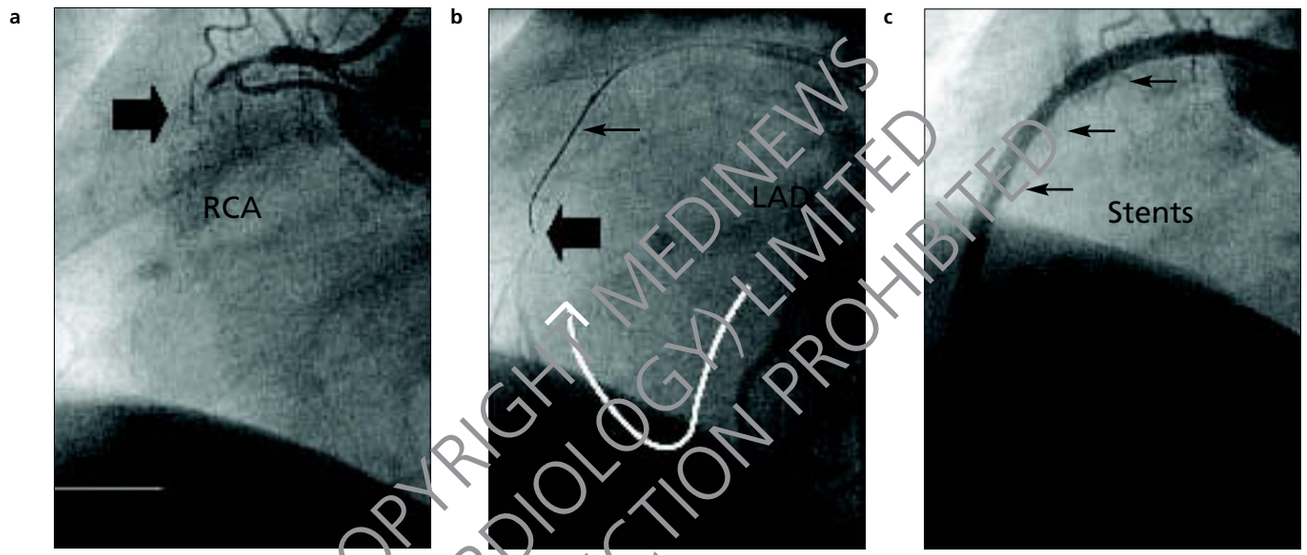
Sub-intimal dissection guided by retrograde angiography to recanalise a chronic coronary artery occlusion

AMAL LOUIS, JULIAN GUNN

Figure 1. Sub-intimal dissection guided by retrograde angiography to recanalise a chronic coronary artery occlusion



Case report

A 62-year-old man presented with chronic stable angina. Figure 1, above, shows how coronary angiography revealed a chronic proximal occlusion of the right coronary artery (RCA) (arrow in figure 1a) with retrograde filling of the vessel from the septal branches of the left anterior descending (LAD) artery (white arrow in figure 1b).

Recanalisation of the RCA was attempted with a 6F Amplatz left-1 guide catheter engaged in the RCA and a 5F diagnostic left Judkins catheter, to provide imaging of the distal vessel, in the left coronary artery (LCA) (figure 1b). After unsuccessful attempts to advance other guidewires with the support of a probing catheter, a Shinobi wire supported by a 1.5 mm Maestro-X balloon was advanced through a sub-intimal tissue plane (small arrow, figure 1b). With continued guidance from the contralateral injections, the guidewire was then steered into the RCA distal to the occlusion (heavy arrow, figure 1b).

After extensive balloon inflation and the insertion of three drug-eluting stents, the final result was excellent (figure 1c).

Sheffield Teaching Hospital NHS Foundation Trust, Northern General Hospital, Sheffield, S5 7AU.
Amal Louis, Specialist Registrar in Cardiology
Julian Gunn, Senior Lecturer and Honorary Consultant Cardiologist
Correspondence to: Dr J Gunn
(email: J.Gunn@sheffield.ac.uk)

Br J Cardiol (Acute Interv Cardiol) 2005;**12**:AIC 61