



# ACROSS CTO ST

## Short Track to Cross

Case Study n 3

### Successful recanalization of a CTO in LAD

*Dott. Pacchioni – Azienda ULSS 13 - Mirano – Italy*

#### Introduction

The patient is a man with a smoker background, who suffered from hypertension, dyslipidemia and diabetes treated with insulin. He had a previous recovery due to post ischemic cardiomyopathy with a severe reduction of F.E. (35%). Although an EKG showed septal necrosis, a cardiac MRI confirmed viability in the anterior wall. Consequently, an attempt to recanalize the proximale LAD was scheduled.

#### Case Report

The antegrade approach was chosen as a first attempt to treat the lesion. We used a double femorax access: 8F at right and 7F at left groin. The LM was selectively engaged with a XB 4 7 Fr guiding catheter whereas the RCA with a JR 4 7 Fr. Antegrade wire escalation with Fielder XTA and Gaia with the support of a microcatheter was succesfull for occlusion crossing. However, after trying to cross the occlusion with different devices (microcatheter first, then 1.25 mm balloons) only the ACROSS CTO ST 1.1 mm – 5 mm was able to cross it and dilate the occlusion. Unfortunetaly, workhorse balloons with a diameter from 1.5 mm to 2.5 mm were not be able to fully dilate the lesion due to slippery effect; it was only with the GRIP 3.0 mm – 10 mm that the occlusion was fully opened, being successfull on the slippery effect and preparing the lesion for a successive stenting. An IVUS evaluation was performed to check the IVA and then two Drug Eluted Stents were positioned and postilated with a Non Compliant Balloon.

#### Conclusions

ACROSS CTO ST balloon is a unique monorail device with a strong short tip and a marker just 1 mm from the distal end that gives you a high pushability and a better location of the proximal lesion entry. Moreover, it has a very low profile that enhance the entrance of the plaque. After entering the lesion with ACROSS CTO ST, a successful dilation can be made using the GRIP, a Non Compliant balloon with four lines of four polymer knobcs on it that allow the anti slippery effect and a satisfying preparation of the lesion for successful stenting.

