



Bifurcation Stenting in CTO PCI

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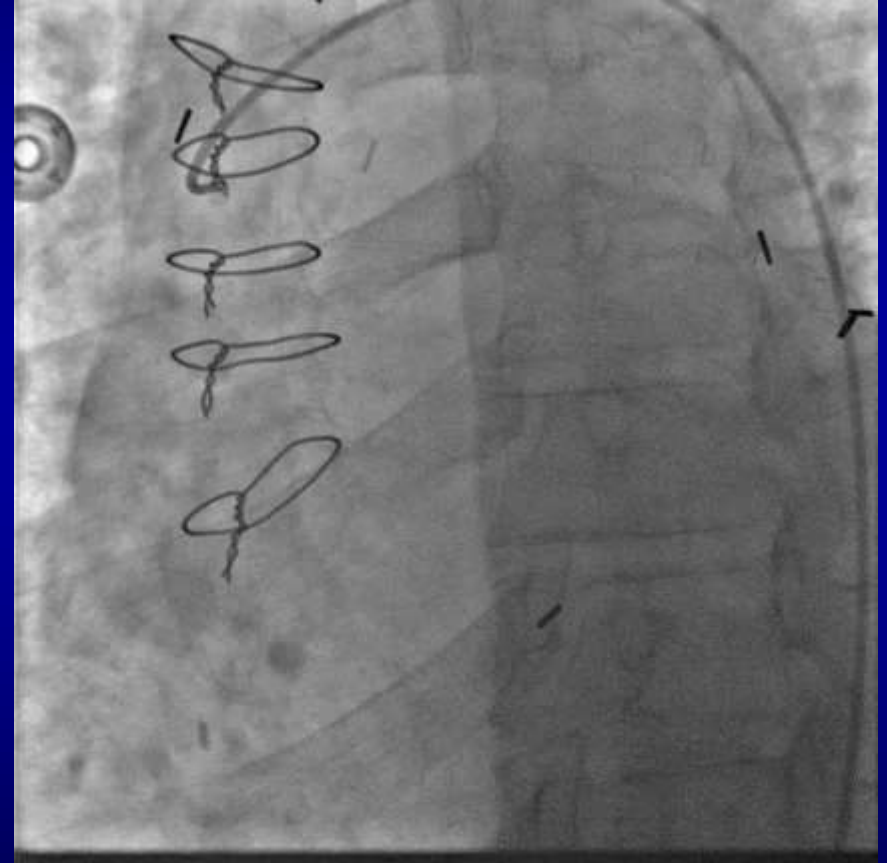
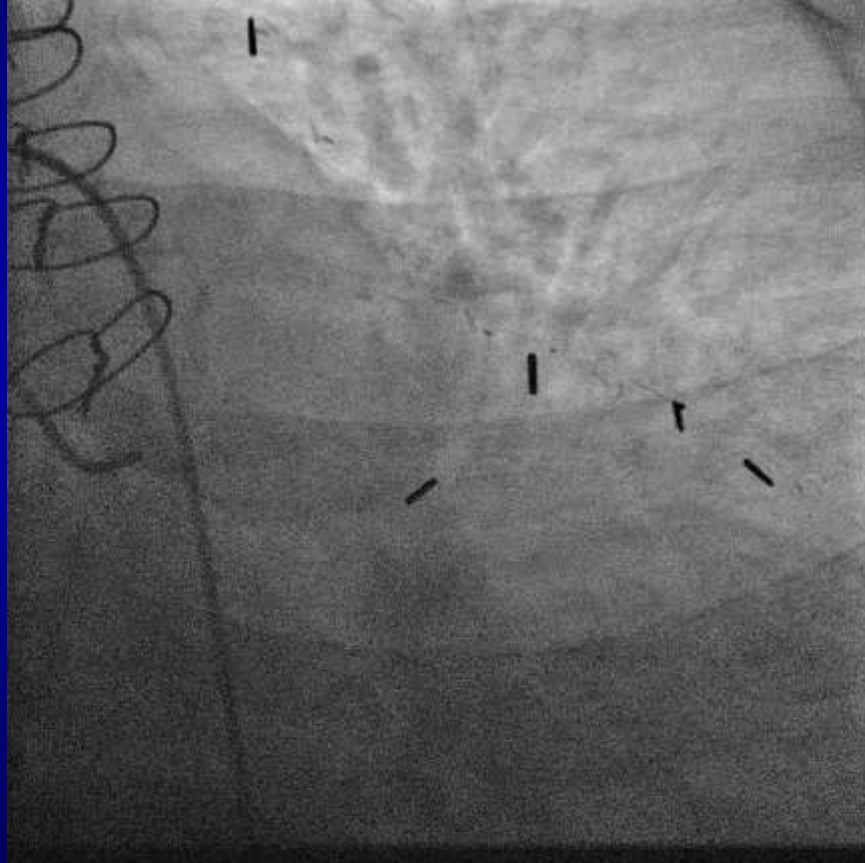
Disclosures

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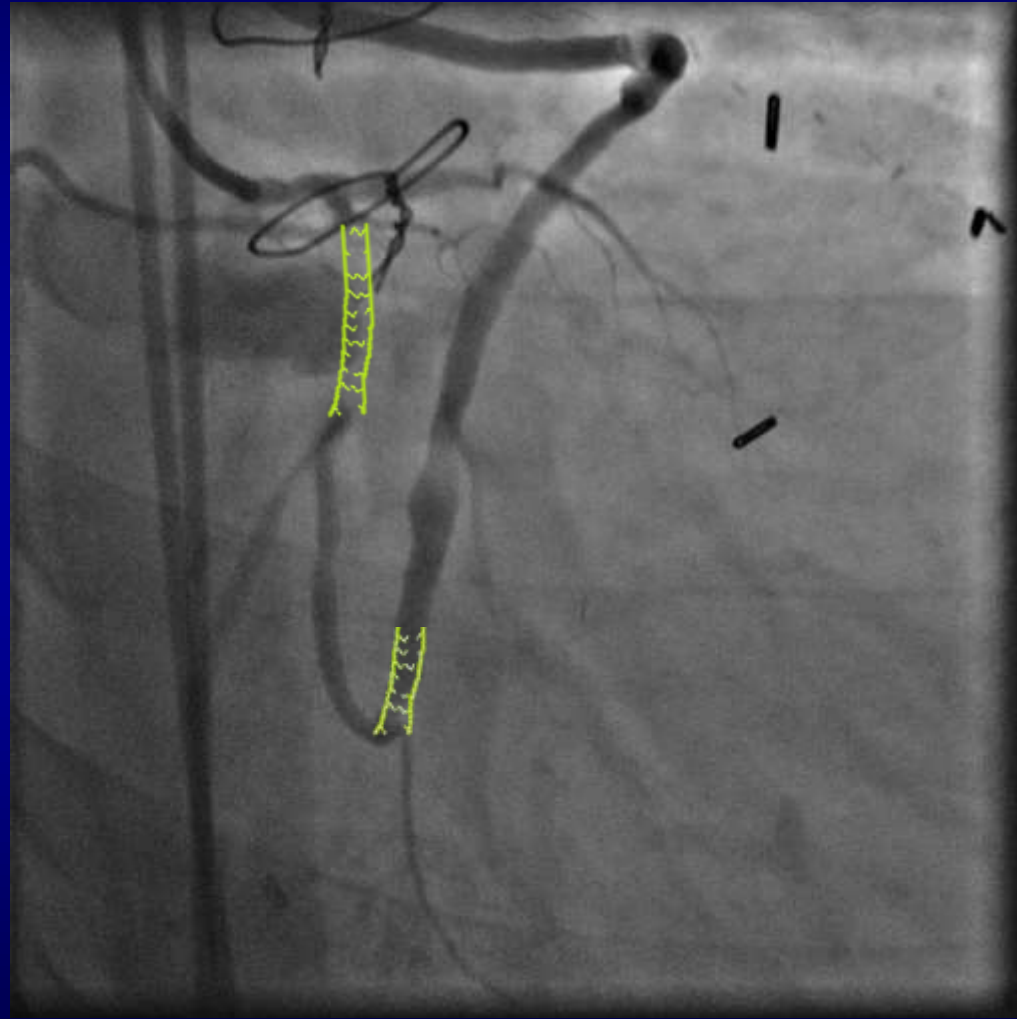


64 y/o with CHF (EF 15%), CABG '94
p/w unstable angina

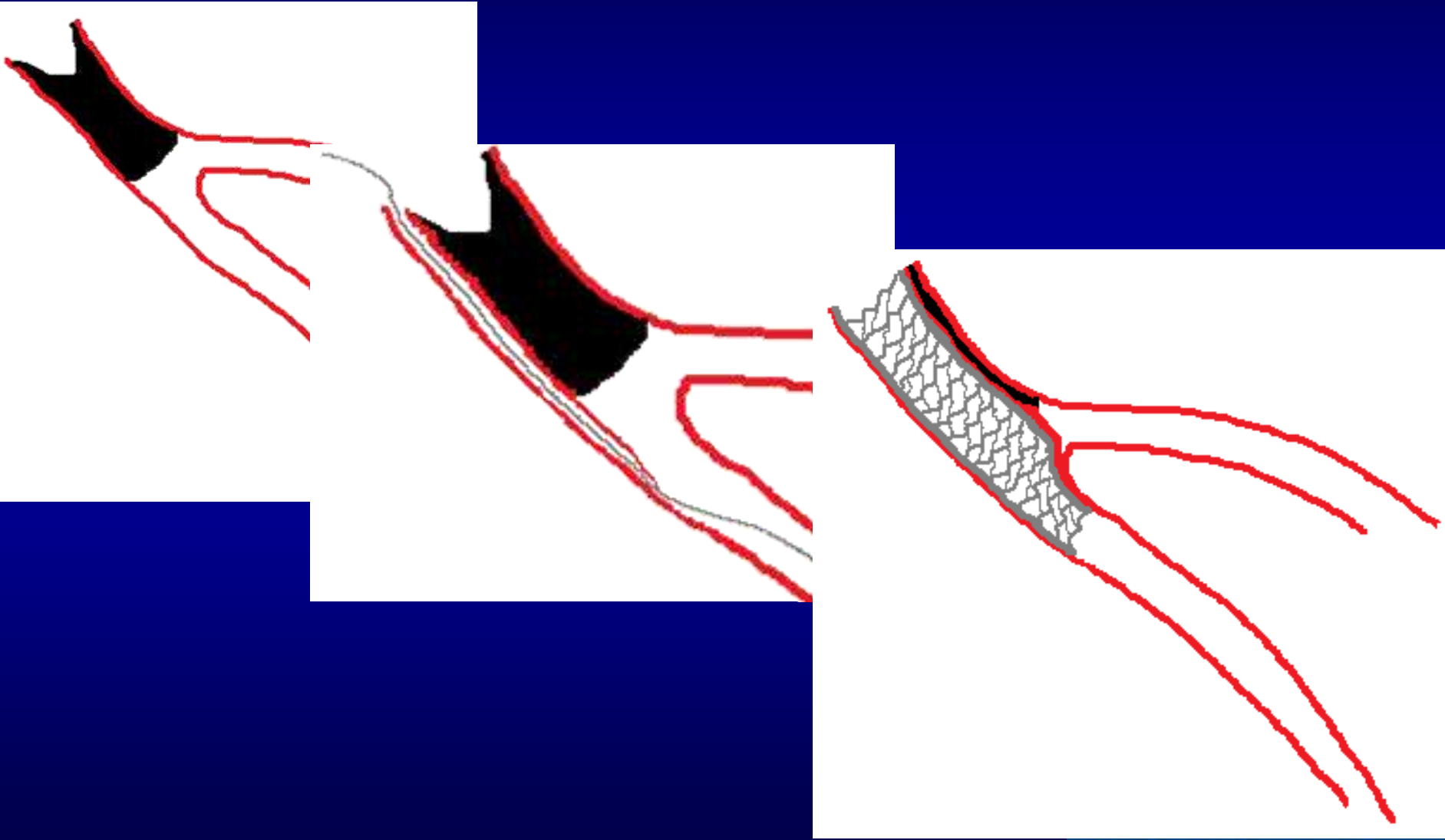


Treatment Options

- Saphenous venous graft intervention
- CTO PCI
 - Lesion crossing:
 - True lumen to true lumen vs Dissection/Re-entry
 - Retrograde approach (via the SVG)
 - Antegrade (challenging due to proximal cap ambiguity)



Subintimal Lesion Crossing



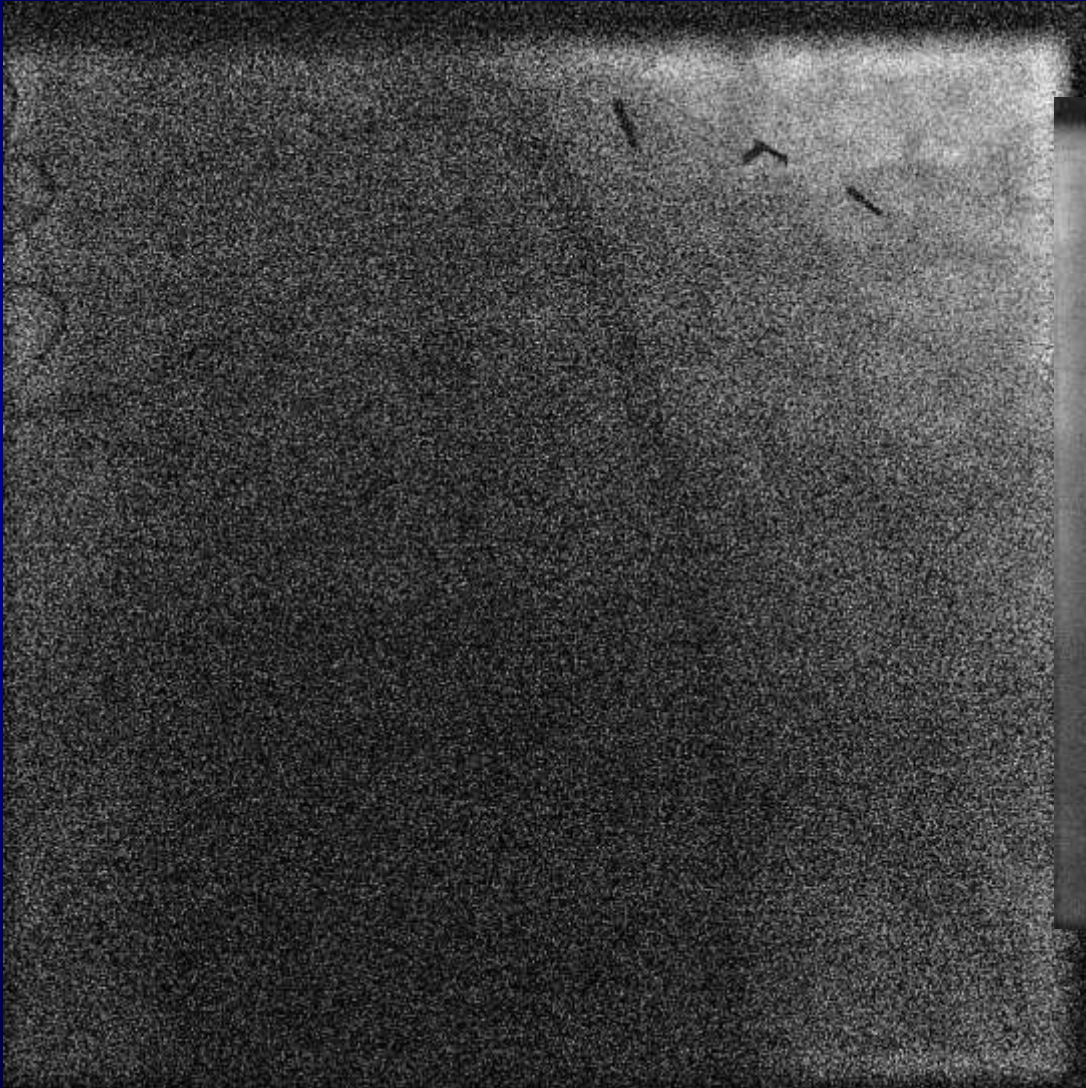
Dual Angiography



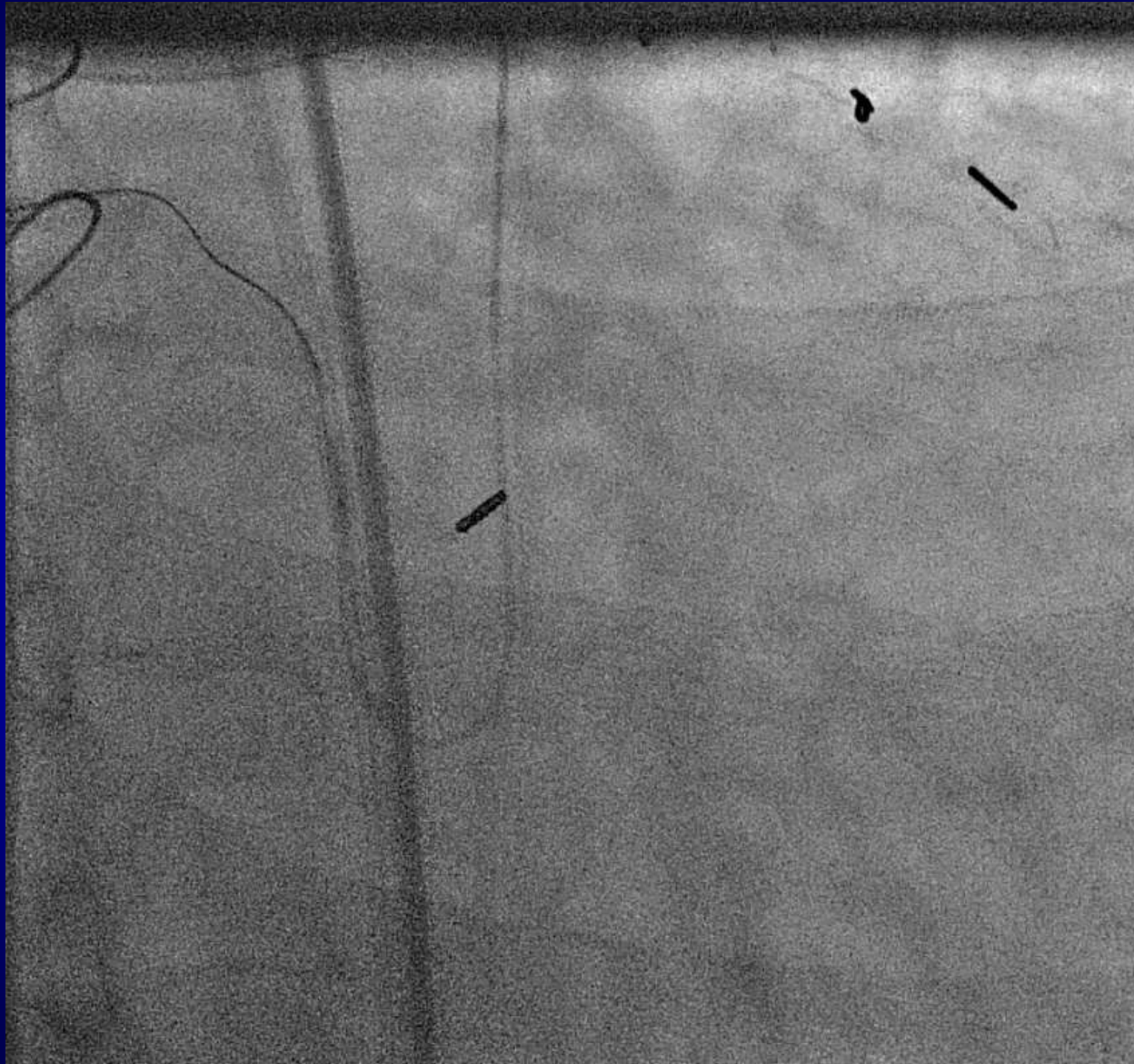
Failed Retrograde Approach



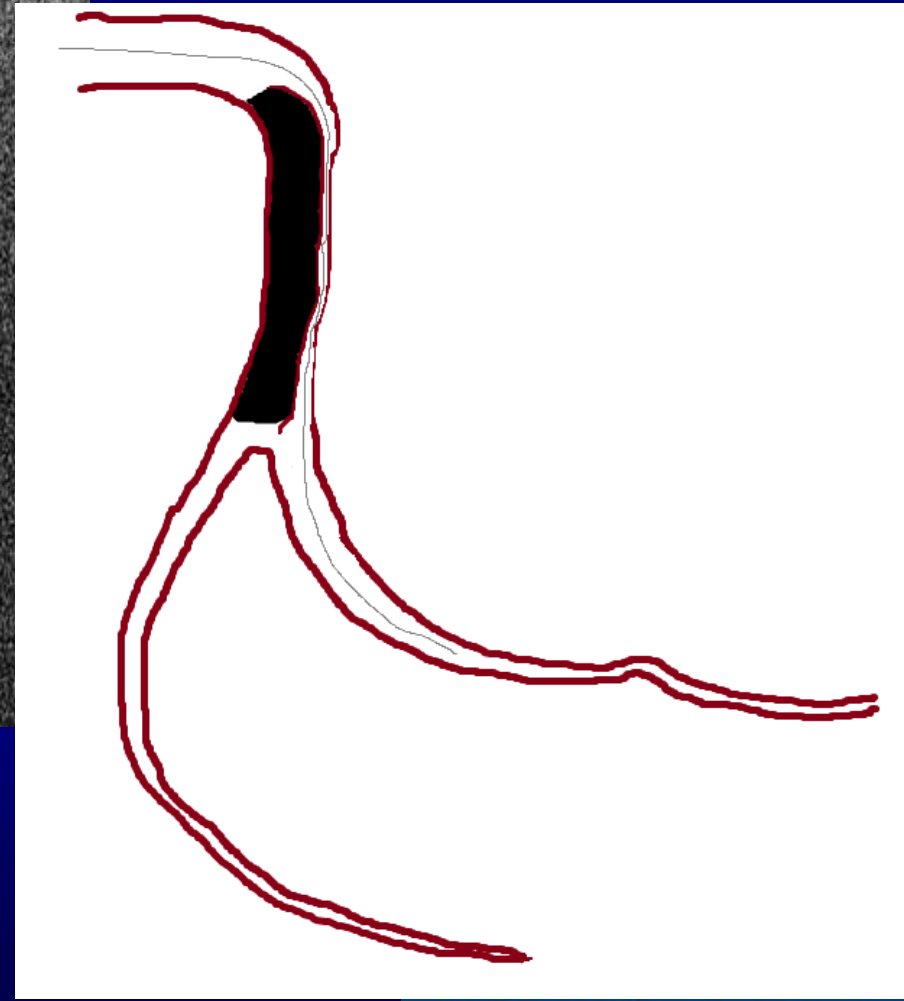
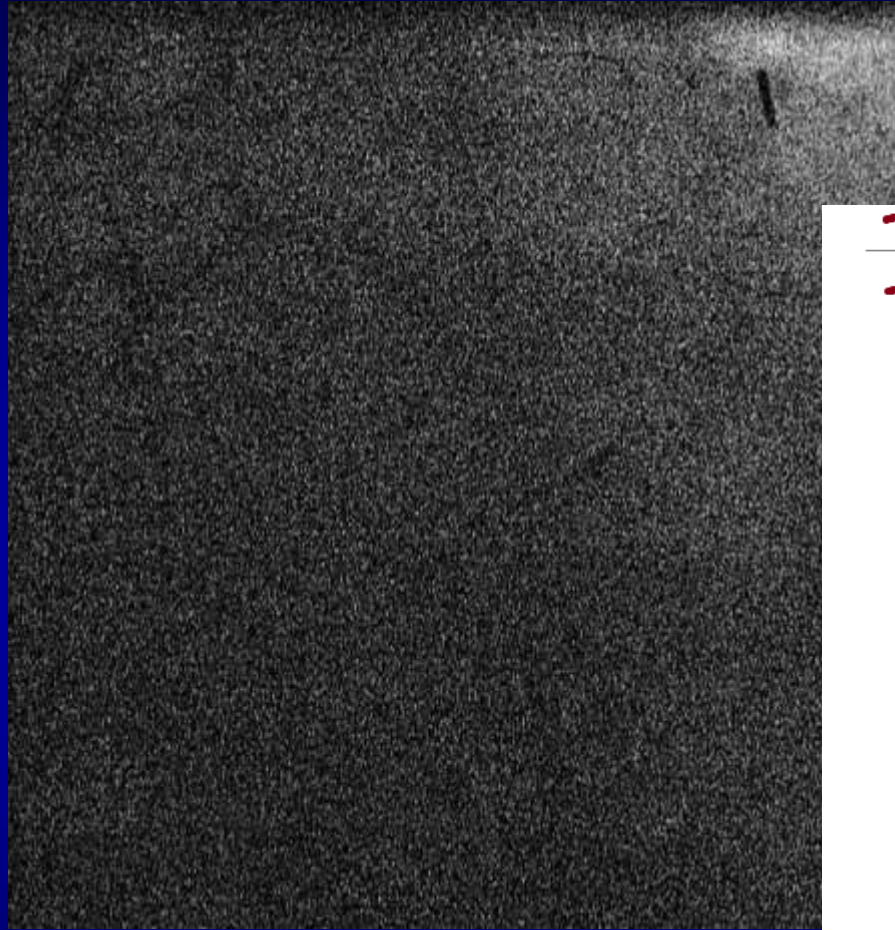
Antegrade Dissection/Re-entry



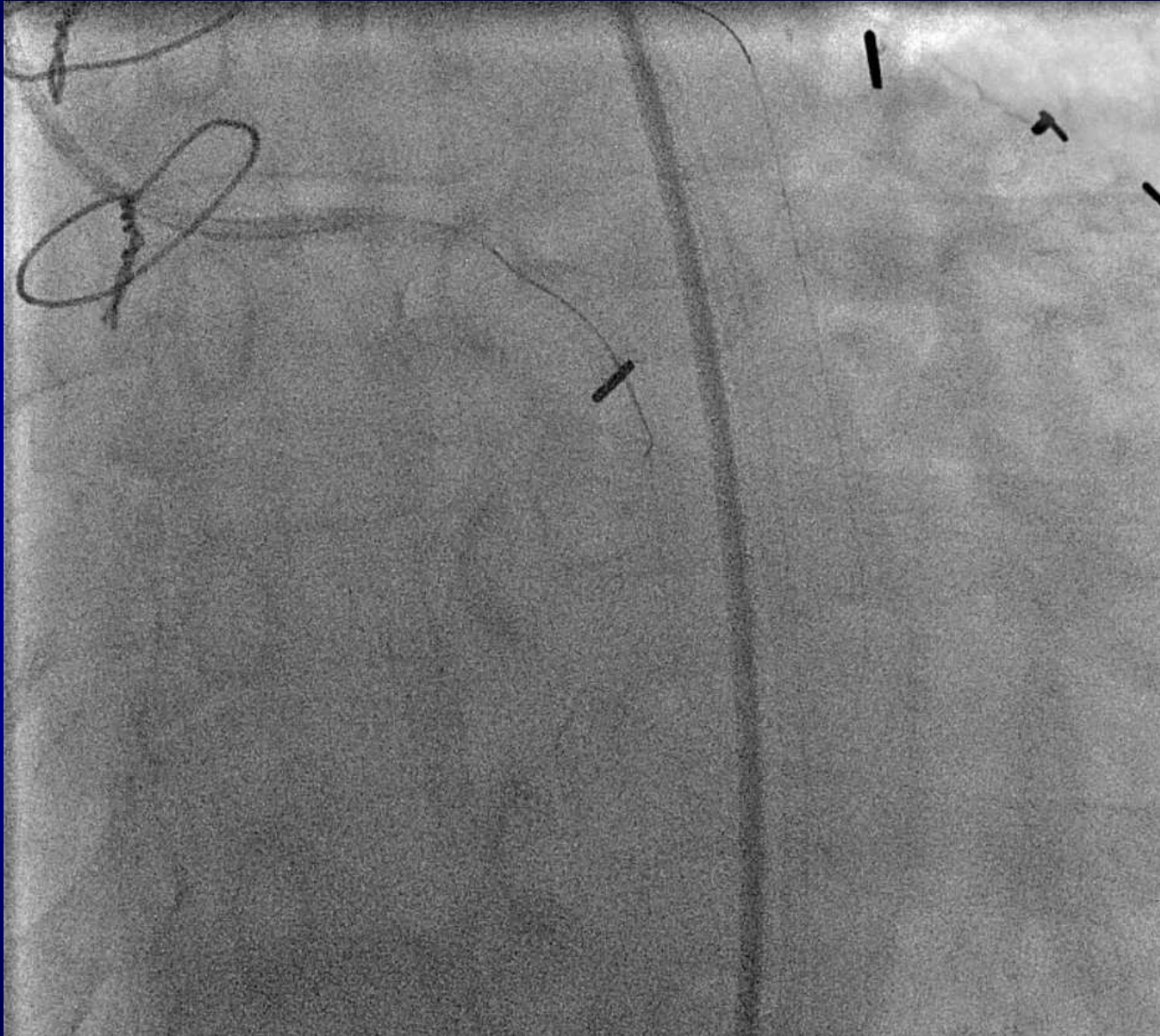
Directed Re-entry



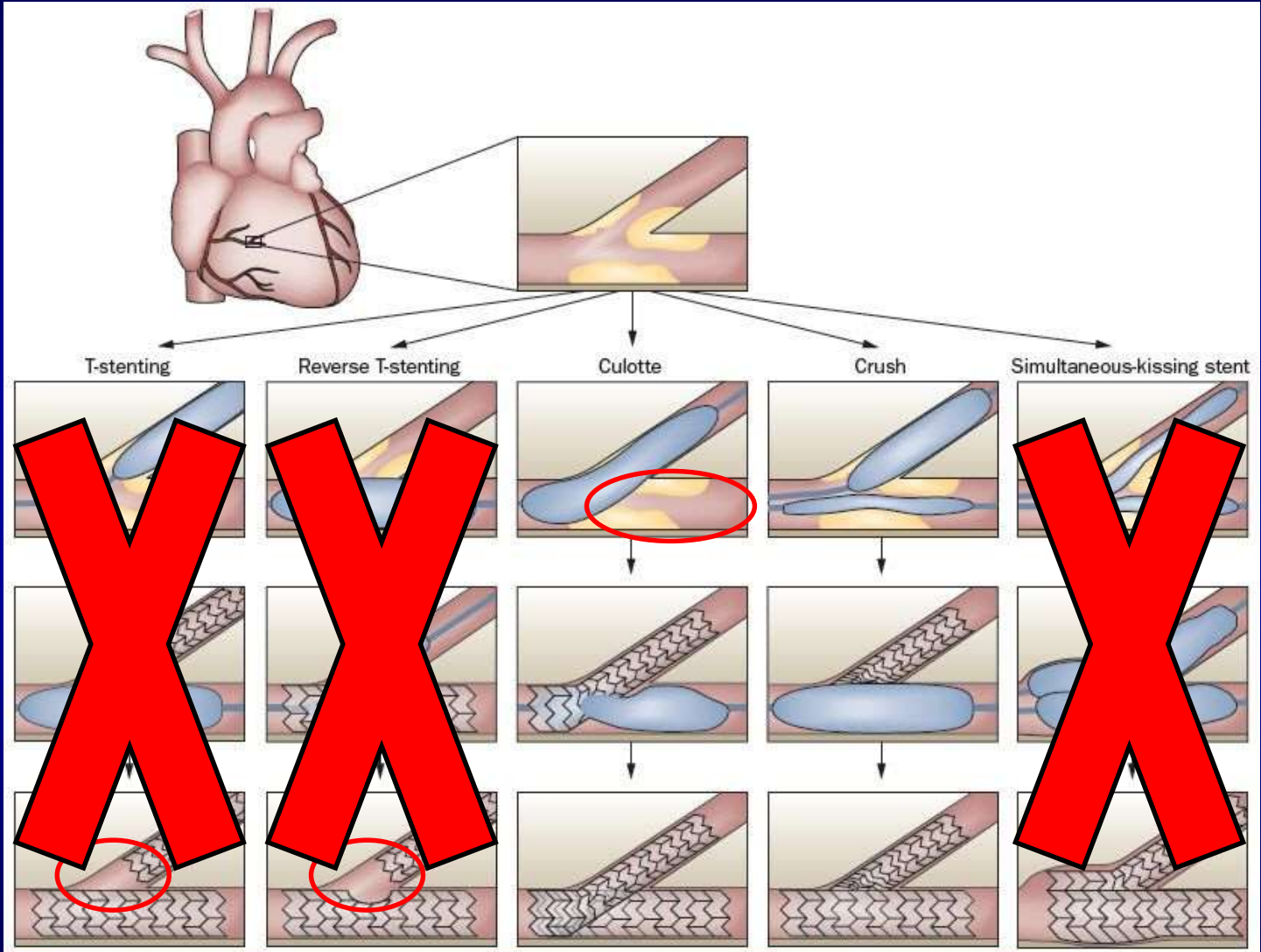
Pre-dilation



Side Branch Wiring



Two-stent Strategies



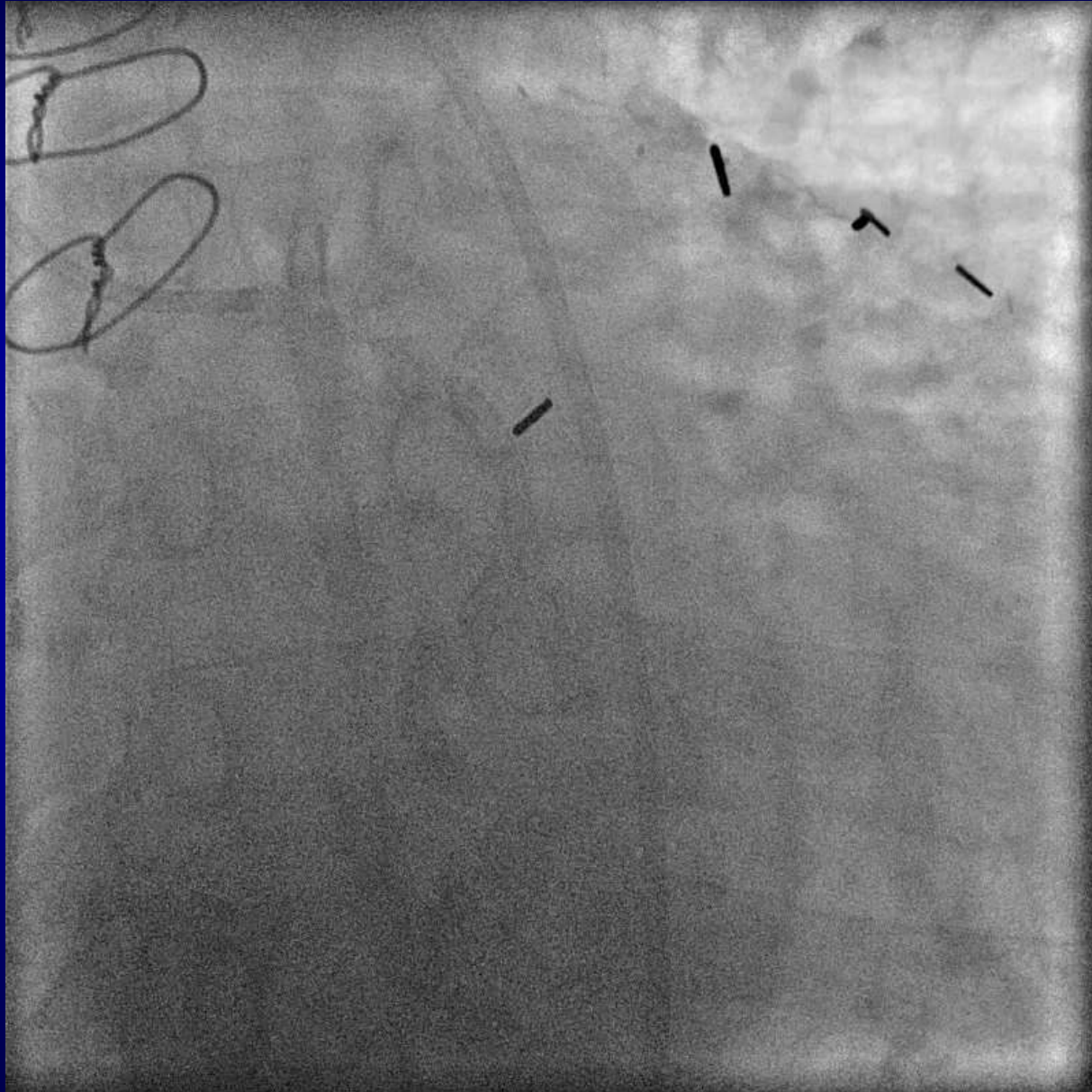


Crush Technique After ADR





Final Result





Conclusions

- When utilizing dissection/re-entry techniques in CTO PCI, precise re-entry can allow for salvage of important side branch vessels
- Crush technique may be the most secure two-stent approach when utilizing dissection/re-entry into a bifurcation.