



M-CATH Microcatheter

Excellent Control In CTO

Case Study n.3

Excellent pushability of a dedicated microcatheter for antegrade CTO PCI

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Introduction

A 68-years-old man with a history of diabetes, dyslipidemia and hypertension was admitted to our hospital, with effort angina and early positive treadmill stress test. The left ventricular ejection fraction was normal with ipokinesia of the antero-lateral wall. During hospitalization, a diagnostic coronary angiography showed a calcified mid LAD CTO, filled by epicardial CC from an acute marginal branch of the RCA. We scheduled to perform a CTO PCI using an antegrade approach.

Case Report

As our standard in CTO PCI, we used dual artery access with two 45 cm long 7 Fr sheaths. The left main was engaged with an XB 3.5 SH 7 Fr GC, while the RCA was engaged with an AL 1 SH 7 Fr GC. We advanced the M-Cath microcatheter over a workhorse guidewire very close to the proximal cap. After exchanging the routine guidewire with a Gaia second, we were able to reach the distal LAD true lumen. Due to the excellent pushability of the M-Cath microcatheter, it was quite easy to advance the OTW system through the calcified CTO body. Once the microcatheter reached the distality of the occluded vessel, we were able to perform LAD CTO recanalization without any problems. The patient was discharged the day after the procedure.

Conclusions

After successful lesion crossing with a wire, one of the most frustrating occurrence and reason for failure is the impossibility to pass an OTW system across the occlusion. Nowadays, the improved success of dedicated CTO wires has lead to more frequent encounters with so called “uncrossable” lesions. Dedicated techniques and devices have been developed to overcome these setbacks. Due to its excellent pushability, M-Cath microcatheter represents one of these devices, that could be helpful in such scenarios when superior pushability is needed.

M·CATH

