M-CATH Microcatheter

Excellent Control In CTO

Case Study n.1

Advantages of a dedicated Microcatheter for CTO using the Reverse CART technique

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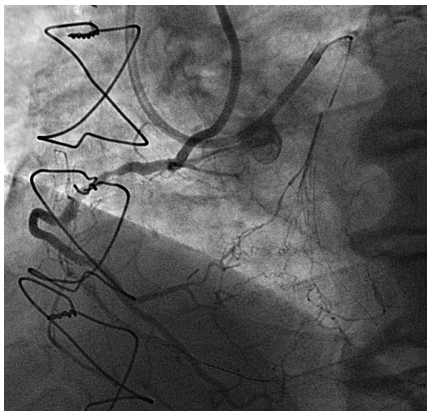
M·CATH

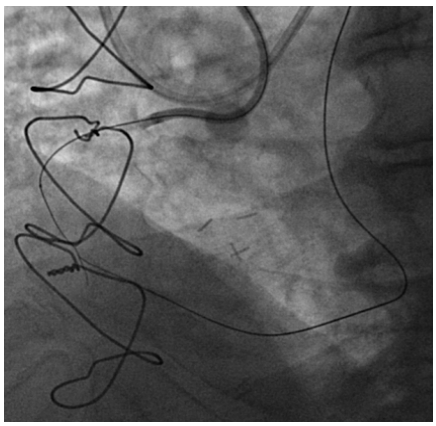
Introduction

Patient was a 71 years old man, hypercholesterolemic, with arterial hypertension and overweight. He suffered from angina in 2015 so he was treated with LIMA on the Anterior Descending Artery and venous graft on marginal and Posterior Interventricular Artery. However the patient still referred angina in 2016 and the angiogram showed the occlusion of the venous graft: the decision was to treat the CTO, lesion type C, of the RCA,.



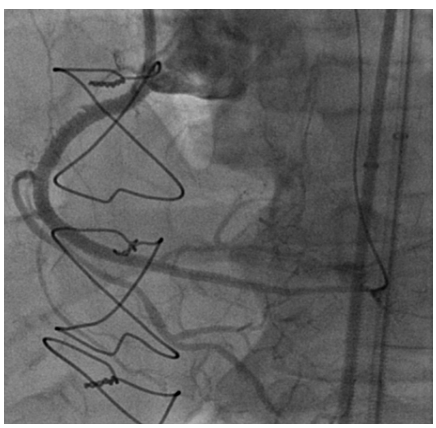
Case Report

After coronary cannulation with guiding catheter EBU 4.0, 7F and AL1, 7F and a pre-dilatation of IVA with 2.0 mm balloon, the distal RCA was reached with the support of a retrograde microcatheter. Acrostak's M-CATH was used to give the right support to a Confianza Pro 9 in the antegrade approach, that managed to enter the proximal cap and opened the CTO. After the failure in positioning a guide on distal RCA, a successful dilatation was made with ACROSS CTO ST 1.1 mm x 5 mm and the Reverse-CART could be finalized. Then, a IVUS control was performed and a GAIA III guidewire was retrograde advanced in proximal RCA and entered ,IVUS guided, the M-CATH. ACROSS CTO ST 1.1 mm x 5 mm was also used to dilate the septal branch and allow a better penetration of the retrograde microcatheter.



Conclusions

Acrostak's M-CATH allows a very good pushability without losing its distal trackability: the proximal shaft is very supportive for very calcified CTOs, treated thanks to an antegrade approach. Then, a very good dilation could be made trough ACROSS CTO ST, a short tip balloon with an increased pushability and ability to cross the lesion.



Acrostak

Devices for interventional applications