

Controversies of PCI in complex lesion ; cases of chronic total occlusion with good collaterals

Jang-Whan Bae

Division of Cardiology, Department of Internal Medicine,
Chungbuk National University Hospital, Cheongju, Korea

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CASE A

CASE A

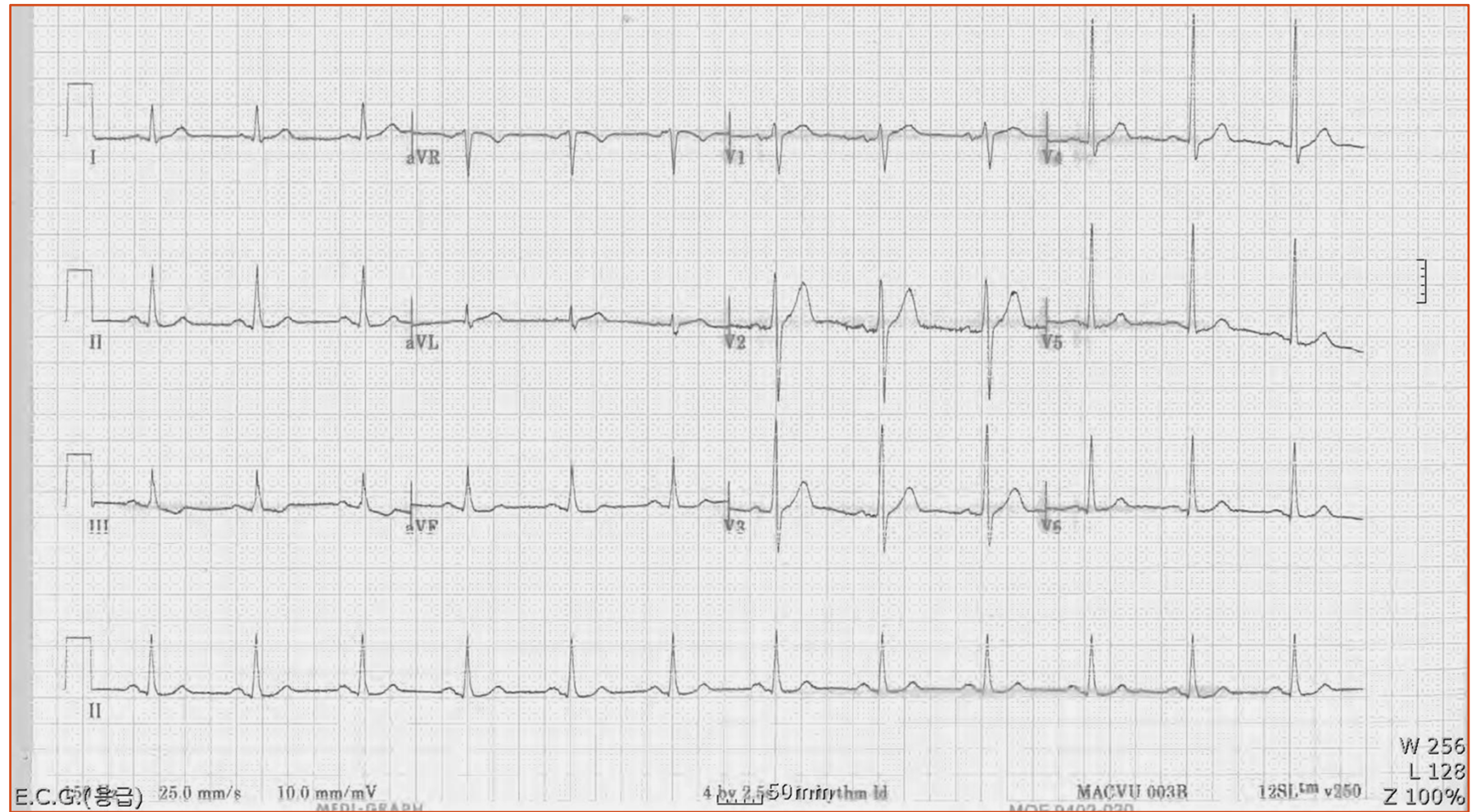
; 53-year-old male

- **Chest pain evaluation in cardiology OPD**
 - Chest pain on exertion
 - CCS II, duration < 5 min., for 4 months
- **Clinical risk factors for atherosclerotic disease**
 - DM/HTN/Dyslipidemia (-/+/-) for 8 years
 - CCB
 - Ex-smoker
- **Cardiologic work up in OPD**
 - Lipid: 146-249-28-73 mg/dL, FBS: 98 mg/dL
 - Electrocardiography: normal
 - Treadmill test
 - 2 mm down-sloped ST depression of II, III, aVF, V5, V6 in the 3rd stage
 - Normalized ST deviation in 3.5 min. during resting

CASE A

; 53-year-old male

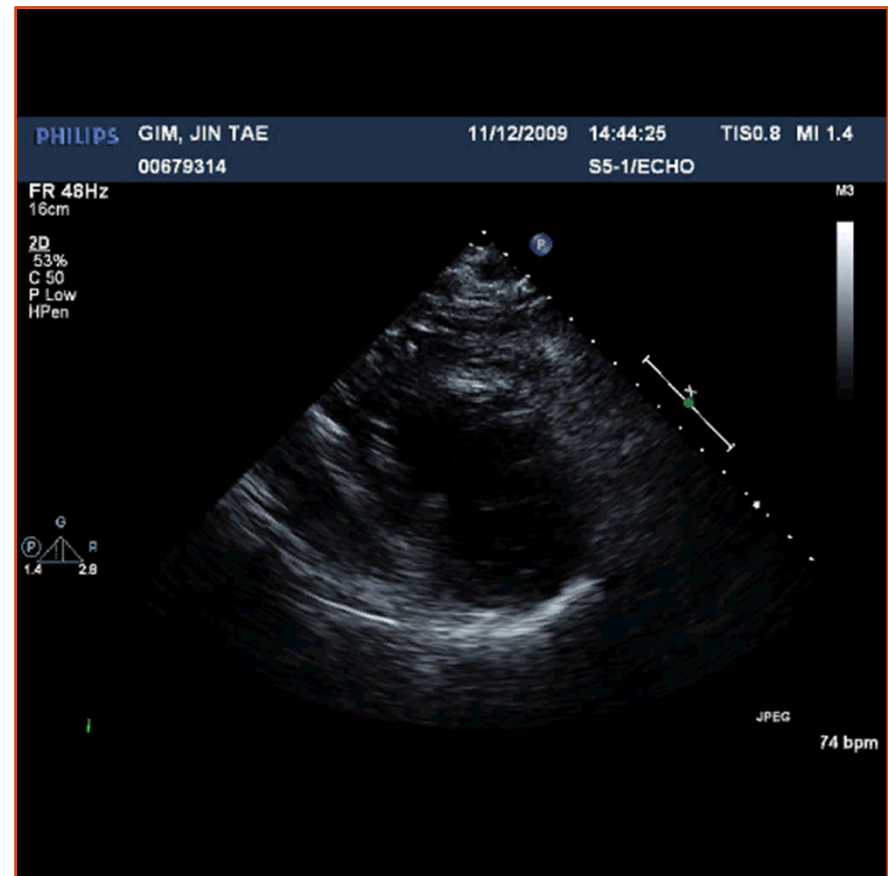
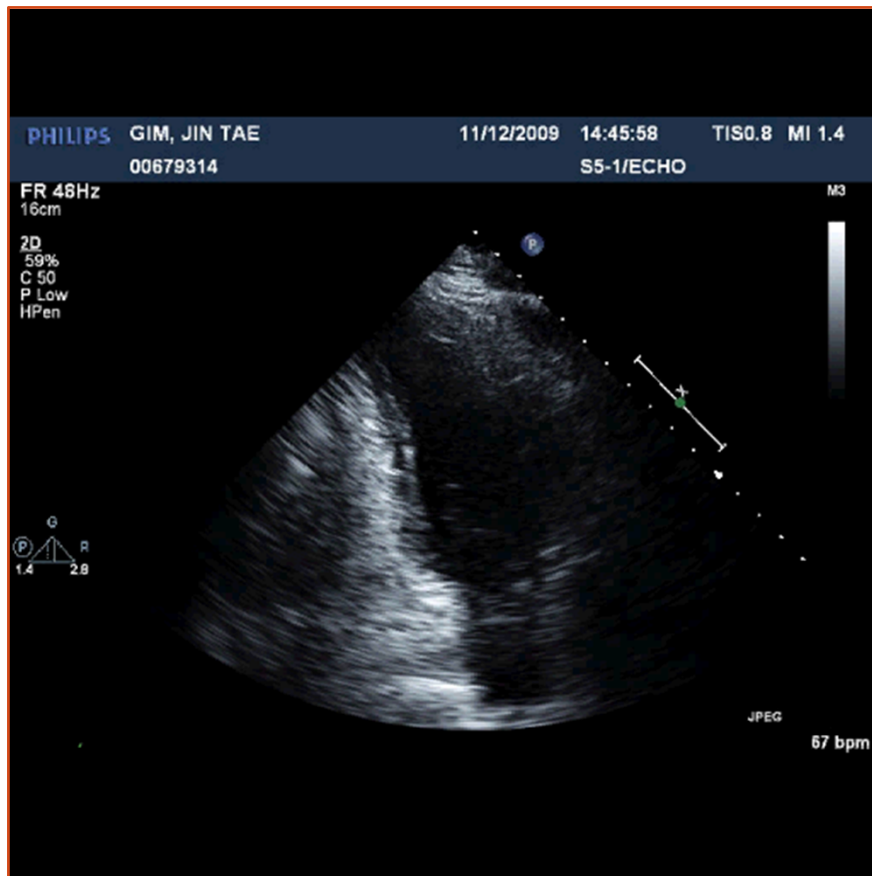
- **Electrocardiography**



CASE A

; 53-year-old male

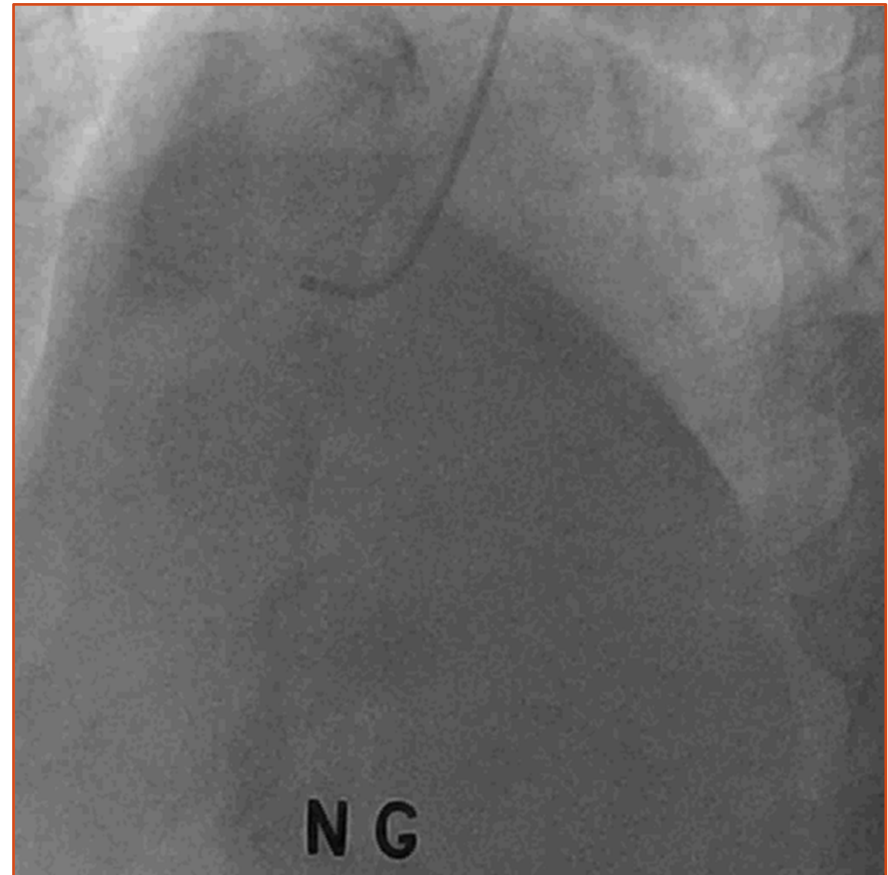
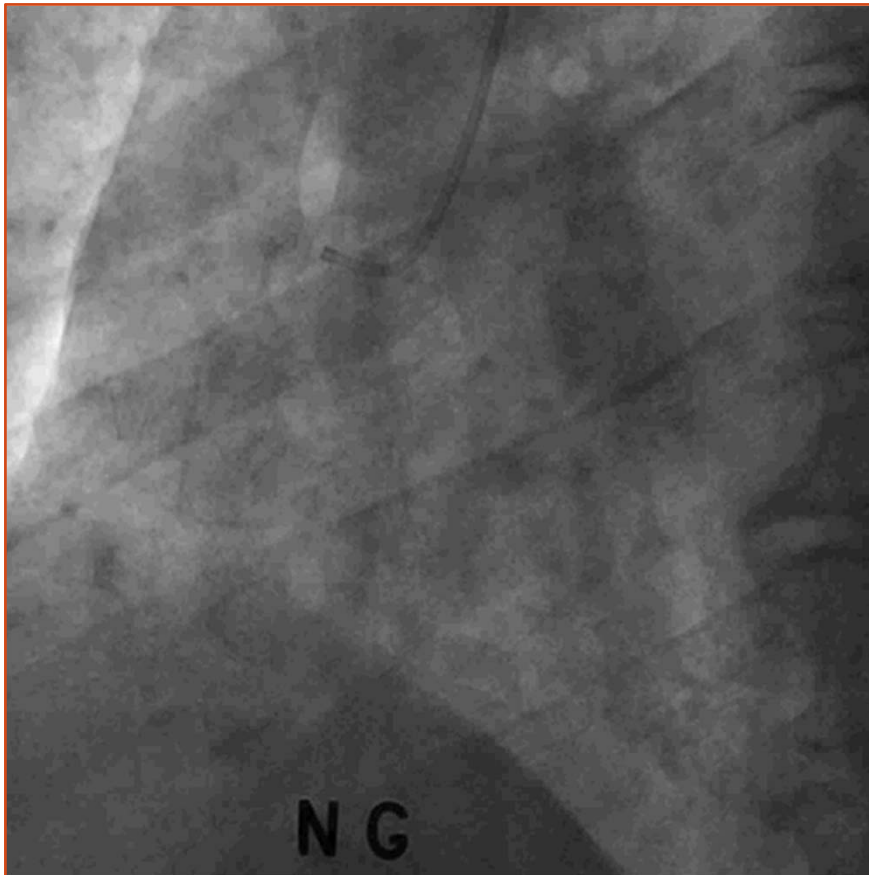
- Echocardiography



CASE A

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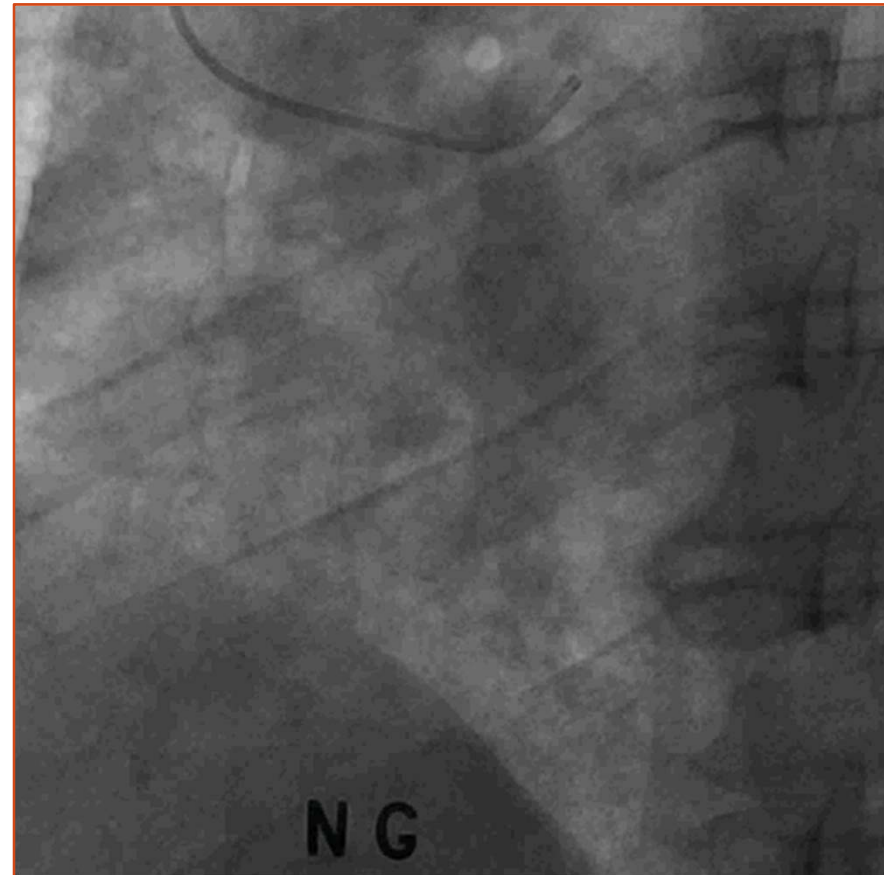
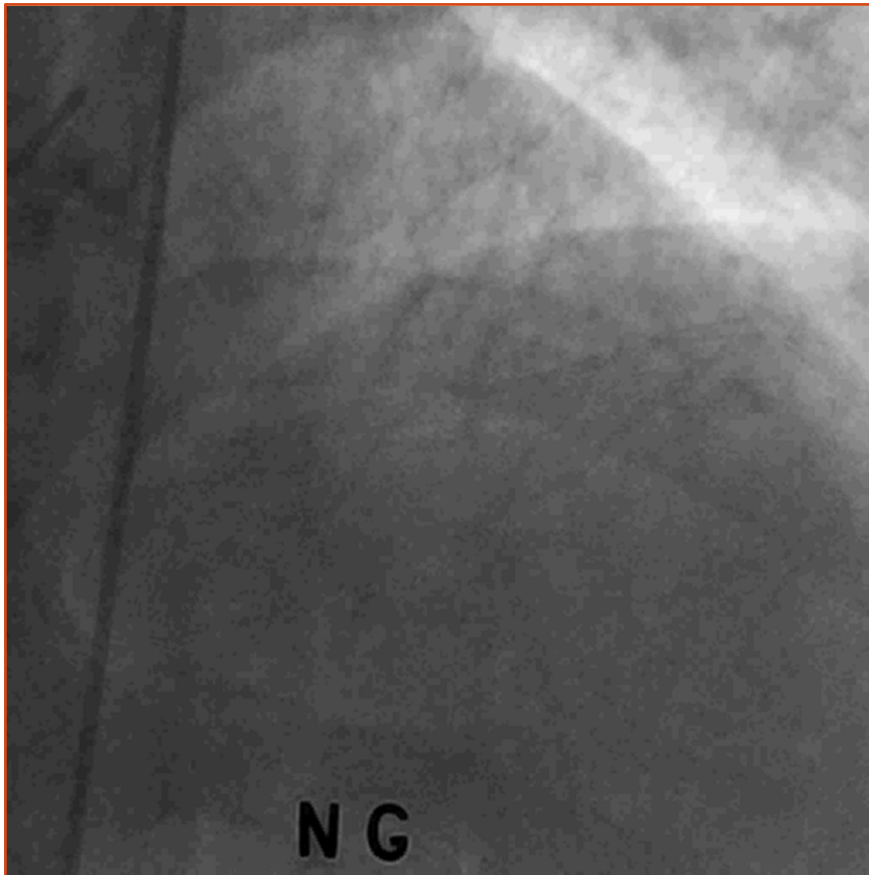
- Coronary angiography



CASE A

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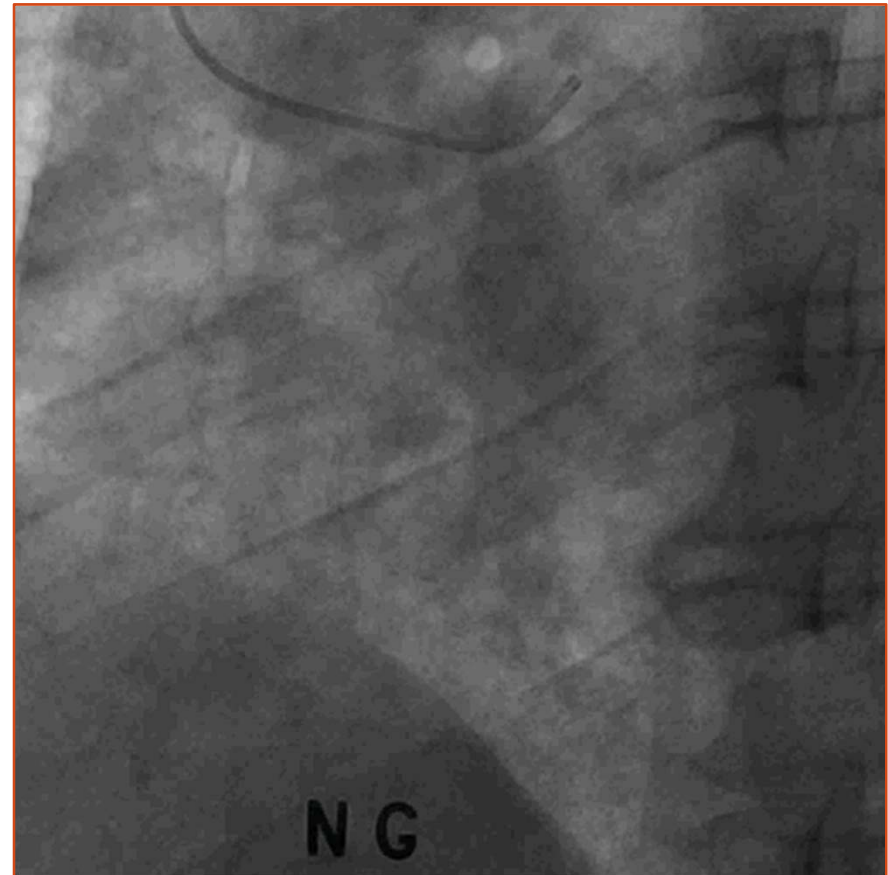
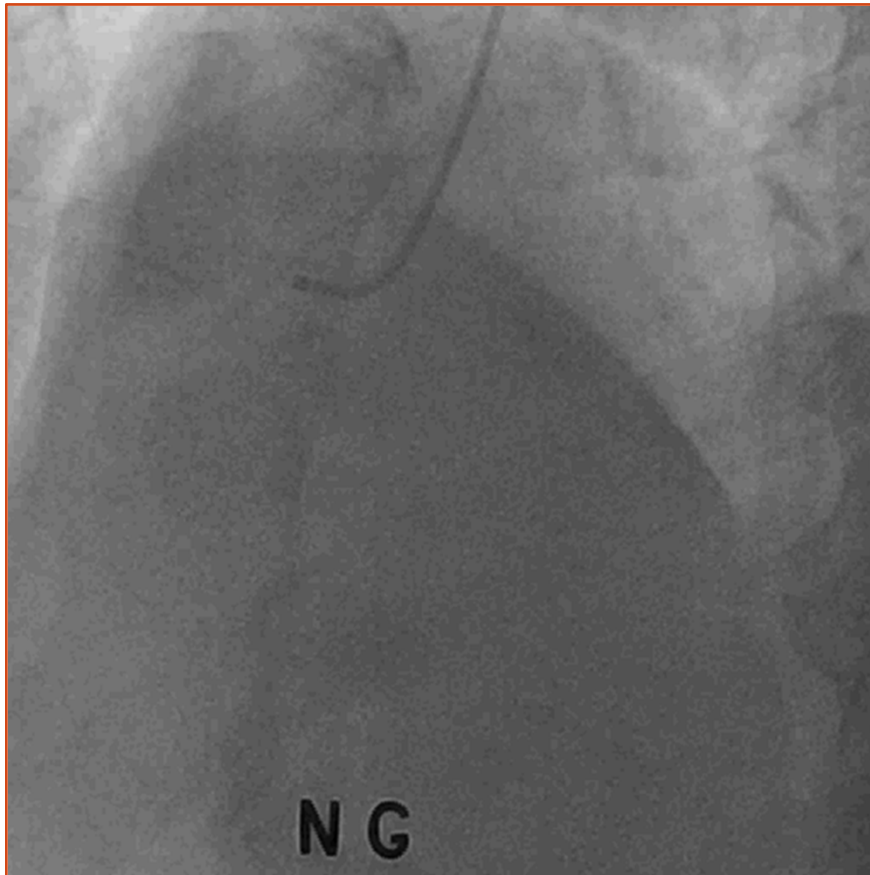
- Coronary angiography



CASE A

; 53-year-old male

- Coronary angiography



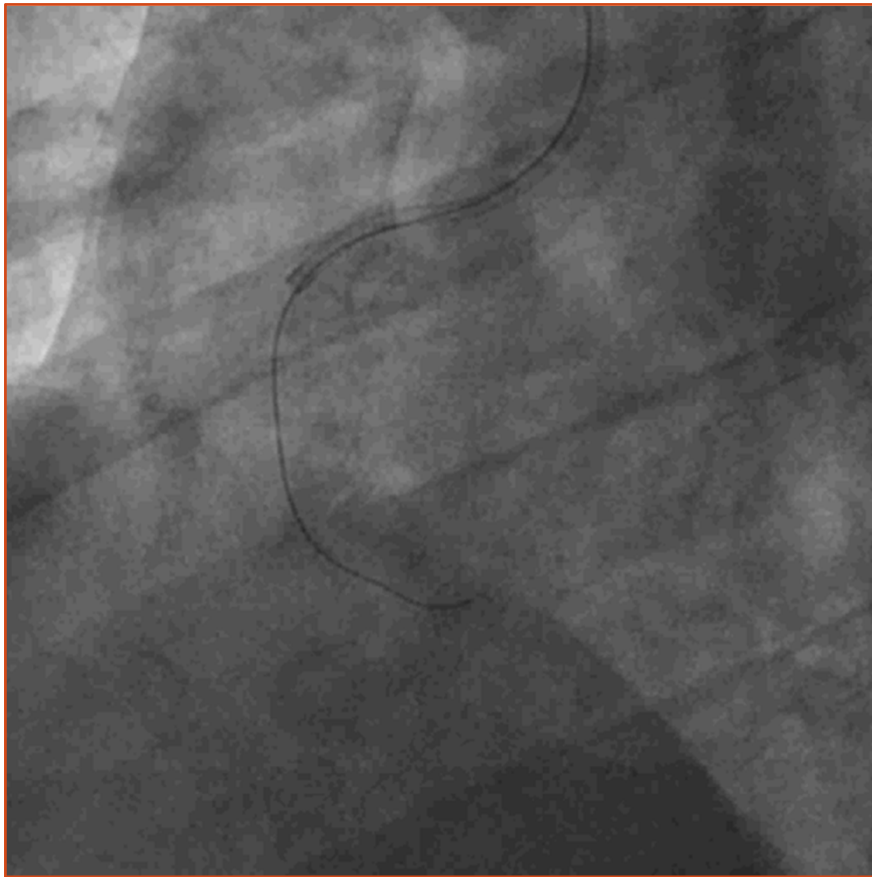
CASE A

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- **Decision making**
 - Patients
 - Active worker
 - Relatively young
 - Exercise related pain
 - Echocardiography
 - Normal systolic function, No RWMA
 - Coronary angiography
 - Tapered proximal cap, blunt edge of distal cap
 - Good collateral
- **PCI**

CASE A

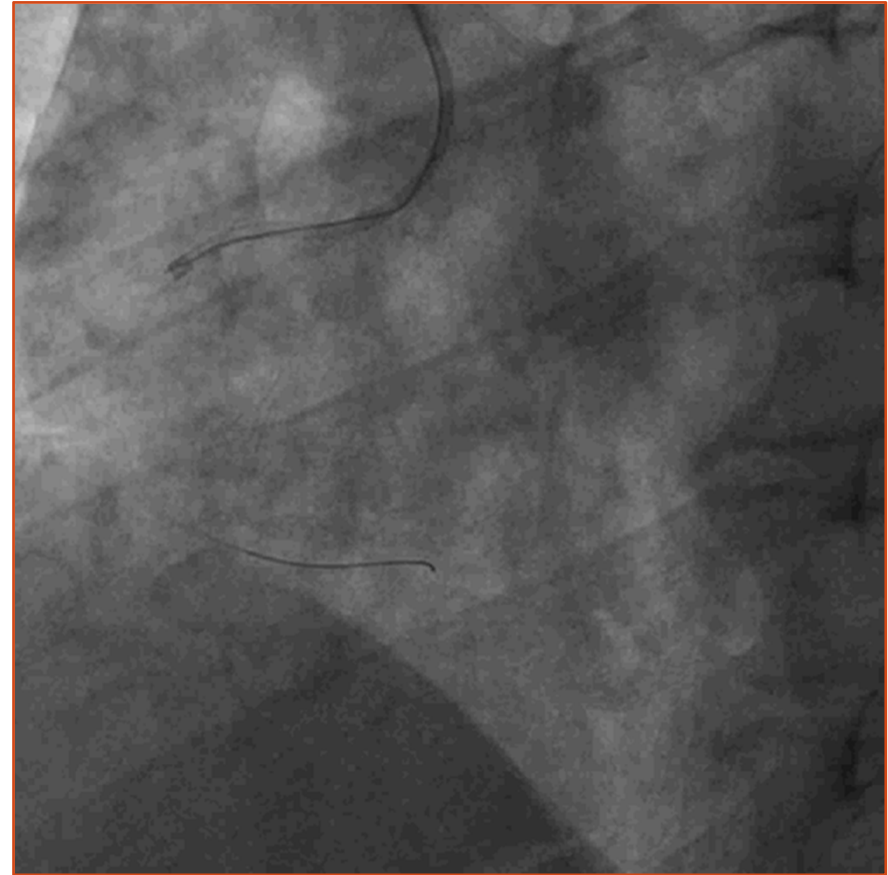
; 53-year-old male, the 1st attempt



Femoral approach, 6 Fr AL guiding catheter,

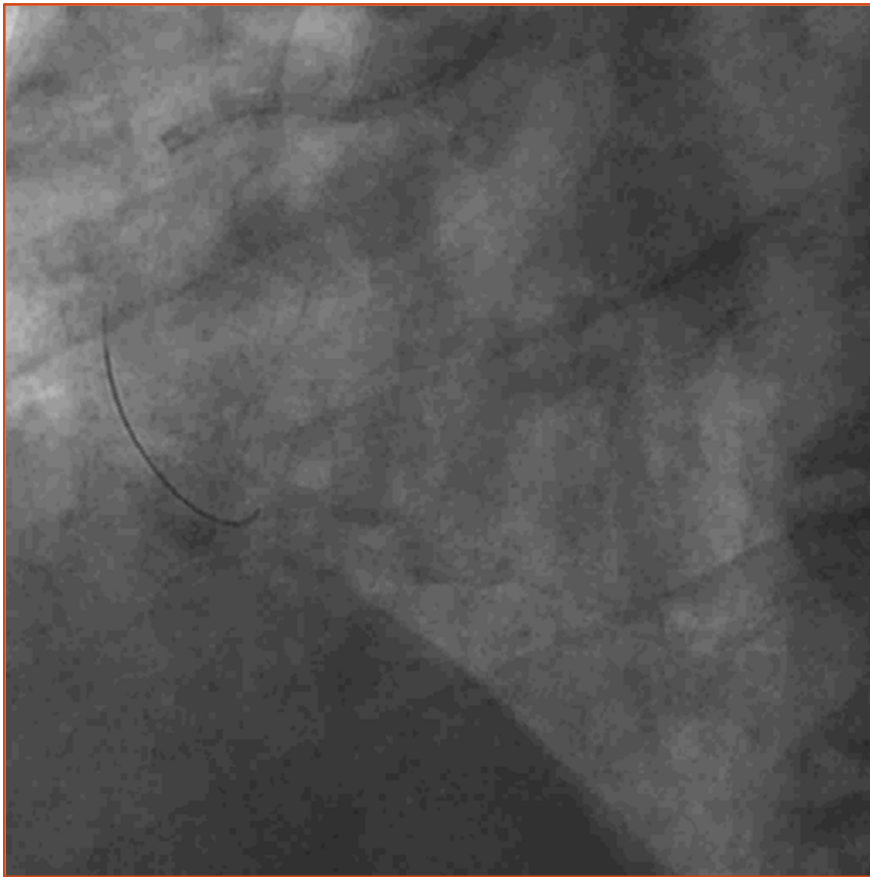
CASE A

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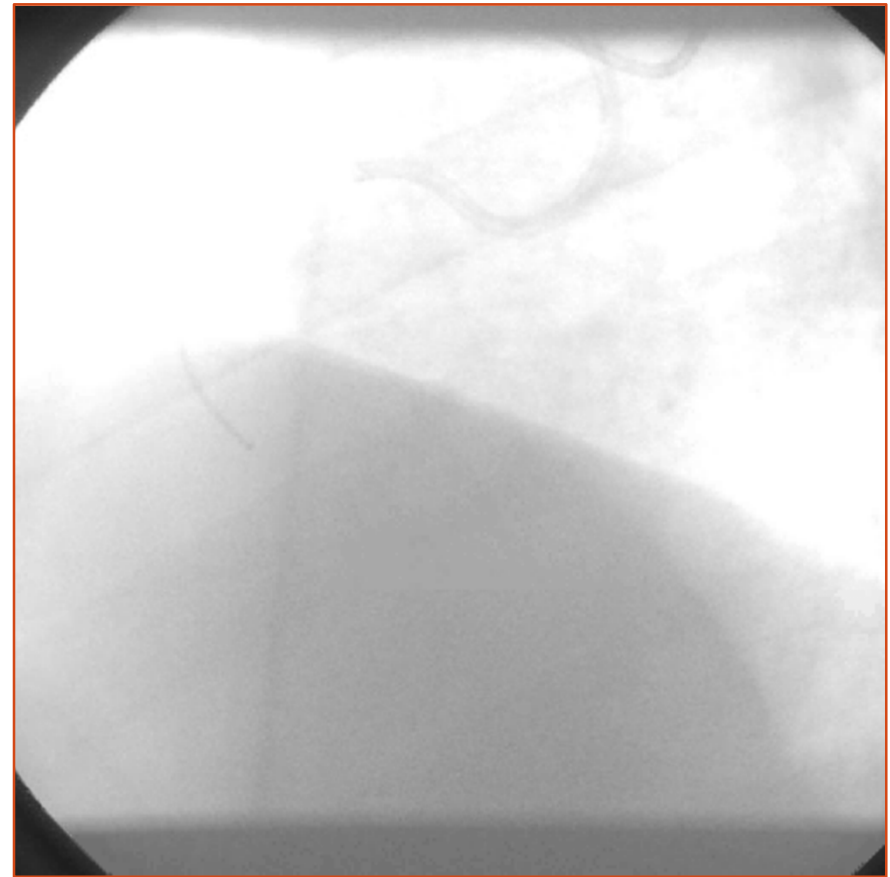
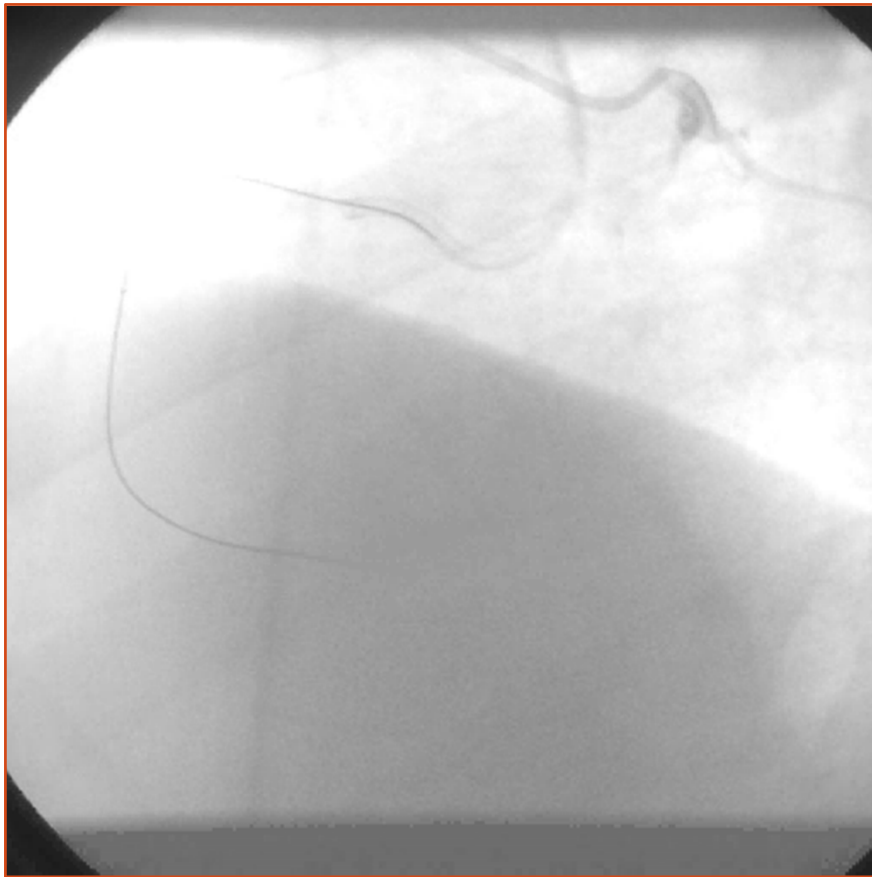
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Choice-PT with under 1.5 mm balloon catheter

CASE A

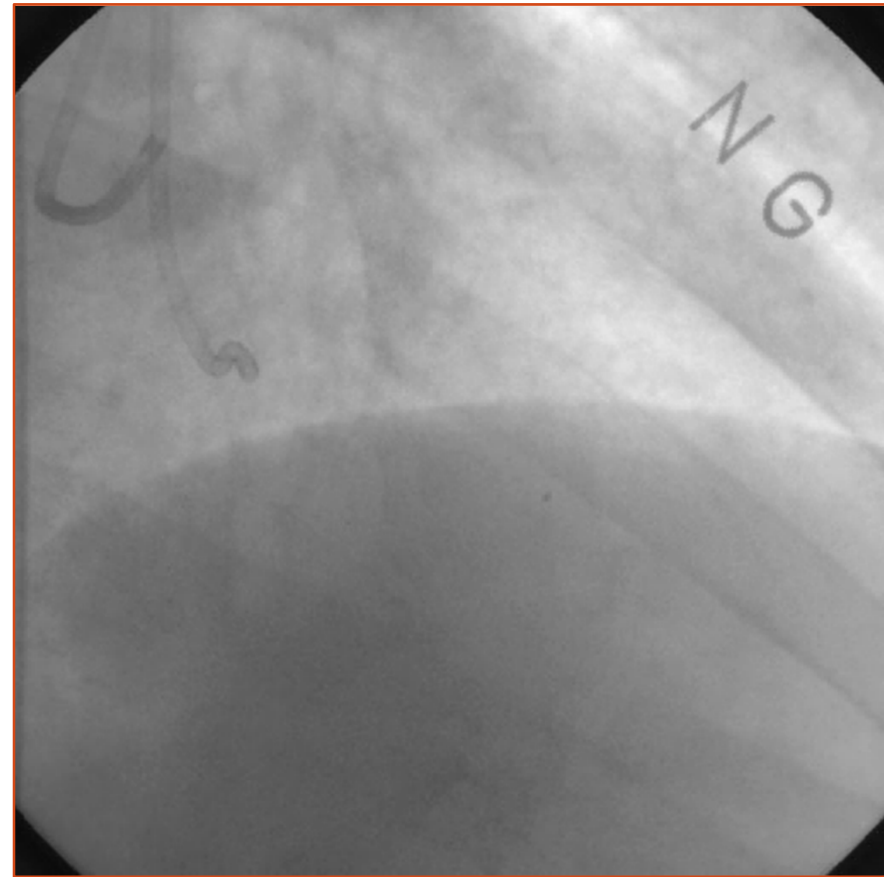
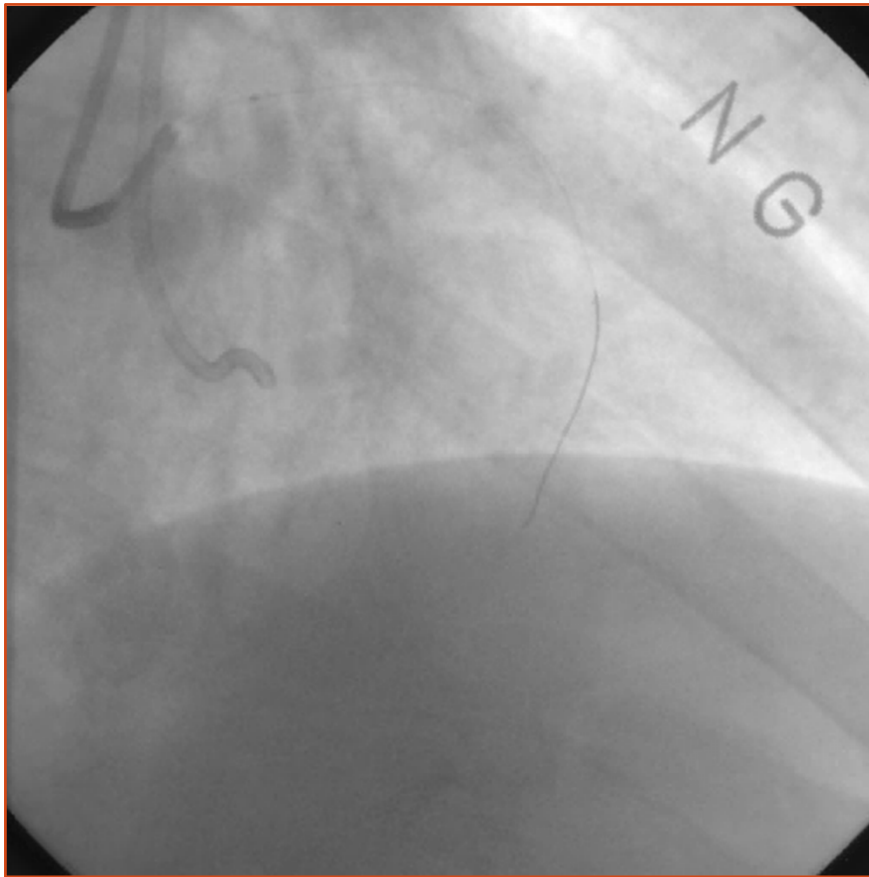
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3 weeks later by Dr. Yoo Cheol-Woong in Sejong
Femoral approach, 7 Fr AL1 guiding catheter, Hospital

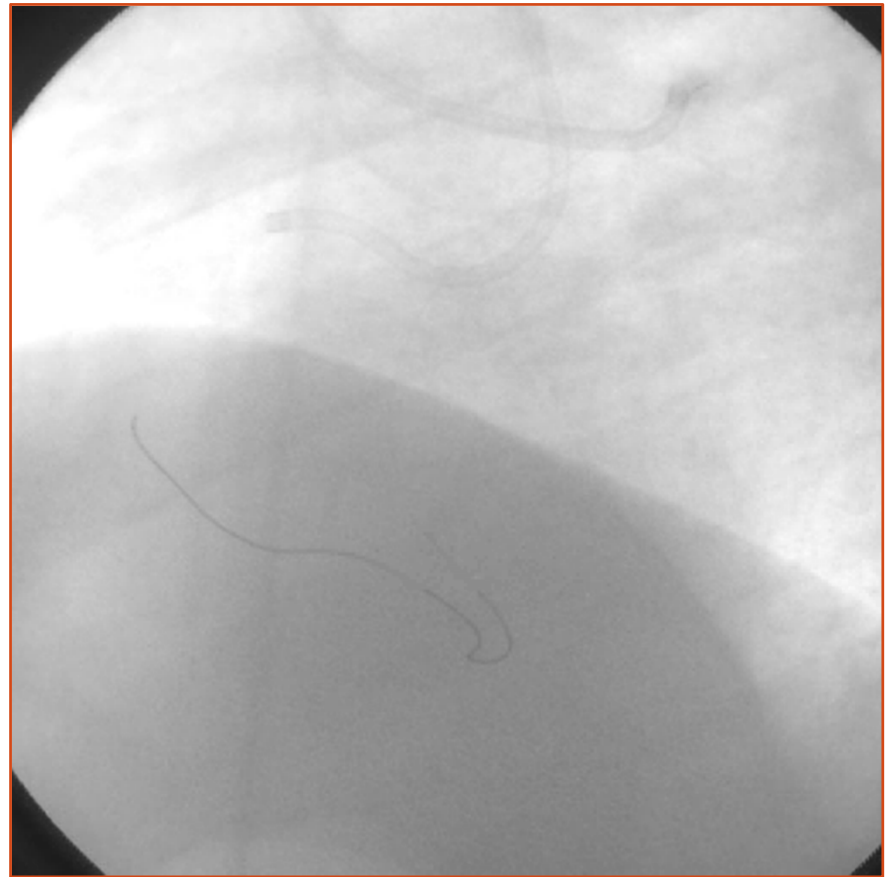
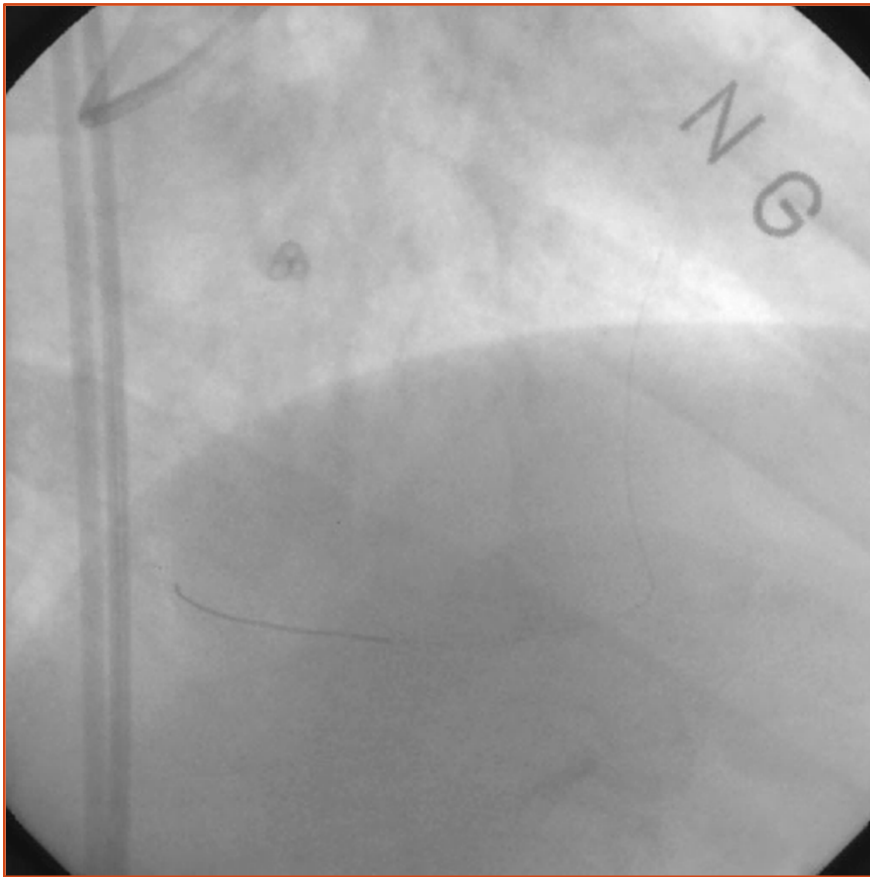
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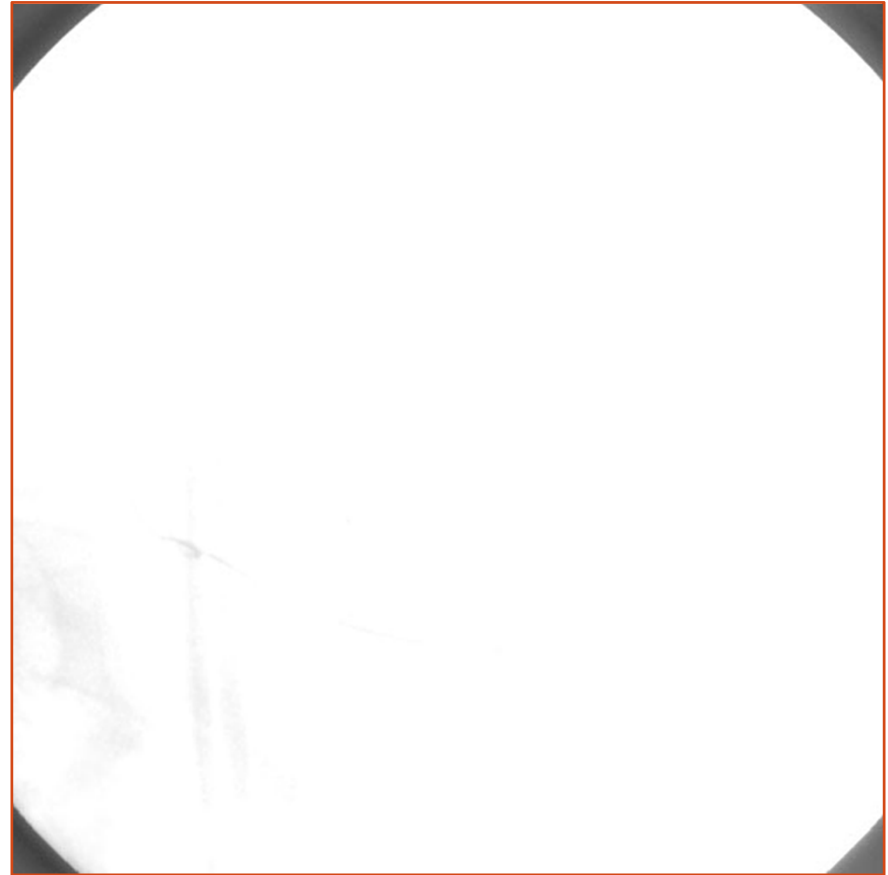
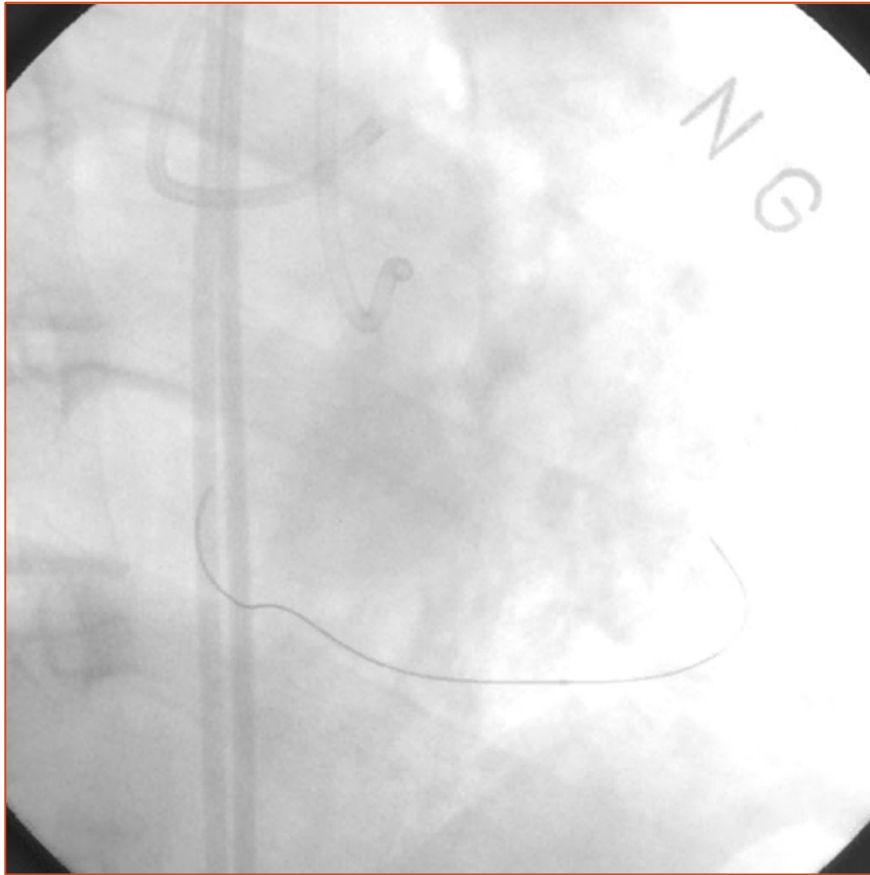
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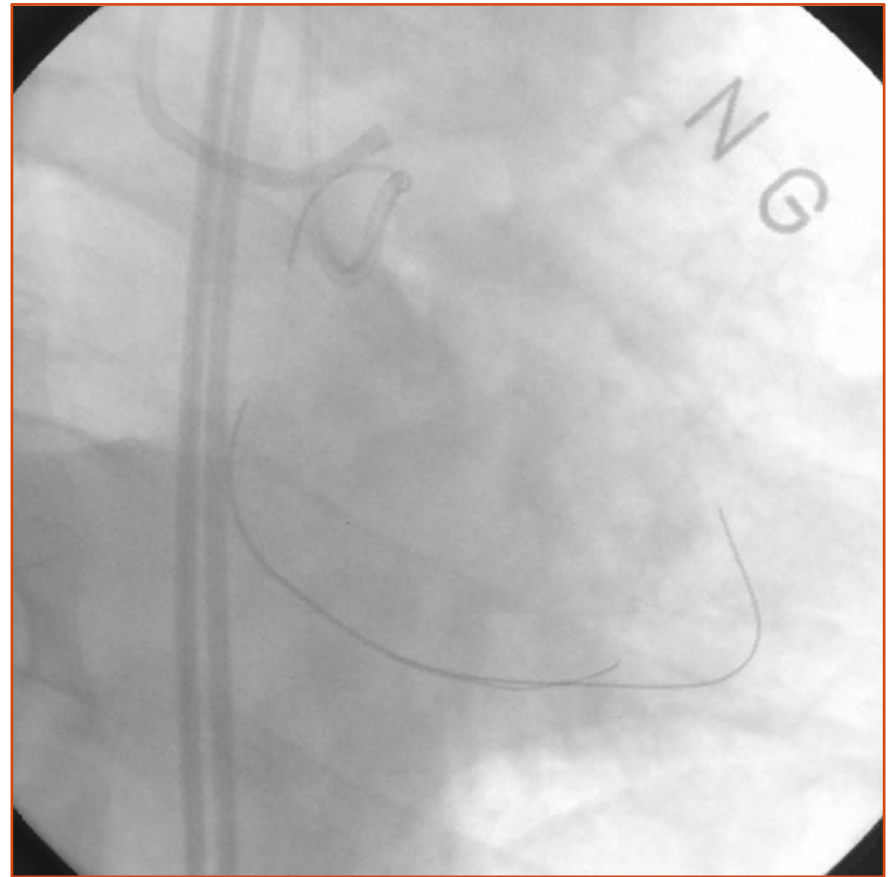
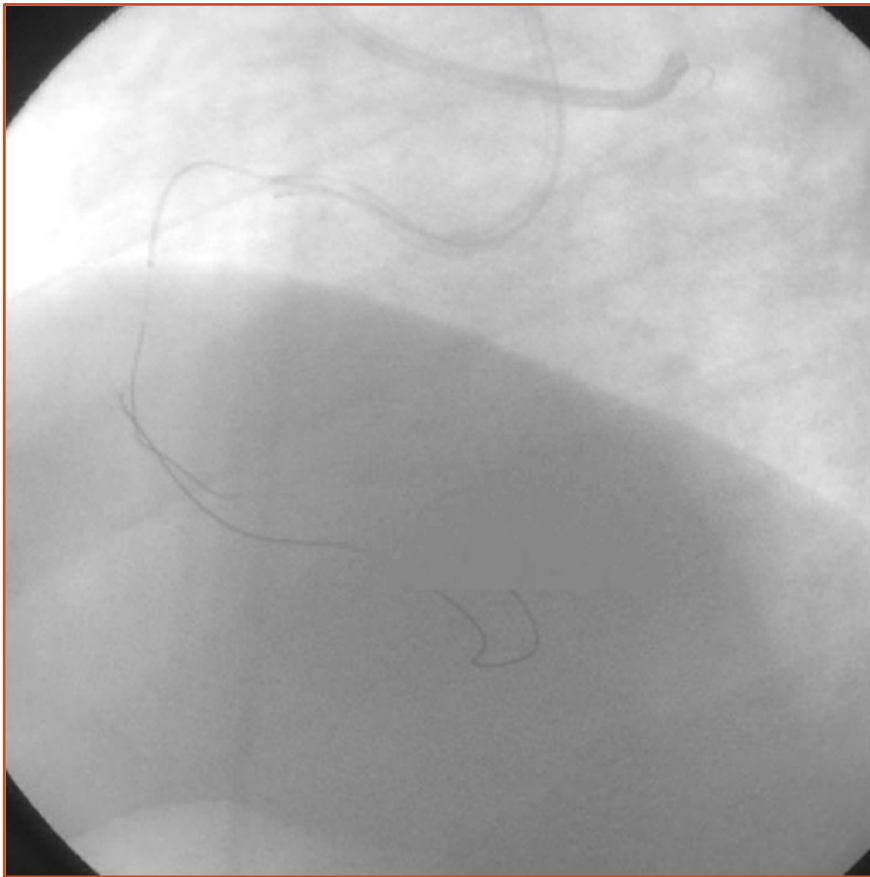
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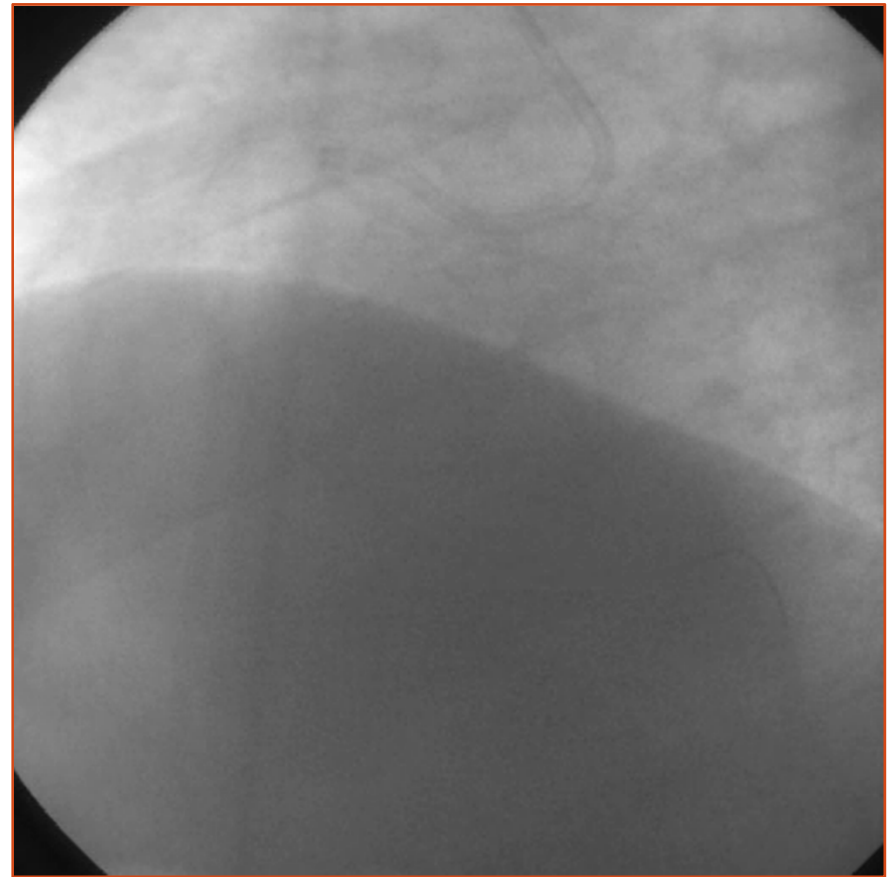
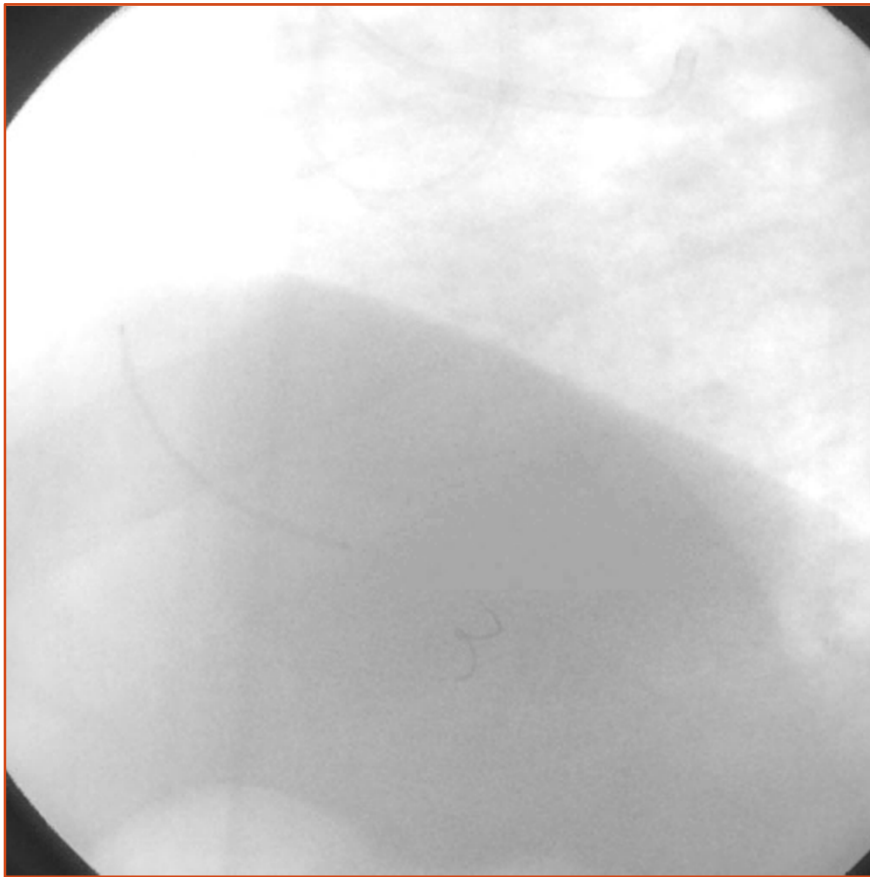
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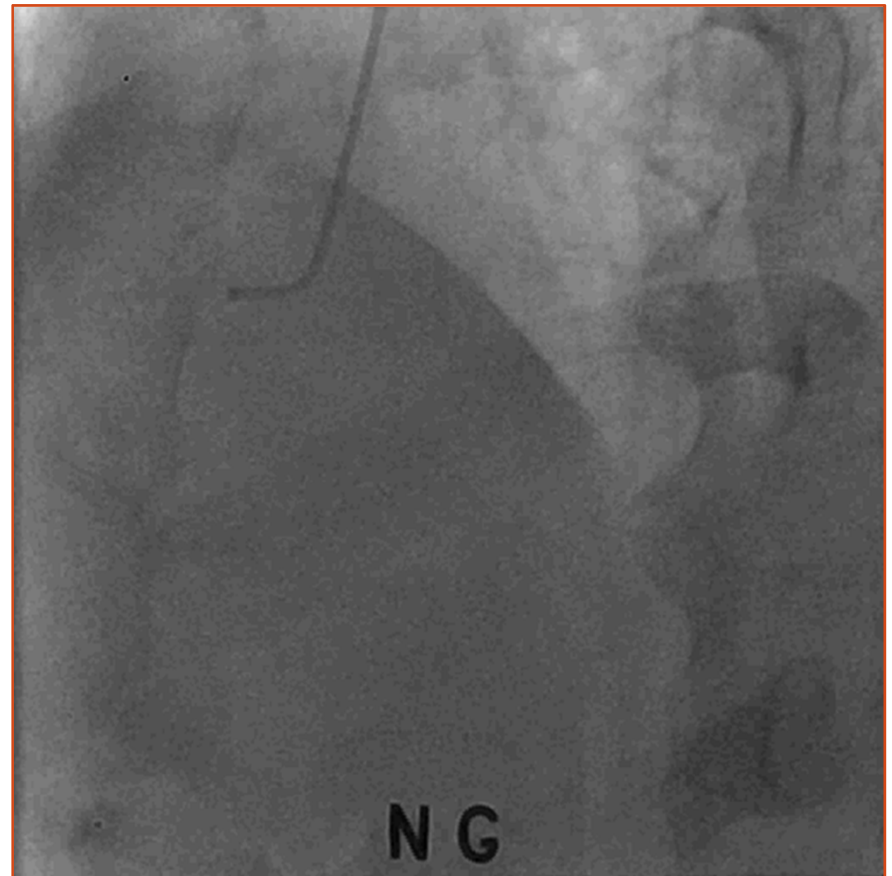
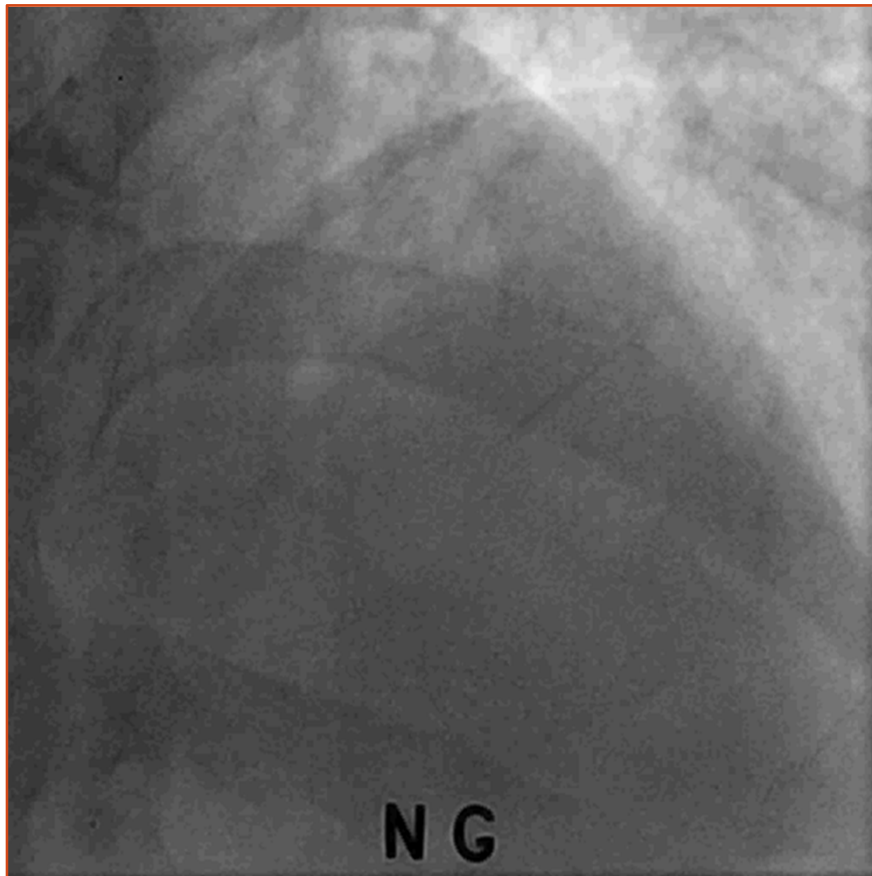
; 53-year-old male, the 2nd attempt



Taxus 2.75X38 mm

CASE A

; 53-year-old male, follow-up on 13 months later



CASE B

CASE B

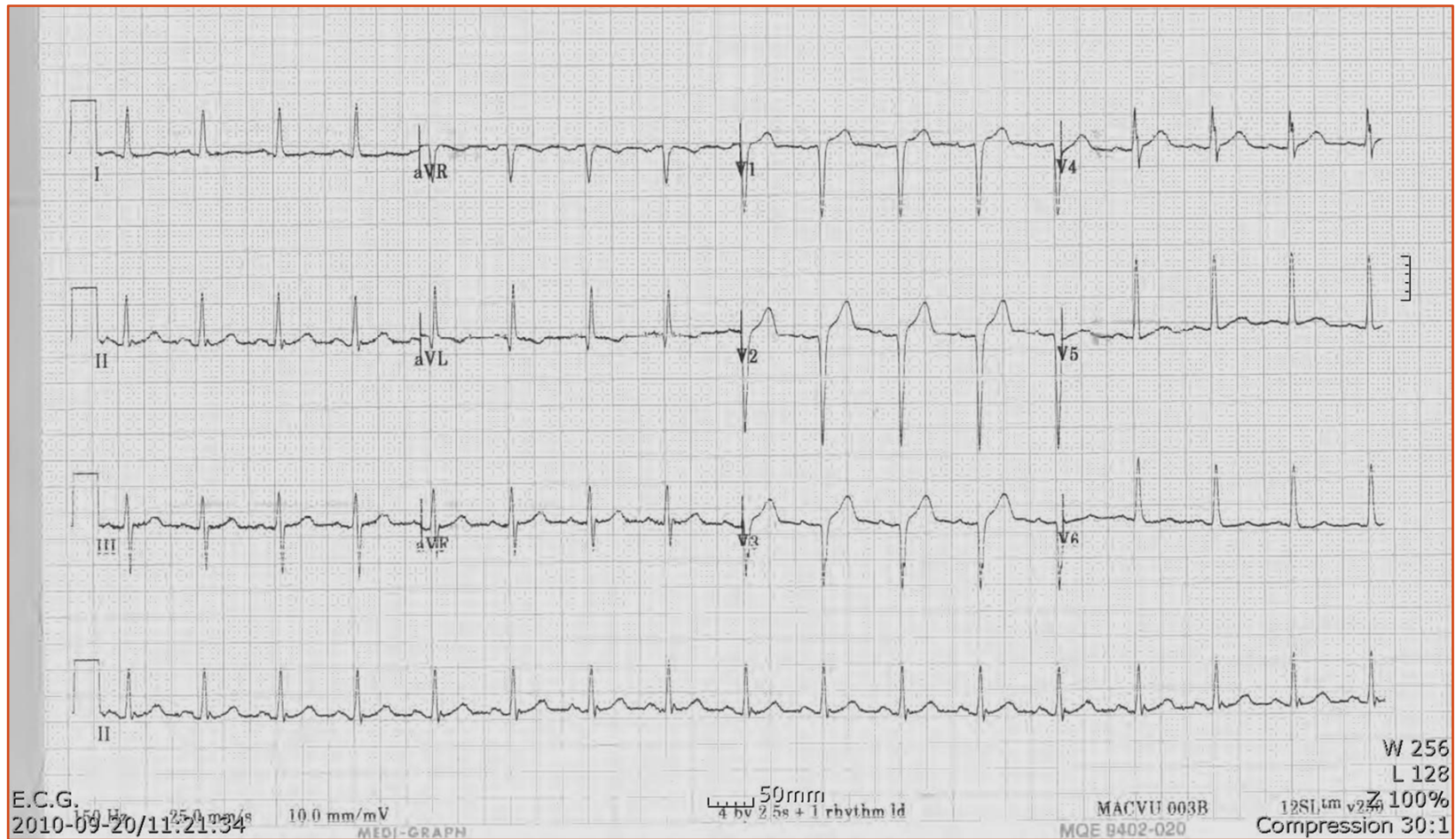
; 68-year-old female

- **Consulted from neurology**
 - Chest tightness during rehabilitation
 - Septal Q waves in electrocardiogram
- **Brief history**
 - intermittent chest pain during rapid walking for 6 months
 - Hospitalized for right side weakness
- **Clinical risk factors for atherosclerotic disease**
 - DM/HTN/Dyslipidemia (-/+ /+) for 2 years
 - CCB, ARB, Statin, Aspirin
 - Ex-smoker
 - 70 PY, smoking cessation 2 years ago

CASE B

; 68-year-old female

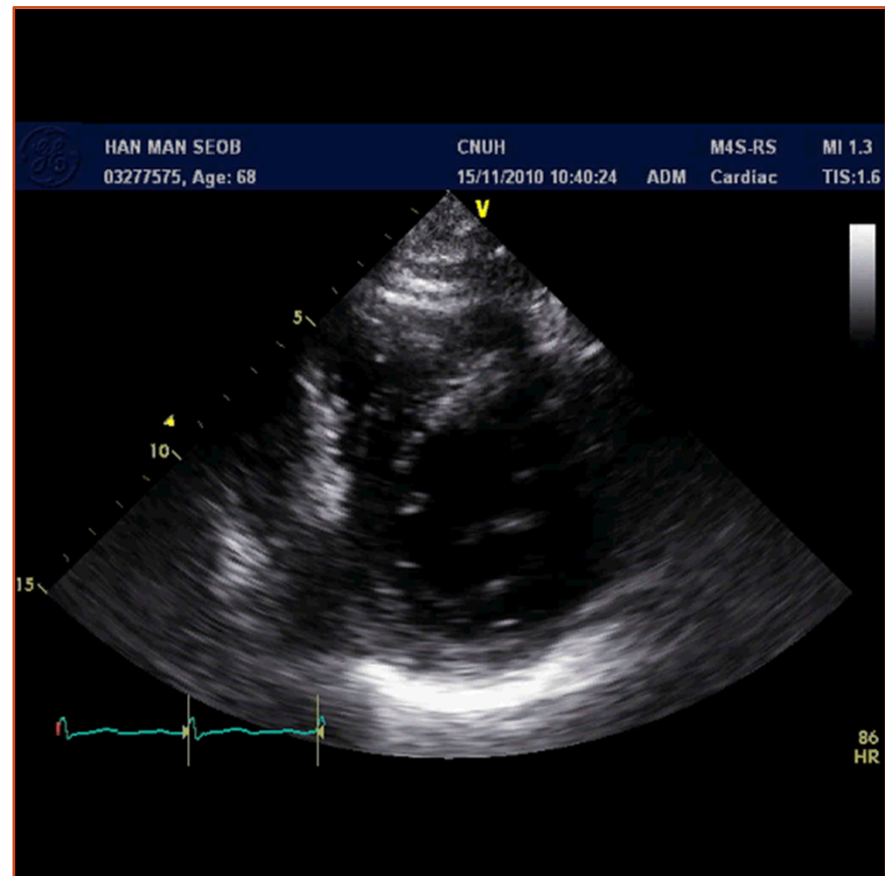
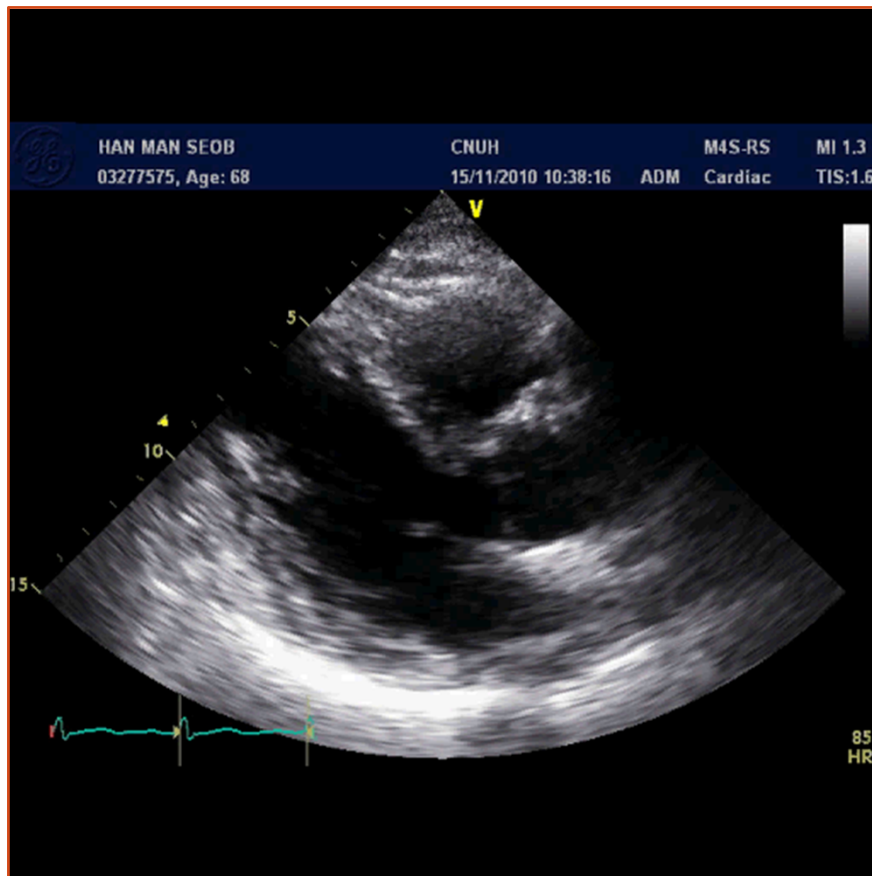
- **Electrocardiogram**



CASE B

; 68-year-old female

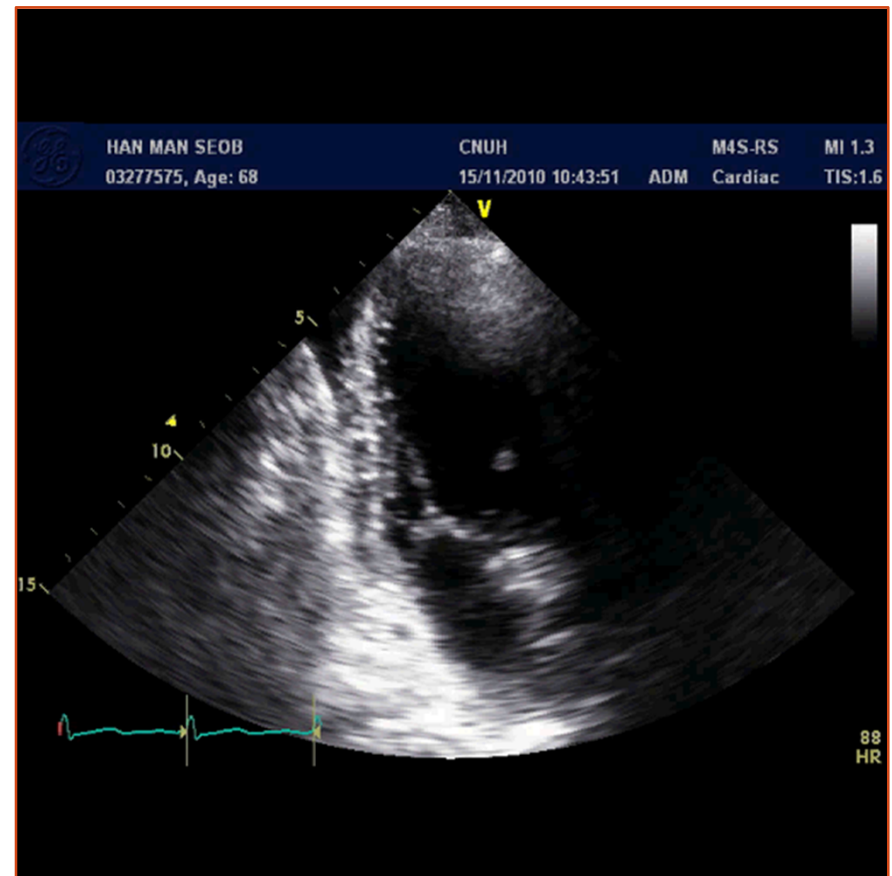
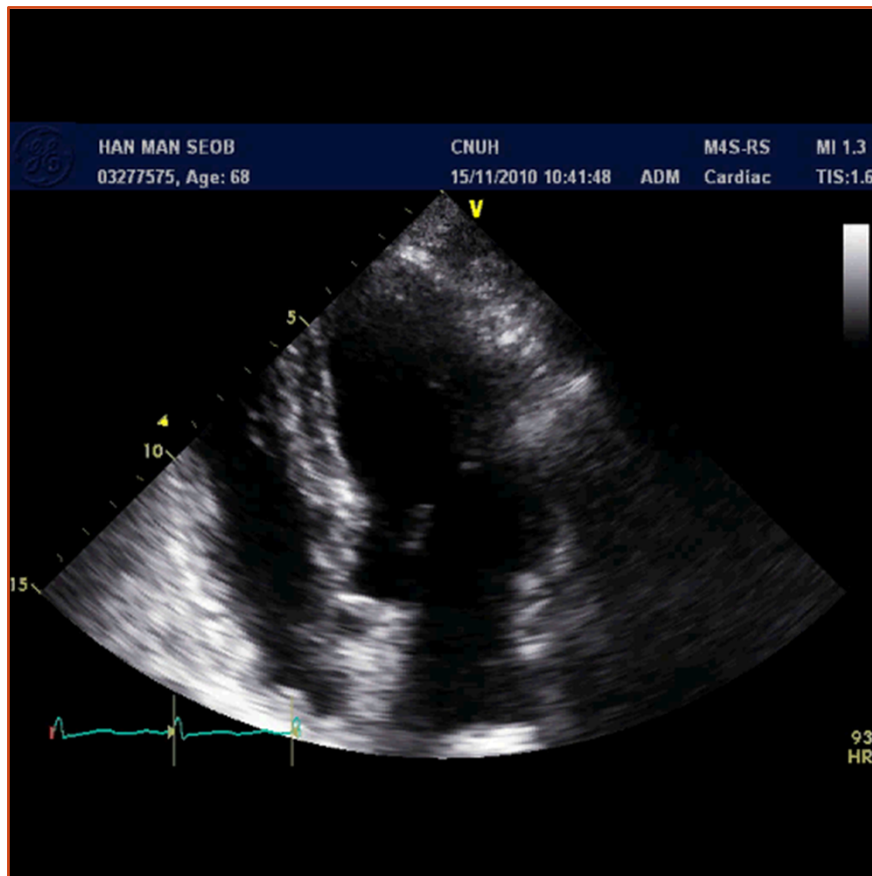
- Echocardiogram



CASE B

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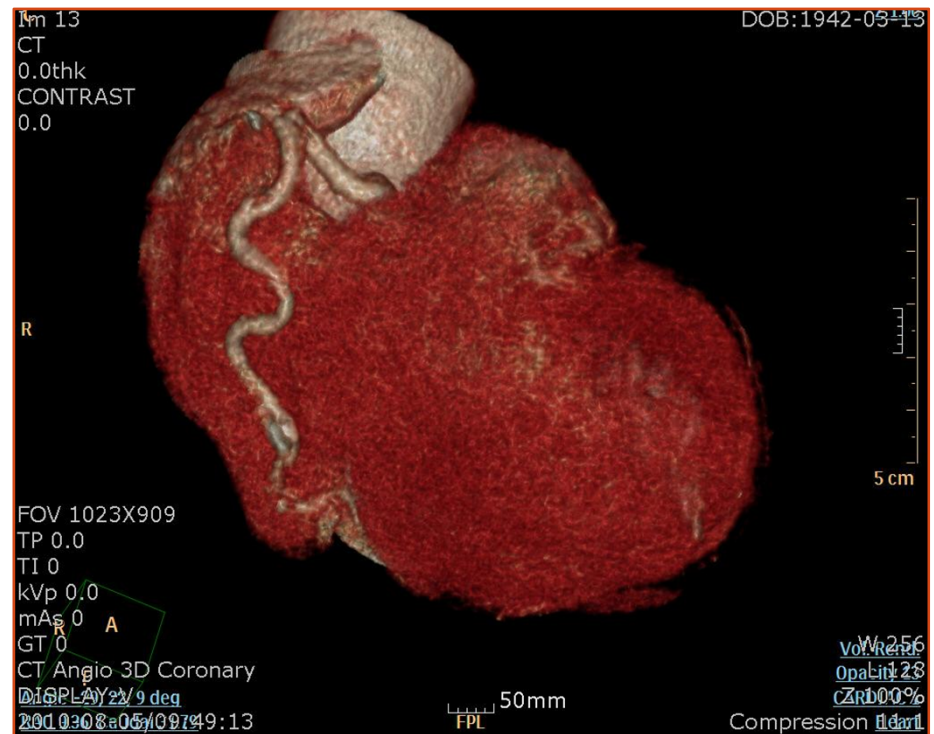
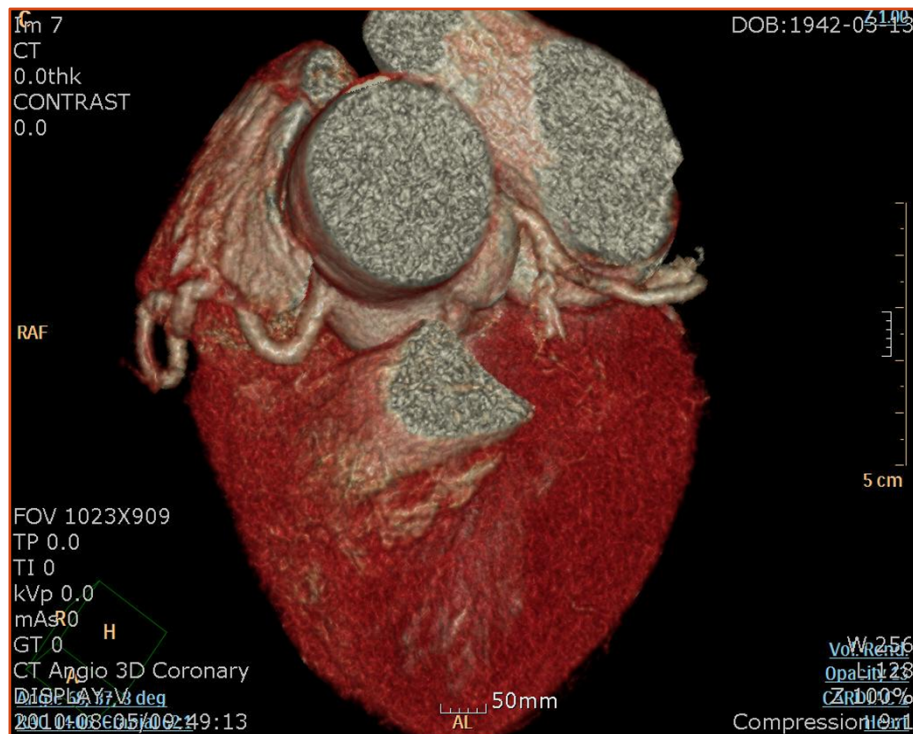
- Echocardiogram



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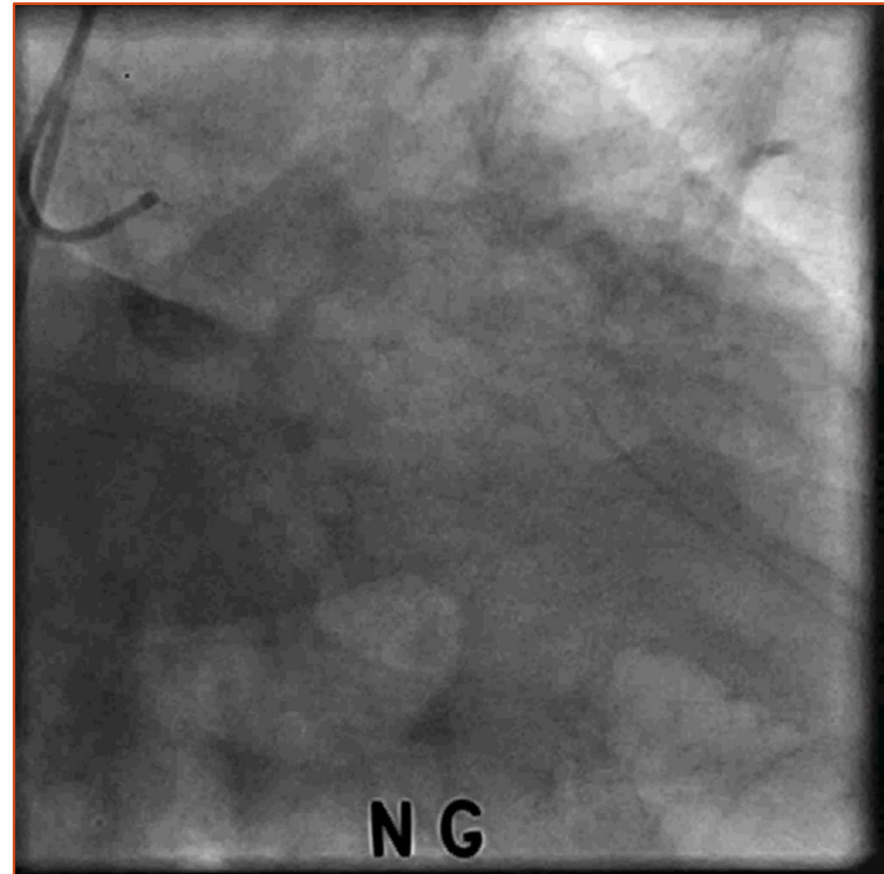
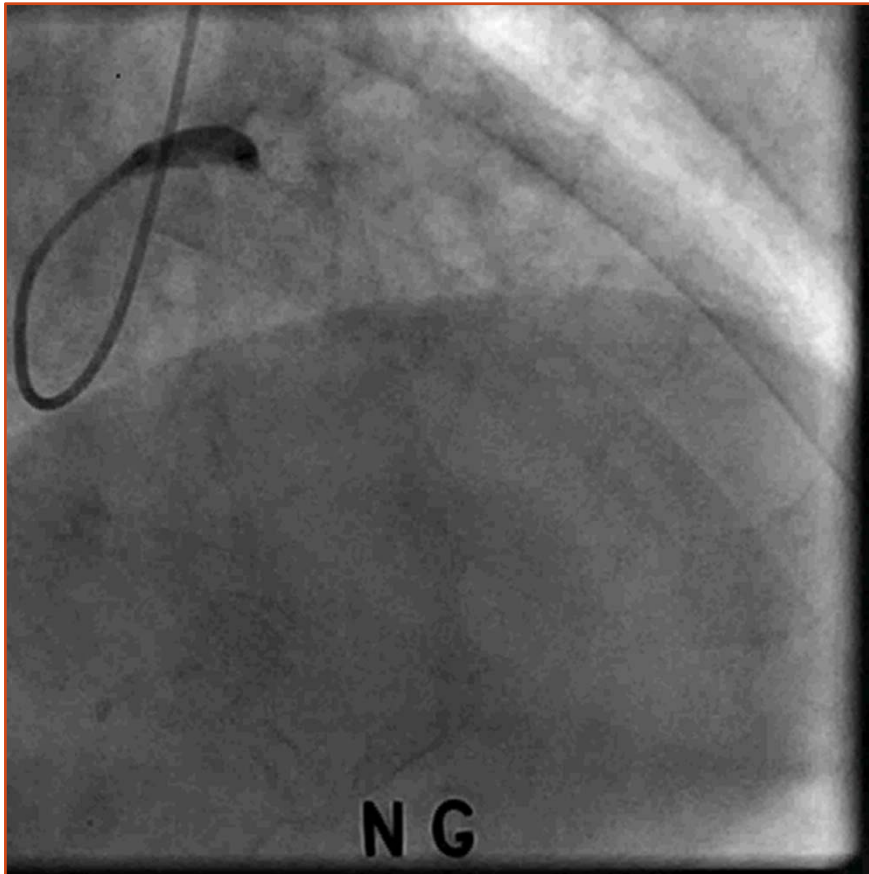
- Coronary angio-CT



CASE B

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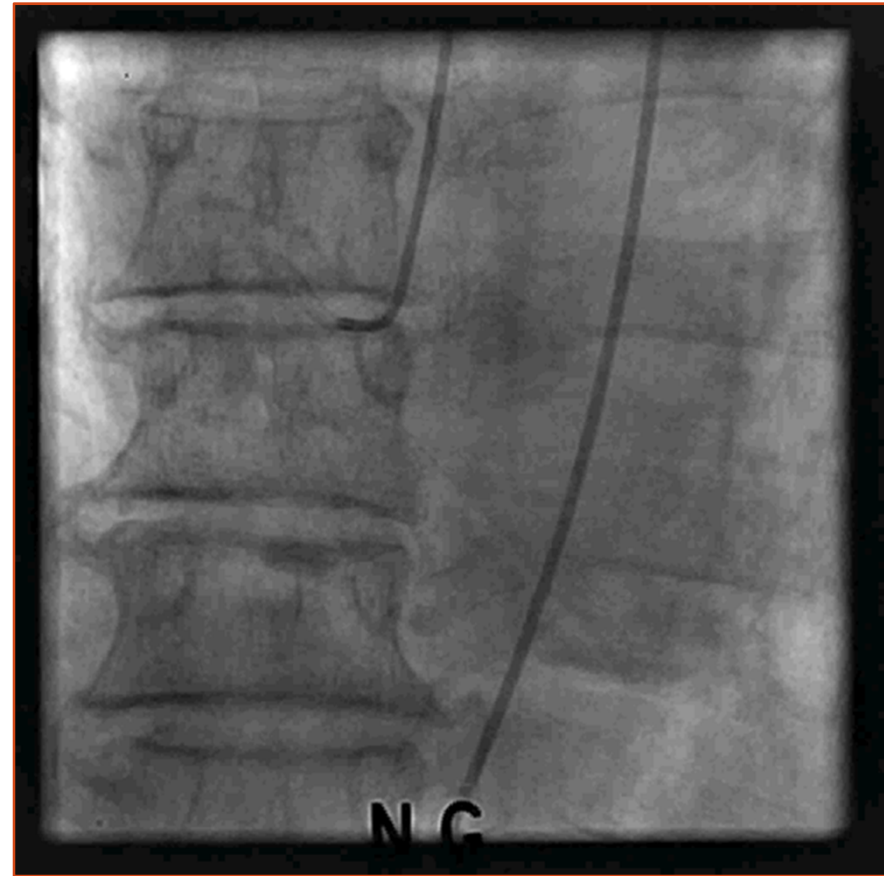
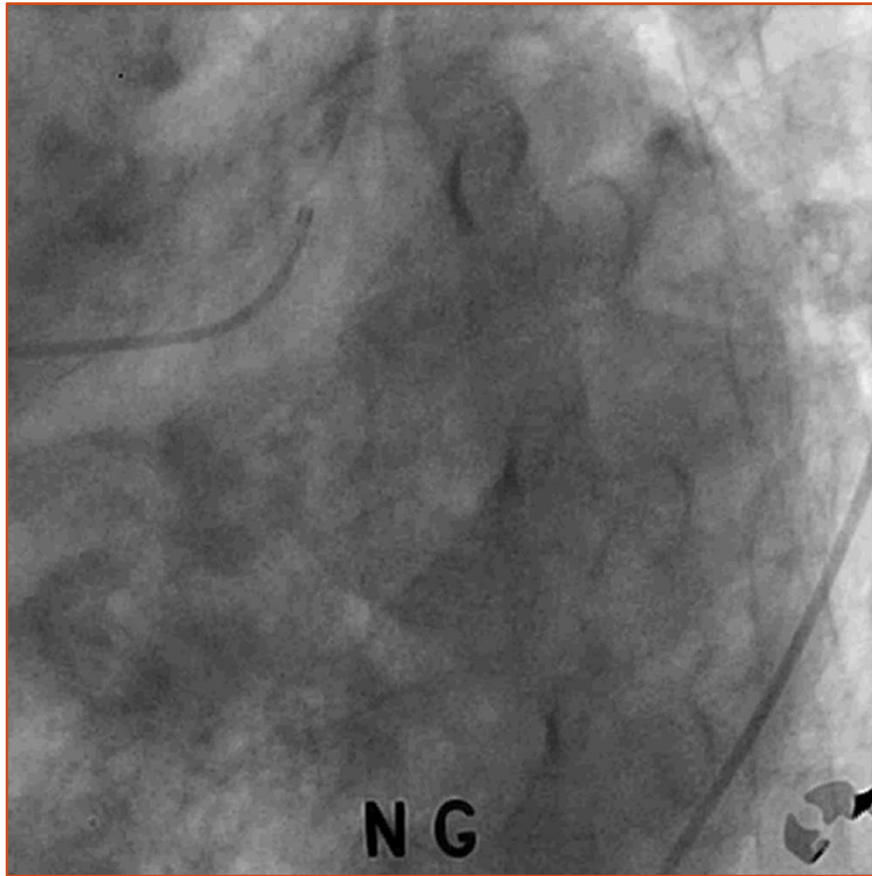
- Coronary angiography



CASE B

; 68-year-old female

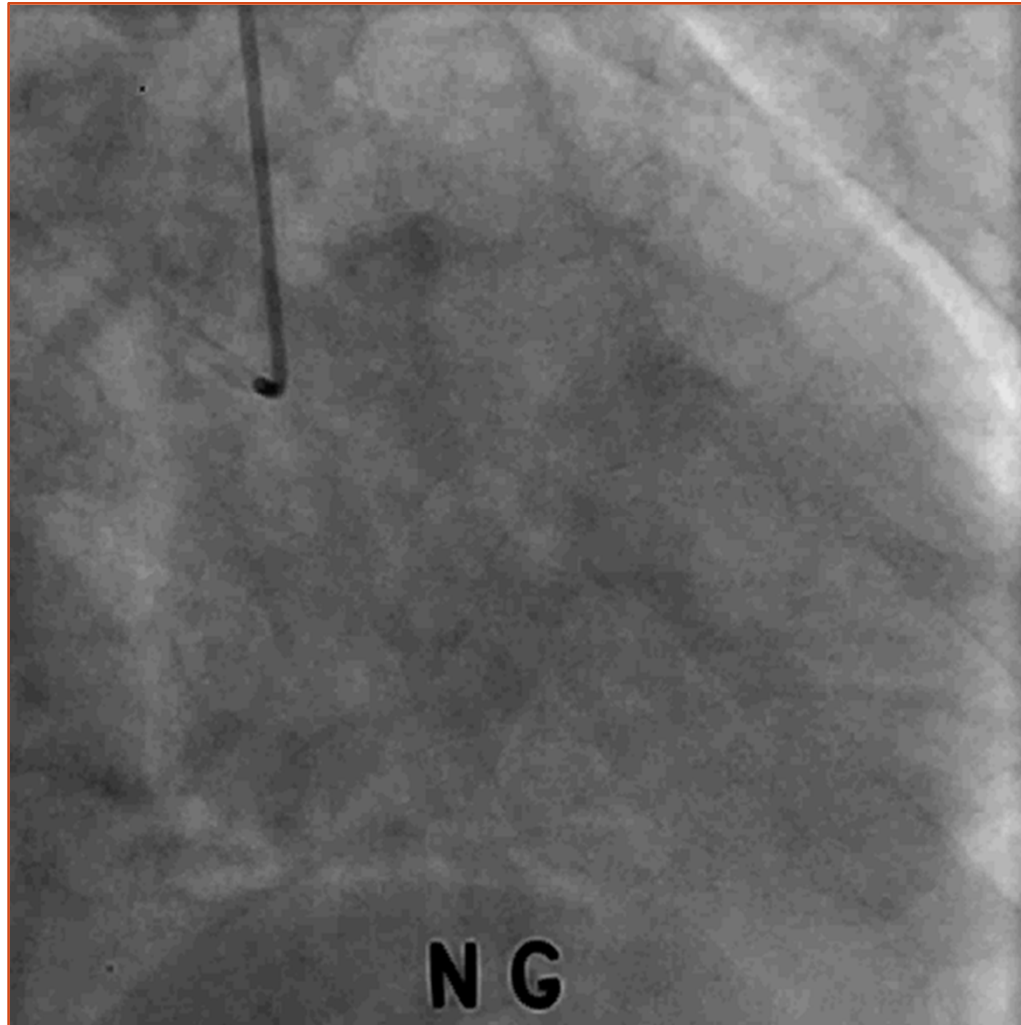
- Coronary angiography



CASE B

; 68-year-old female

- Coronary angiography



CASE B

; 68-year-old female

- **Decision making**
 - "She will depend on the wheel-chair."
 - Relatively old, sedentary life style
 - Coronary angiography
 - Abrupt cut-off
 - Big side branch
 - Not so severe chest pain
 - No RWMA
 - Medical therapy
 - Aspirin, clopidogrel, BB, ARB, Nicorandil, Nitrate
- **Evolution**
 - Doing well up to now for 8 months

Discussion points

- Do we have the any strong evidences of clinical benefit in revascularization with PCI for CTO lesion with good collaterals?
- Do we have any clinical or laboratory criteria to select “good candidate” to perform PCI for CTO lesion with good collaterals ?
- It's necessary to compare between PCI and medical optimization therapy to this category