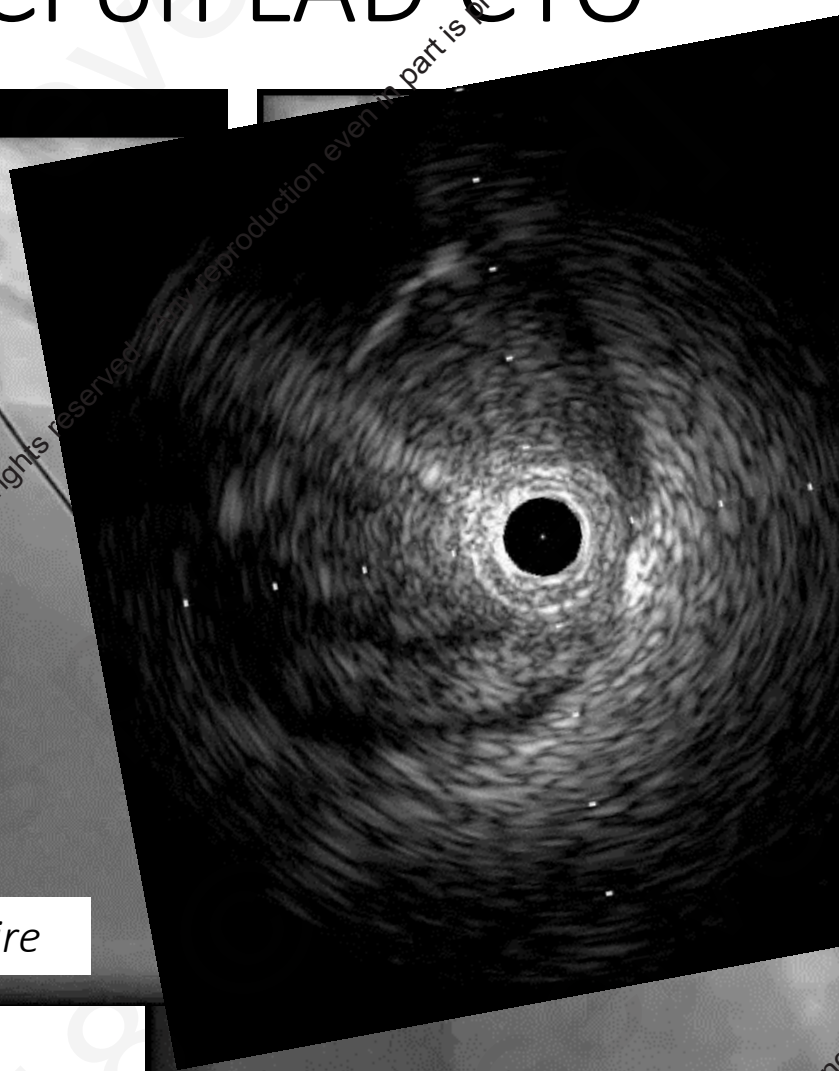


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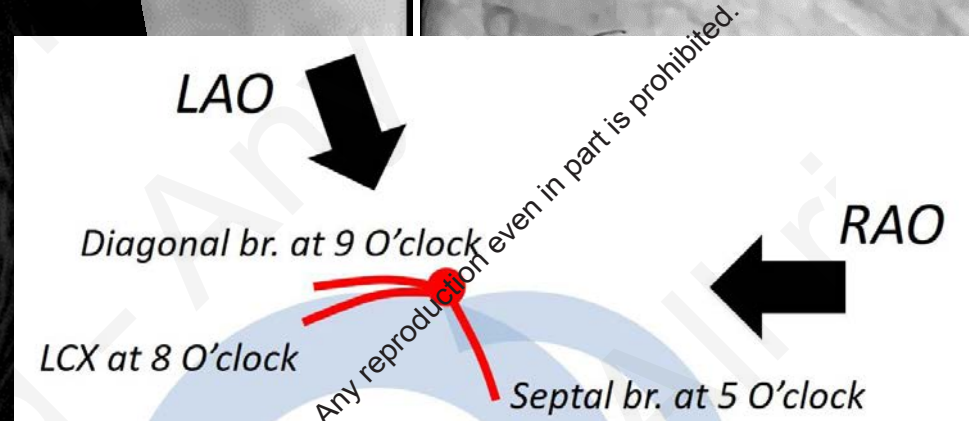
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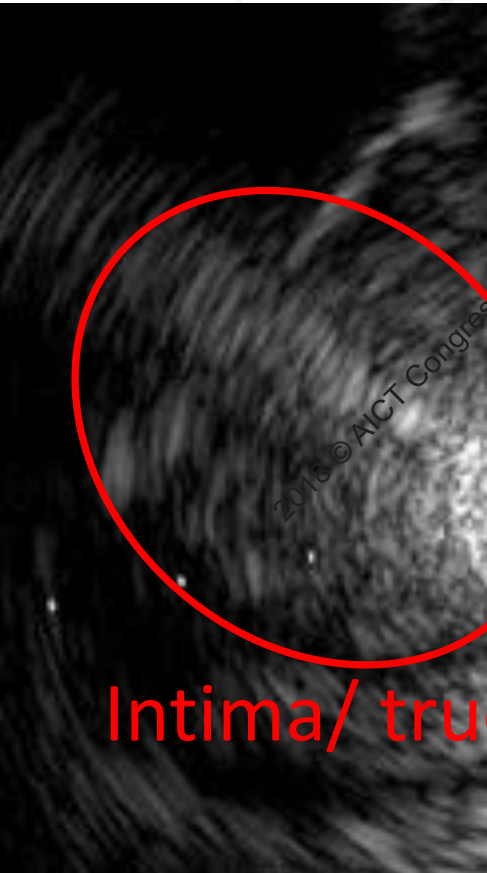
IVUS on extravasated wire



extravasation



LAO



Intima/true

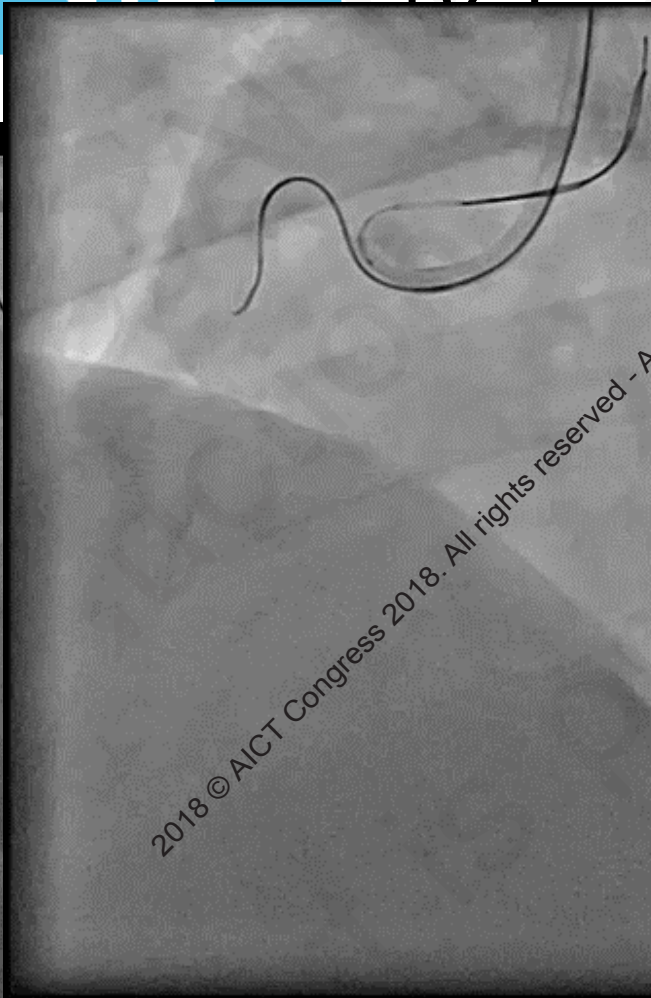
Diagonal side

RV side

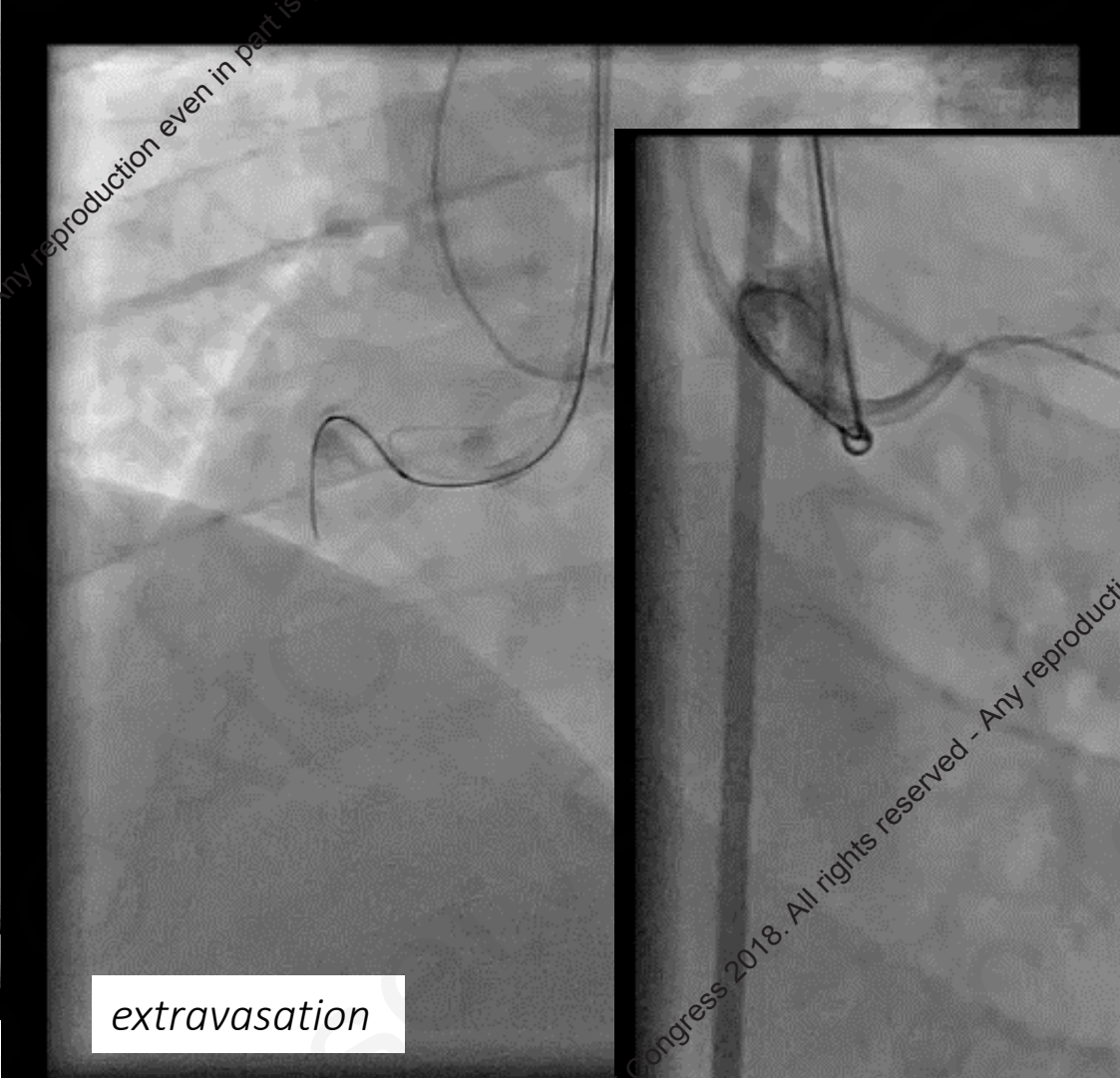


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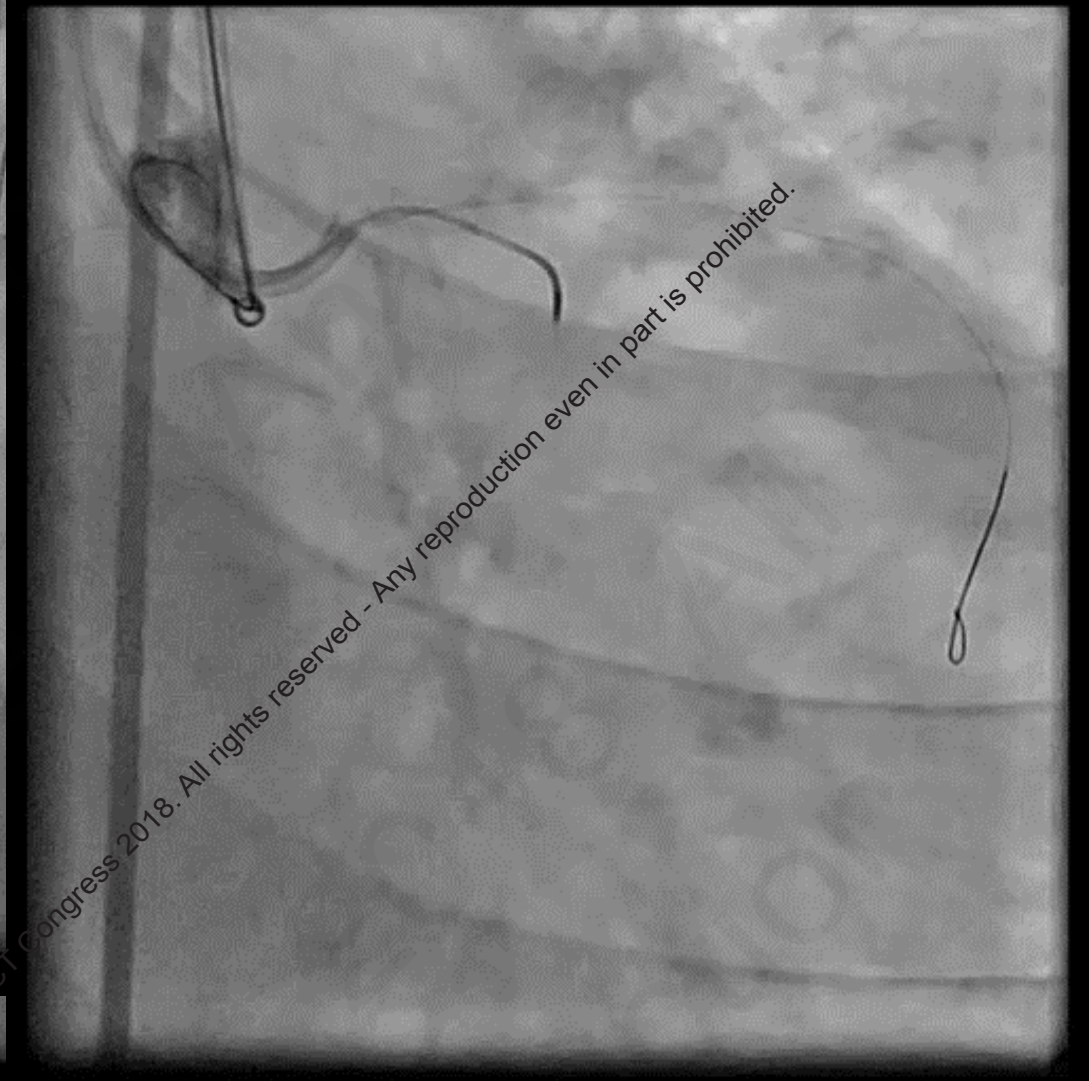
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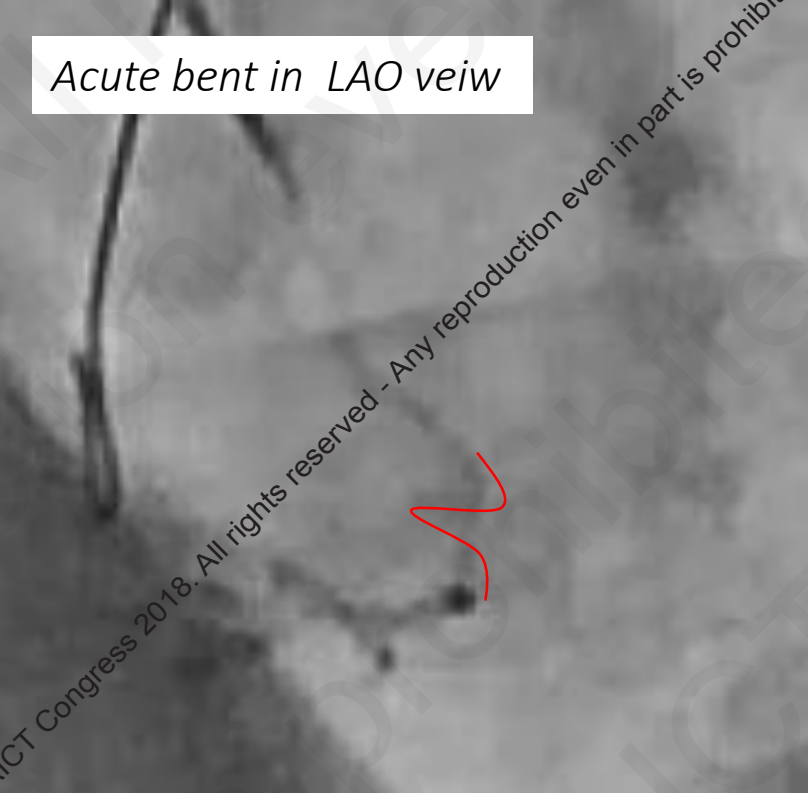


extravasation

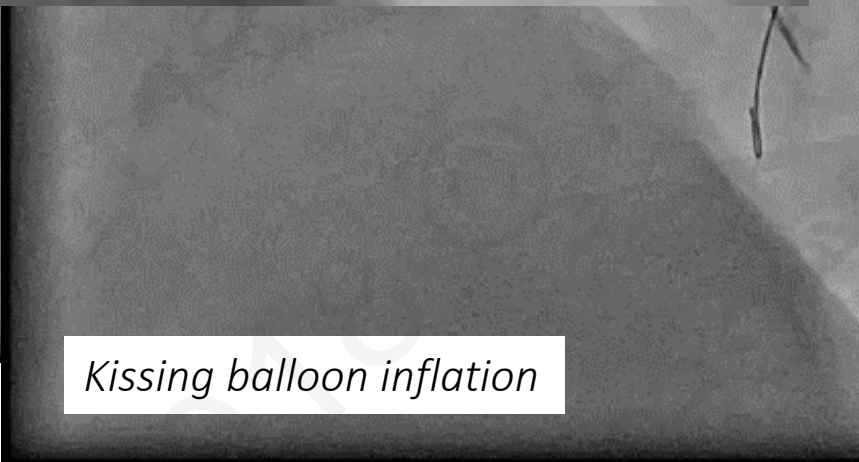


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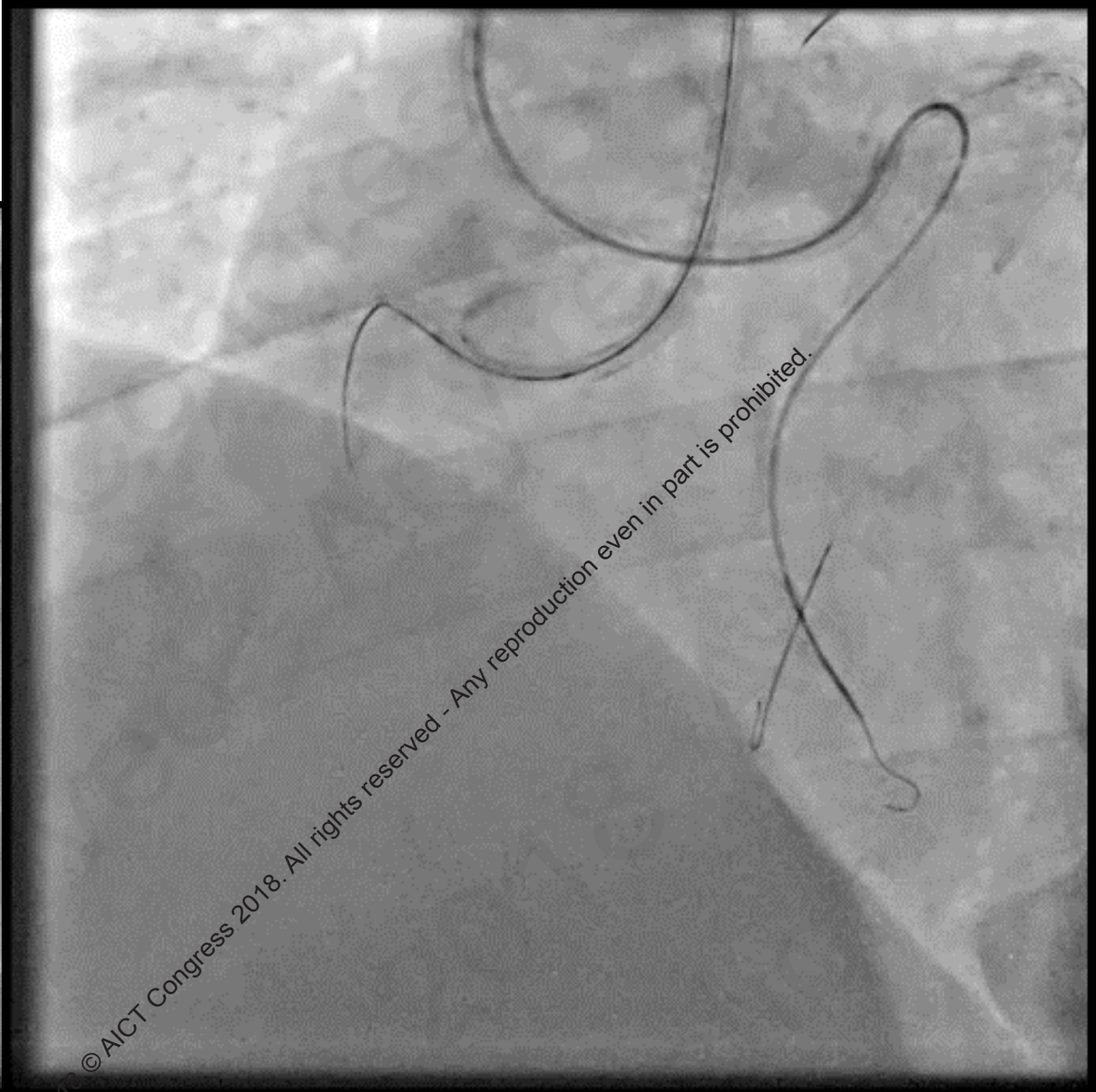
Acute bent in LAO veiw



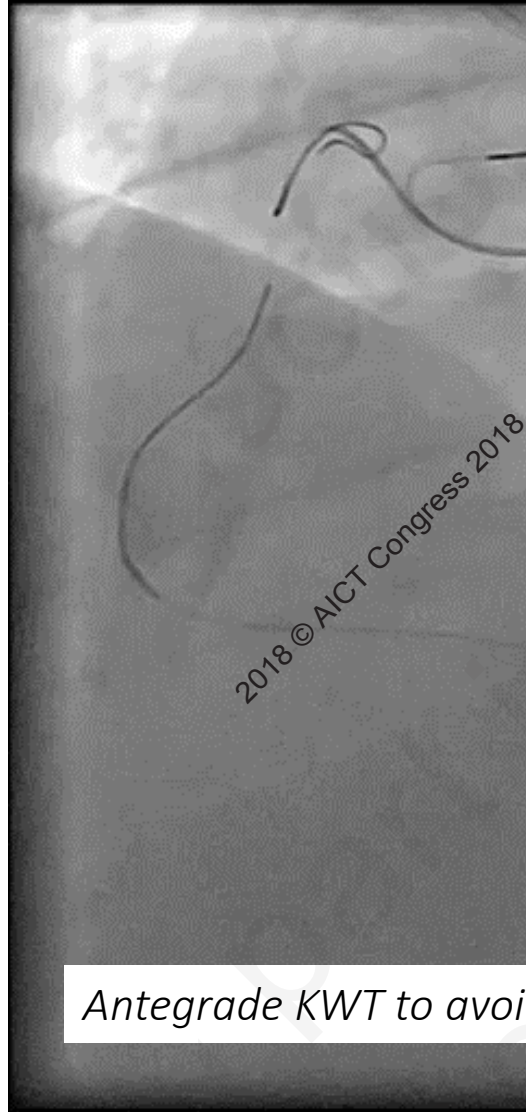
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Kissing balloon inflation

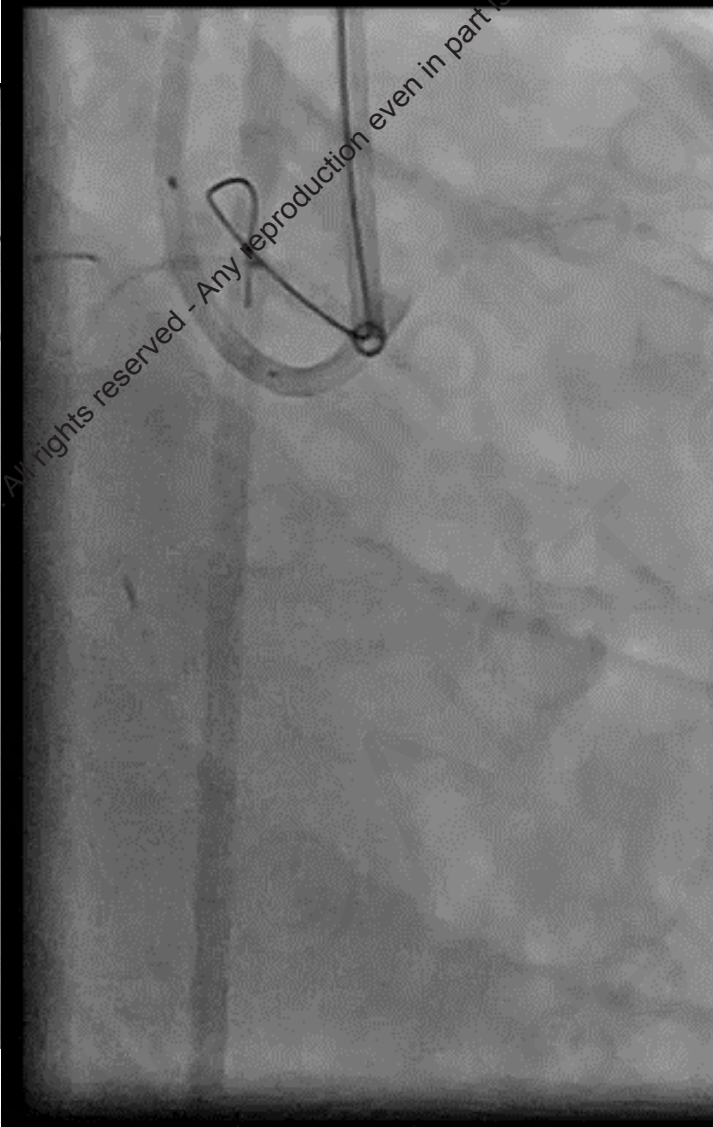


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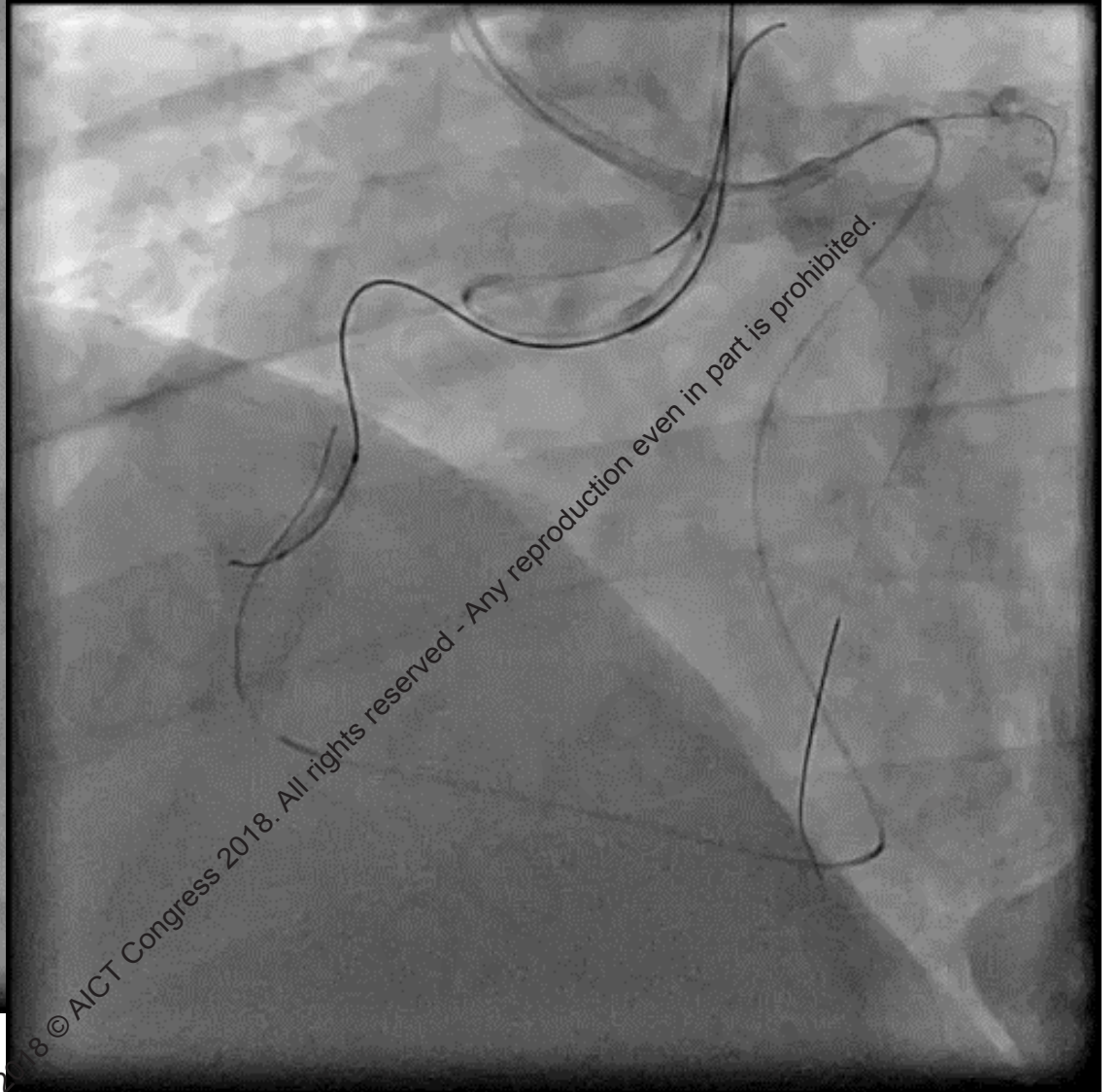


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Antegrade KWT to avoid



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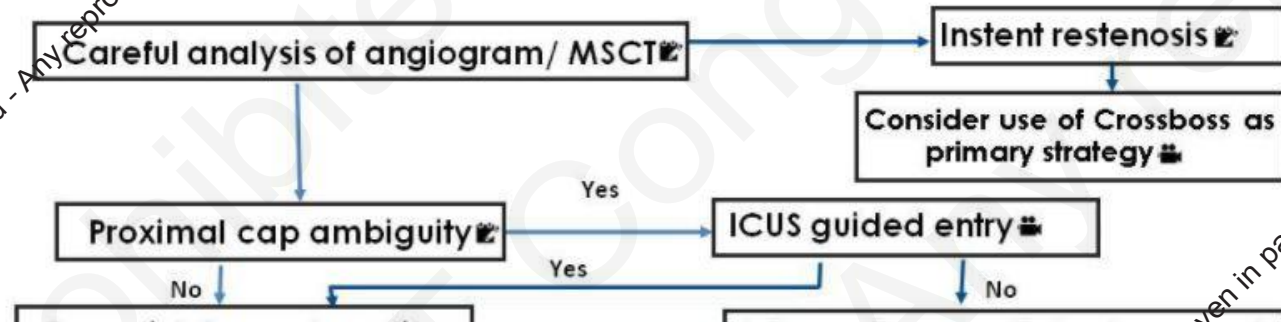
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A New Algorithm for Total Occlusions Chronic Total Occlusions

Scott A. Harding, MD,¹ Eugene B. Wu, MD,²
 Jie Quan, MD,³ Seung-Whan Lee, MD, PhD,⁴



✓ In AP CTO club algorithm **anatomic ambiguity** is the primary reason for use of a KWT. KWT and dissection re-entry techniques in **heavily calcified** and **tortuous vessels** is effective where the success rates are lower and the risks of perforation higher with wire escalation strategies.

Consider stopping if > 3 hr; 3.7x eGFR ml creat; Air Kerma > 5 Gy unless procedure well advanced.



Summary

In LAD procedure, two techniques/strategies were adopted.

- ✓ IVUS guided penetration to overcome proximal ambiguity
- ✓ IVUS guided wiring

In RCA procedure, two techniques/strategies were adopted.

- ✓ retrograde approach to overcome distal cap ambiguity
- ✓ KWT to overcome vessel tortuosity

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✓ AP CTO algorithm is useful to build a strategy even in complete revascularization of complex CAD including 2 CTOs.

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