



# M-CATH Microcatheter

## Excellent Control In CTO

Case Study n.2

### Advantages of a dedicated Microcatheter for CTO in antegrade approach with microinjection

*Dott. Garbo – San Giovanni Bosco Hospital - Torino - ITALY*

#### Introduction

Patient was a 51 years old man, previous smoker, with arterial hypertension. After a primary PTCA on the IVA, due to an antero-lateral STEMI and an unsuccessful trial of reopening the RCA in 2016, the angiogram showed a CTO classified type C, in the proximal, medium and distal part of this vessel.

#### Case Report

After positioning an anchoring balloon, XTA guidewire and then Gaia II, is advanced thanks to Acrostak's M-CATH and it is able to cross the lesion reaching the right ventricular branch. Then, Acrostak's M-CATH is used to perform a controlateral injection and a double lumen microcatheter is used with a Sion guidewire on the distal RCA. Acrostak's ACROSS CTO 2.0 mm x 20 mm was used in order to pre-dilate the lesion and, after an IVUS control, three stents were implanted and post-dilated with a NC balloon with high atmospheres. The residual stenosis after PTCA is 0%.

#### 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 microinjection could be also performed with good results. Also bigger diameters of ACROSS CTO, such as 2.0 mm maintain low profile and are able to enter and cross, thanks to their high pushability, the lesion.

**M-CATH**

