

An Unexpected Surprise in the Cath Lab: CTO RCA PCI

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Abbreviations

SCD: Sudden Cardiac Death

PCI: Percutaneous Coronary Interventions

DES: Drug Eluting Stent

CTO: Chronic Total Occlusion

CART: Controlled Antegrade and Retrograde Tracking

LAD: Left Anterior Descending

RCA: Right Coronary Artery

IVUS: Intravascular Ultrasound

Clinical Images

A 49 years old-male presents with SCD. Coronary angiography showed a critical stenosis in proximal LAD, treated with a DES. Also, the RCA had a mid-segment CTO which underwent staged PCI. The first angiogram evidenced a peculiar image that retains contrast overlapped with the occluded segment. The CTO was recanalized using CART reverse technique and an IVUS was made finding a quite unique image of fusiform aneurysm. Axial diameter reached 7 mm, with proper delineation of 3-layer vessel wall structure suggestive of true aneurysm in the native RCA. We proceeded to implant two DES 3.5 x 38 mm mid-proximal and 2.5 x 23 mm in mid-distal of RCA. Final IVUS showed exclusion the aneurysmatic area. Final angiography showed no signs of contrast retention or associated vascular complication. Aneurysms are often seen in atherosclerotic coronary disease, although another cause cannot be ruled out (Figure 1 and Figure 2).

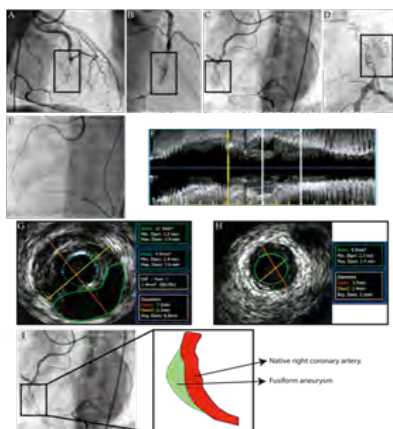


Figure 1: A-D. Evidence of contrast retention in the mid-RCA with a close-up angiography identifying a contrast retention area (true lumen vs. chronic coronary dissection or aneurysm). E. CART reverse technique was used to approach the chronic total occlusion. F-H. IVUS showed a fusiform apparently three-layer wall true aneurysm and lumen diameter 7 mm (orange line). I. Fusiform aneurysm diagram (green) on the native vessel (red).

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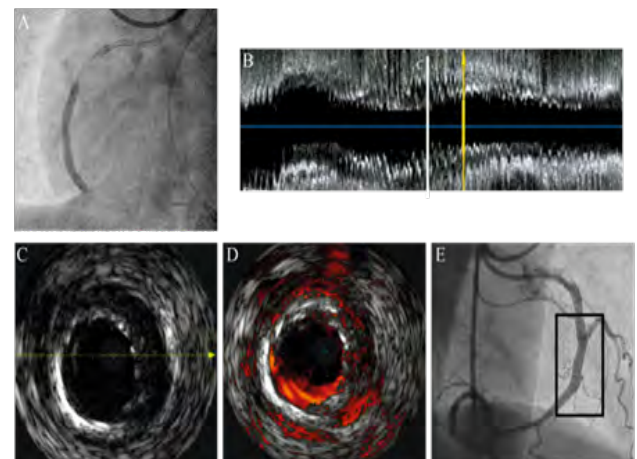


Figure 2: A. CTO was treated successfully with two DES without vascular complication and fusiform aneurysm was apparently isolated. B-D. Final IVUS with successfully treatment of the CTO and the fusiform aneurysm with chromaflo confirmation. E. Good angiographic result.



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