

ULTIMASTER IN BIFURCATING CTO LESION

By

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P. History

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- 49 years old, male patient
- Hypertensive
- Not diabetic
- Not smoker
- With P.H of IHD since 2009 with PCI to RCA & LAD

Present History

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- 6 months ago Presented with exertional chest pain
- Resting ECG : non specific T-wave changes
- Stress ECG test : Positive (ST segment elevation in III & AVF)
- Echo : Normal LV dimensions, EF=71% with RSWMA
(basal inferior hypokinesia)

Labs

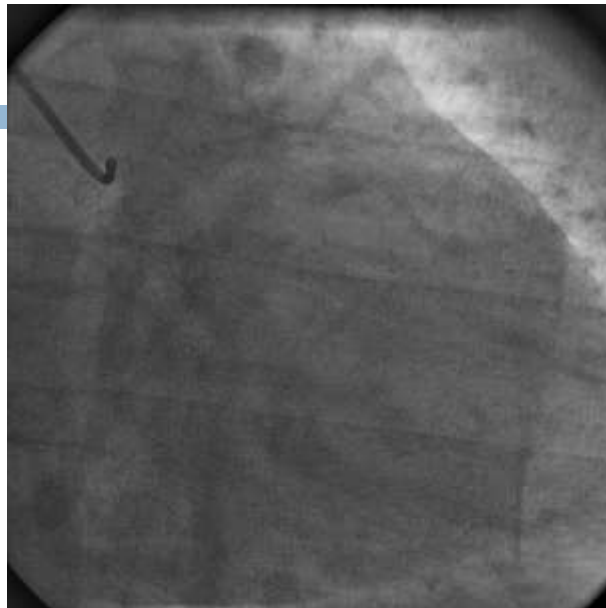
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- S.Creat. : 1.2 mg/dl
- Urea : 16 mg/dl
- Hb: 18.4 g/dl
- PLT: 238 thousand/cmm

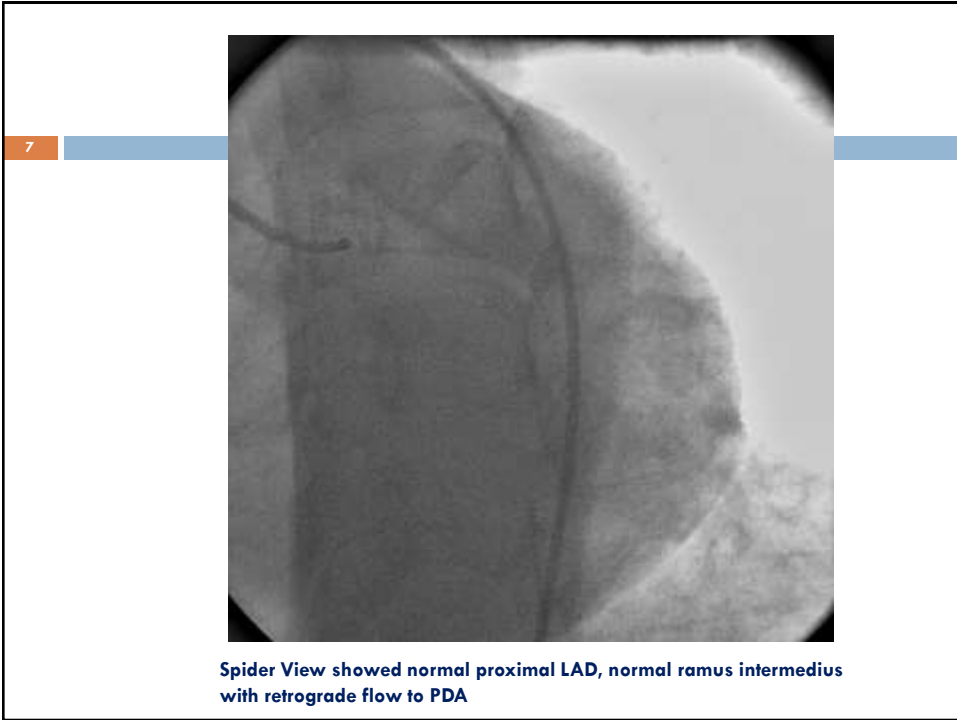
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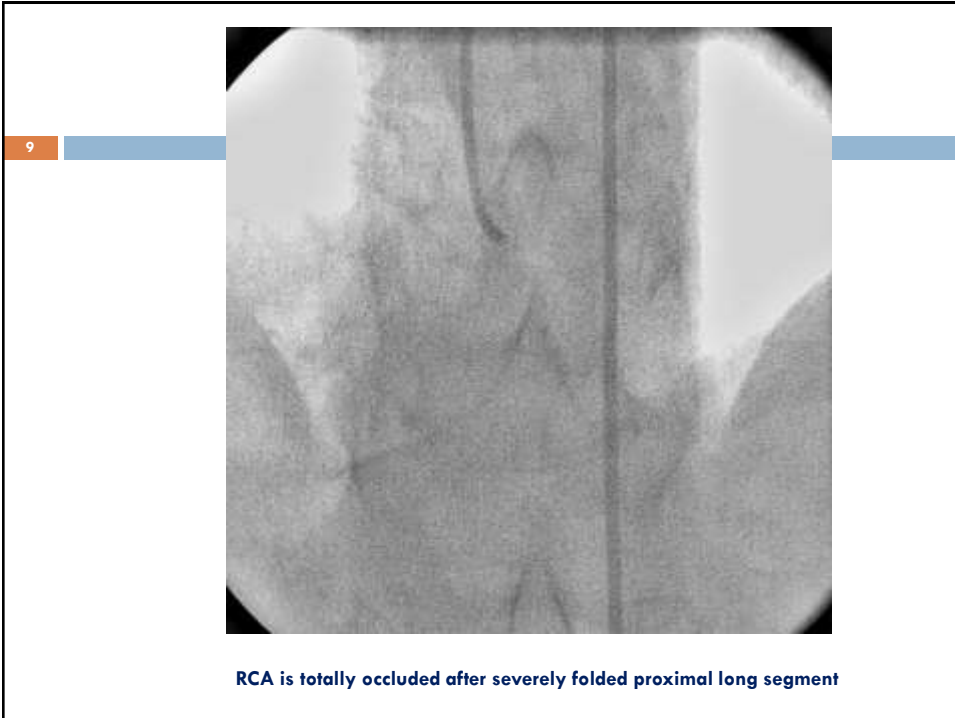
CA was done and revealed

6



RAO caudal showed normal bifurcating LM, LCX is totally occluded after long diseased stump





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So what is the

PLAN ????

This slide is a text-based slide with a white background and a blue horizontal bar at the top. It contains the text 'So what is the' followed by 'PLAN ????' in a larger, bold font. The text is centered on the slide.

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LM was engaged by XB4 6F GC, Fielder XT wire was used to pass the OM lesion

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Fielder XT wire passed successfully through the OM lesion with aid of fine cross MC

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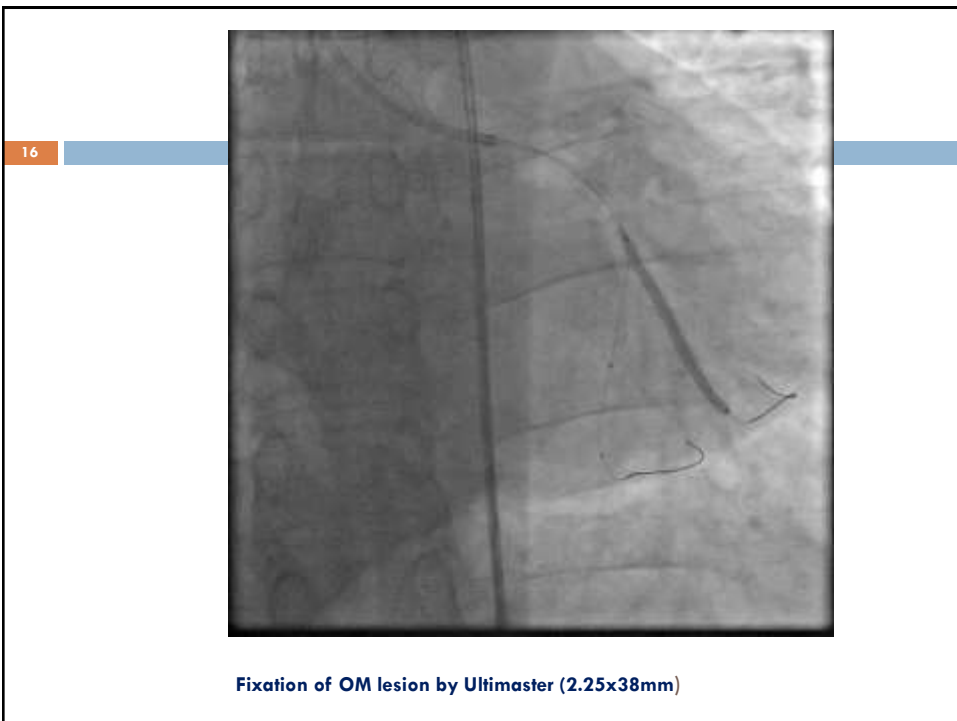
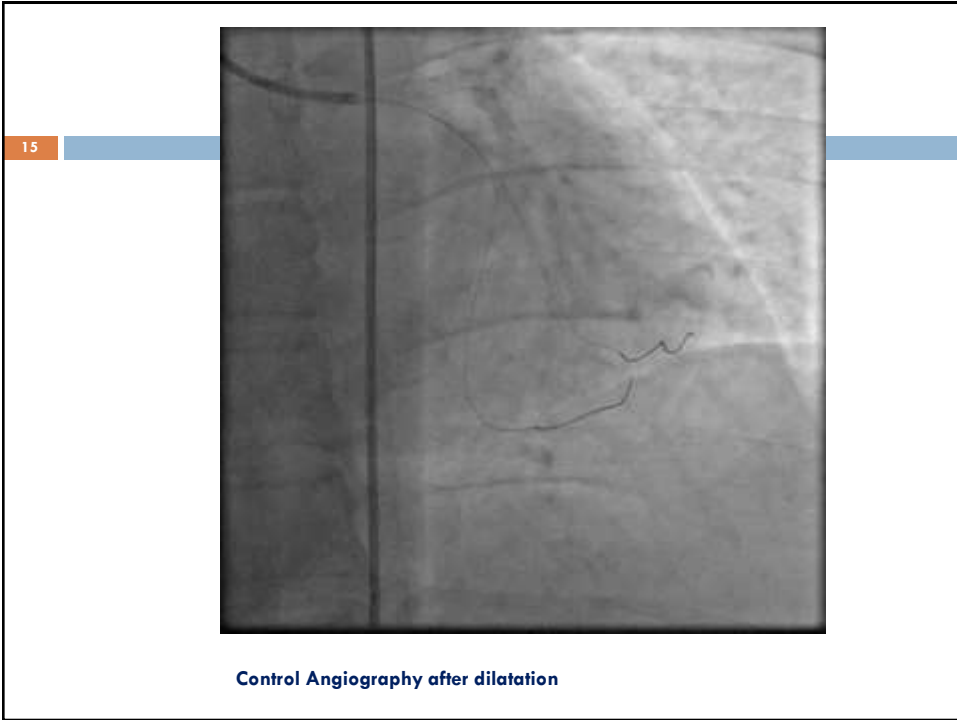


Another Fielder XT wire was used to pass the proper LCX lesion

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PTCA to LCX and OM lesion by Ryujin balloons (2x15mm)



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Control Angiography

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Crushing the proximal end of the OM stent

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Fixation of LCX lesion by Ultimaster 2.5x33mm

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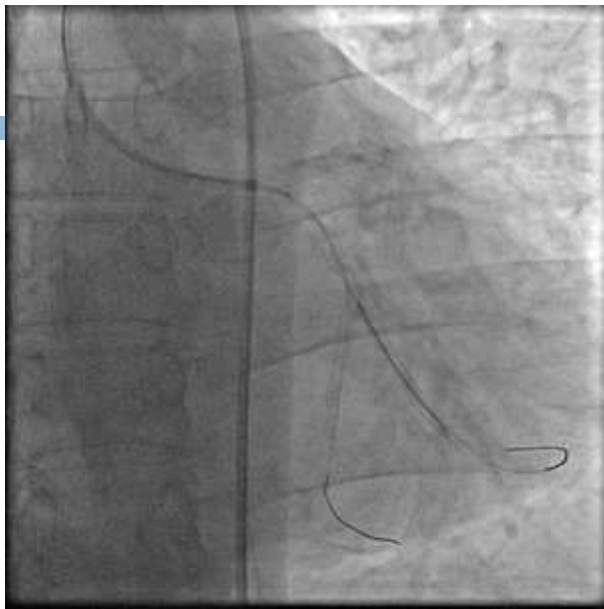
Control Angiography

21



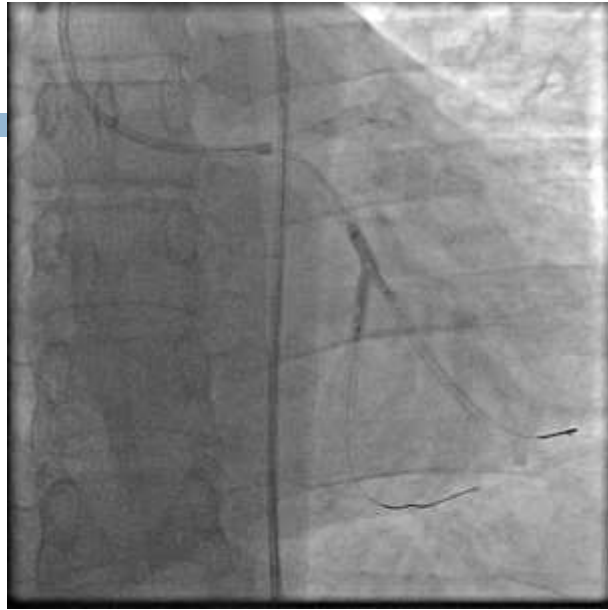
Re-crossing to the OM by run-through intermediate wire

22



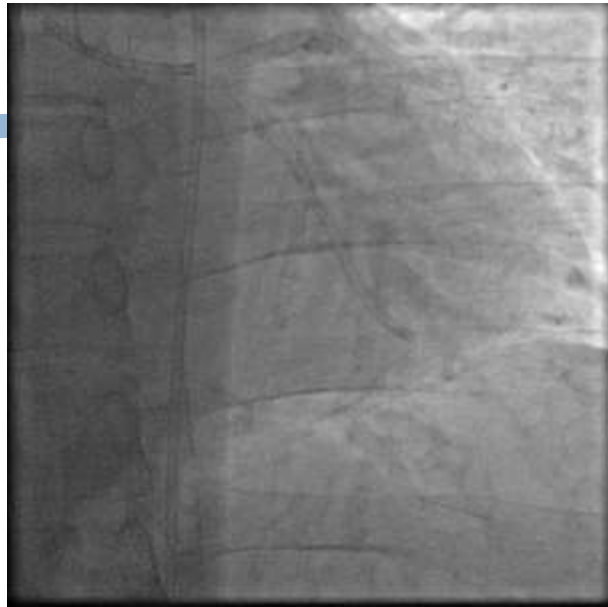
Withdrawal of the jailed wire in the OM

23



KBT was done by 2 high pressure balloons .

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Final Result of the left system

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RCA was engaged by AL1

26



Runthrough hypercoat wire succeeded to pass the RCA lesion with the aid of fine cross MC

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Multiple PTCA to RCA ISR

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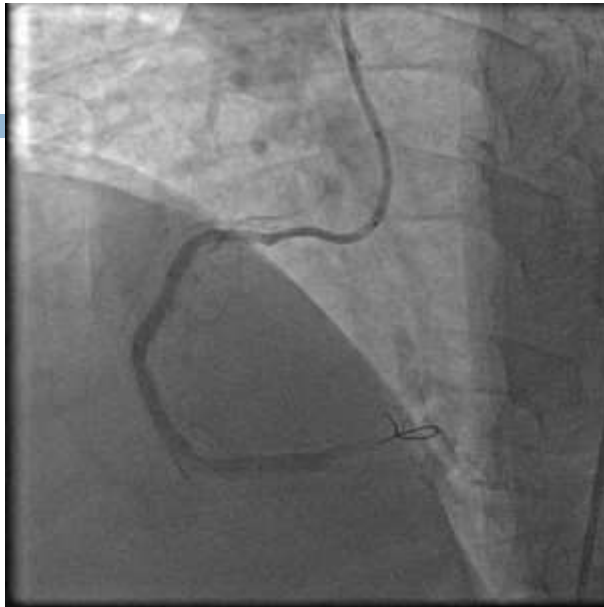
PTCA to RCA ISR with larger balloon

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PTCA with Drug Eluting Balloons

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Final Result of the right system

