

VAKA SUNUMU

RCA KRONİK TOTAL OKLÜZYON VAKASINA RETROGRAD TEKNİK İLE BAŞARILI GİRİŞİM

Dr. Ünal ÖZTÜRK

Necip Fazıl Şehir Devlet Hastanesi
Kahramanmaraş

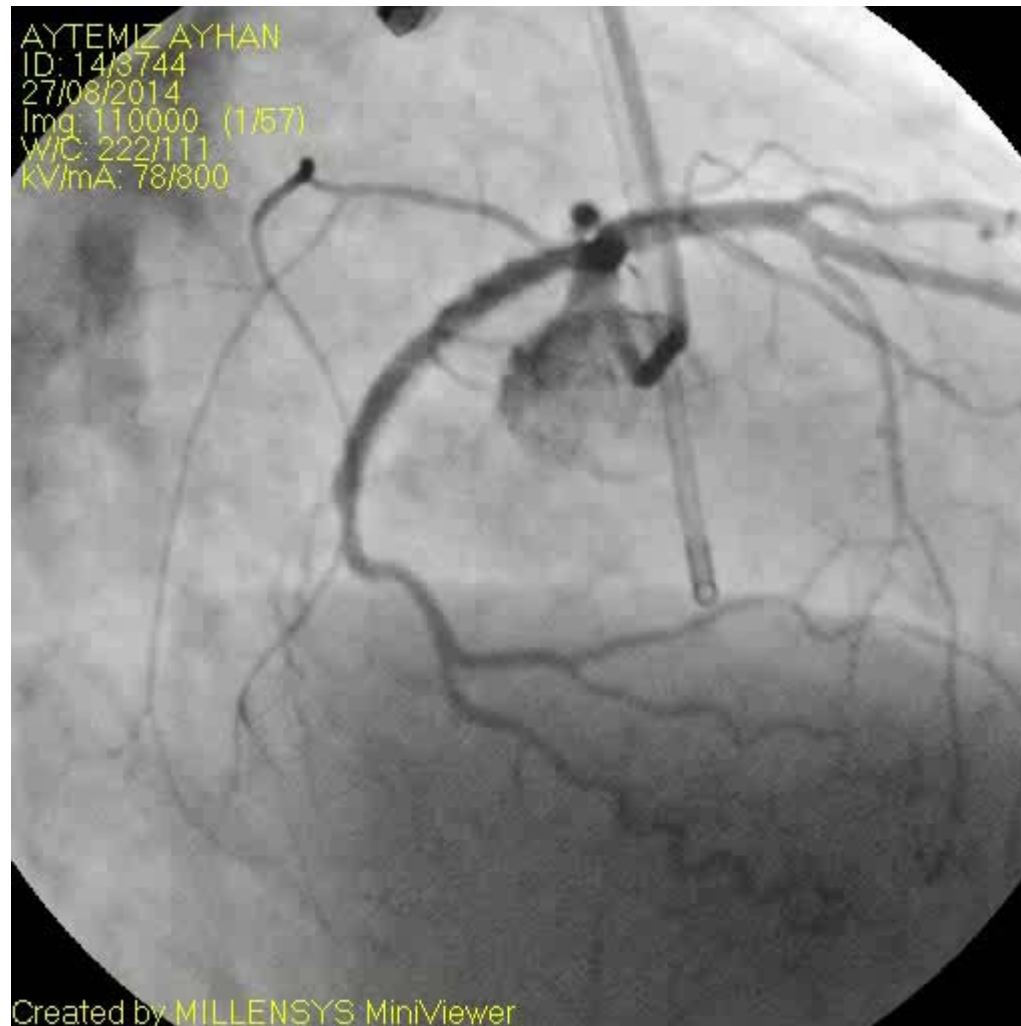
VAKA

- 56 y erkek, AA
- 1,5 ay önce CXA primer PCI (+); RCA mid bölgede CTO lezyonu
- Efor anginası (clas I)
- MPS inferior segmentte şüpheli iskemi
- Risk faktörü; HT(+)
- EKG: Sinüs, 70/dk. İnfrolateral T dalga negatifliği
- EKO: LVEF:%55-60, hafif LVH
- Laboratuvar: özellik yok.

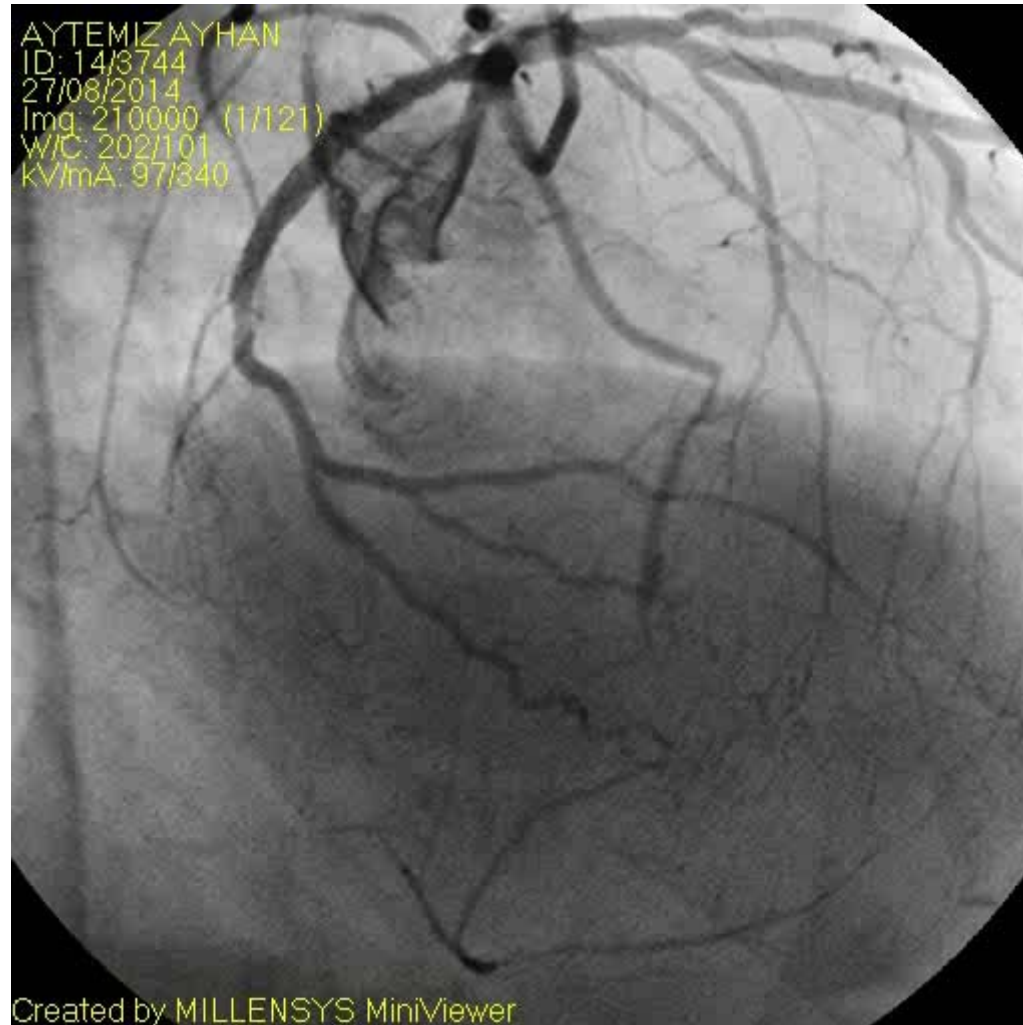
KAG DEĞERLENDİRME

- LM = Normal
- LAD= Non kritik plaklı
- CXA= Mid segmentteki STENT açık
- RCA= Mid segmentte %100 tıkalı(CTO)

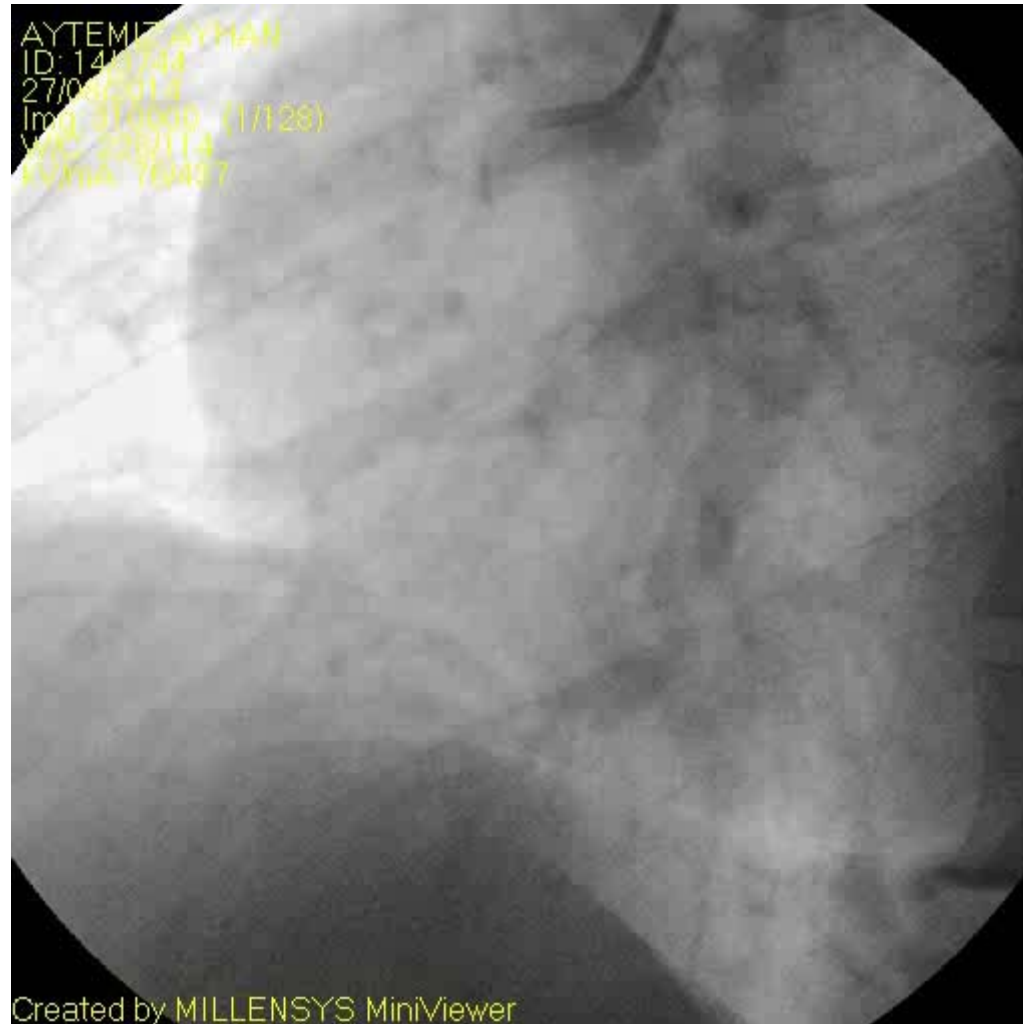
KAG



KAG



KAG

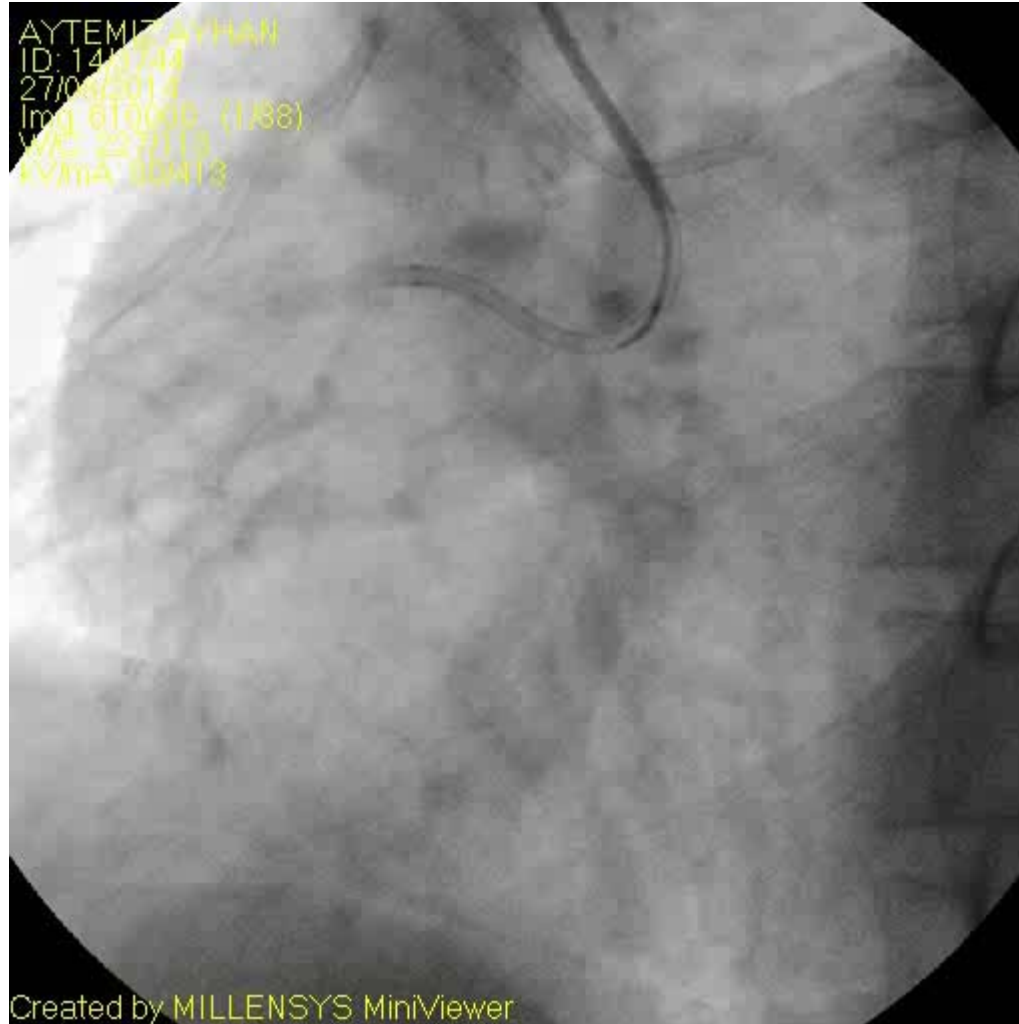


KARAR

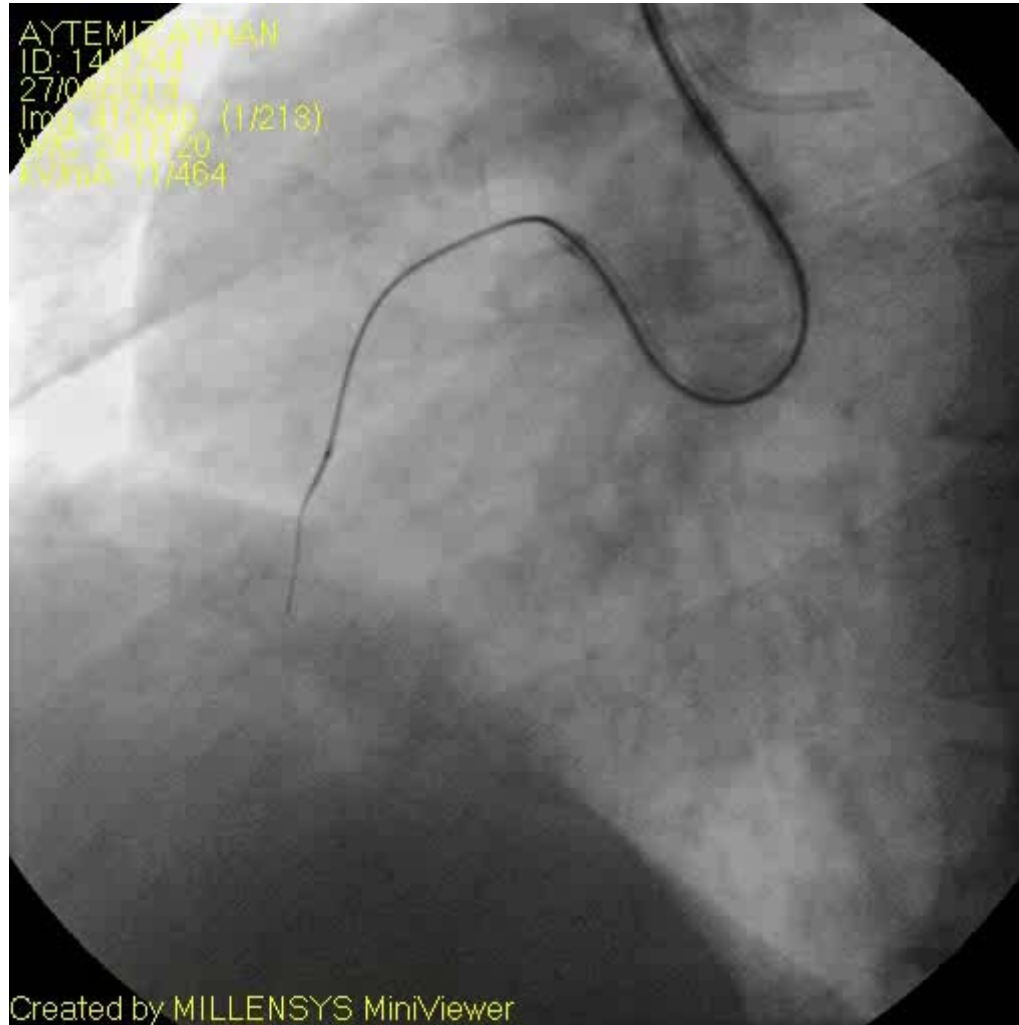
RCA daki KTO lezyona antegrad girişim planlandı

ANTEGRAD YAKLAŞIM

AL1 GK ve JL4 DK

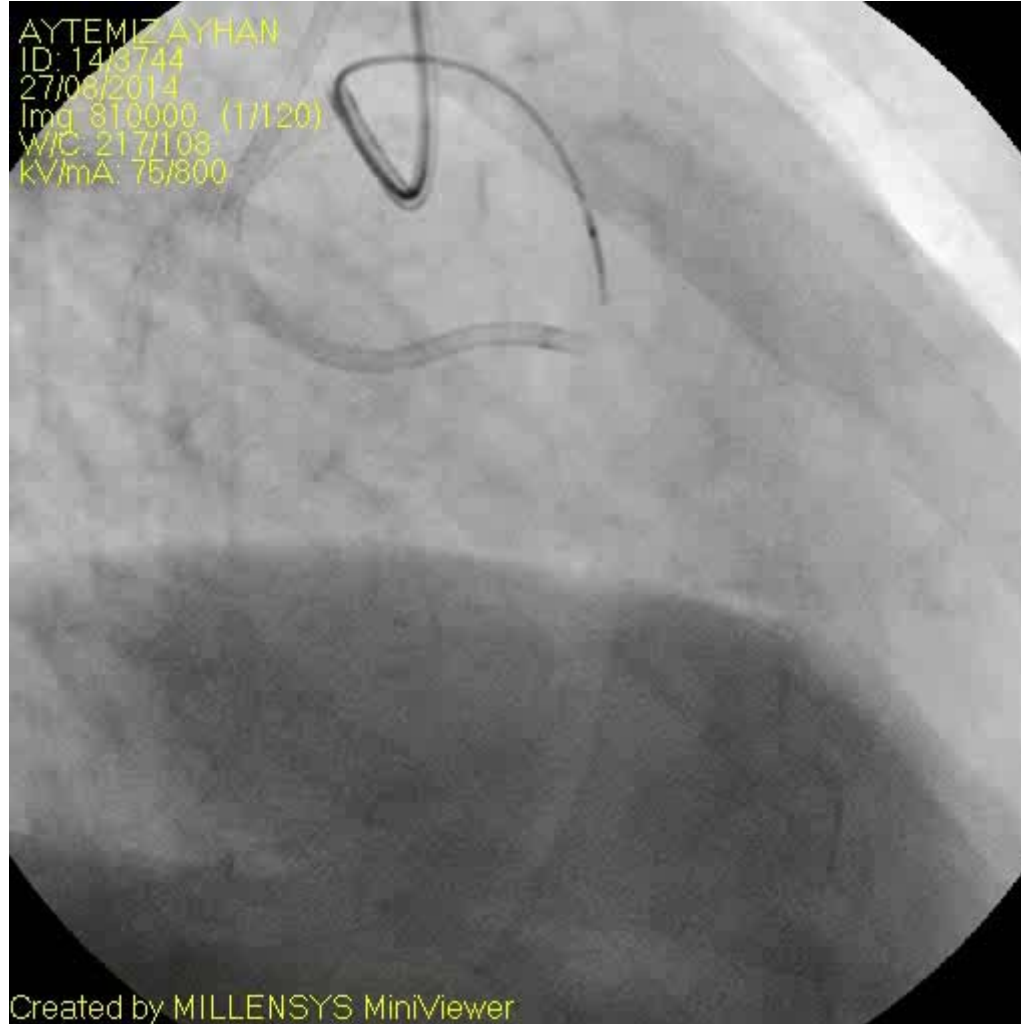


Antegrad corsair mk ve Fielder XT-A / Ultimatebros 3

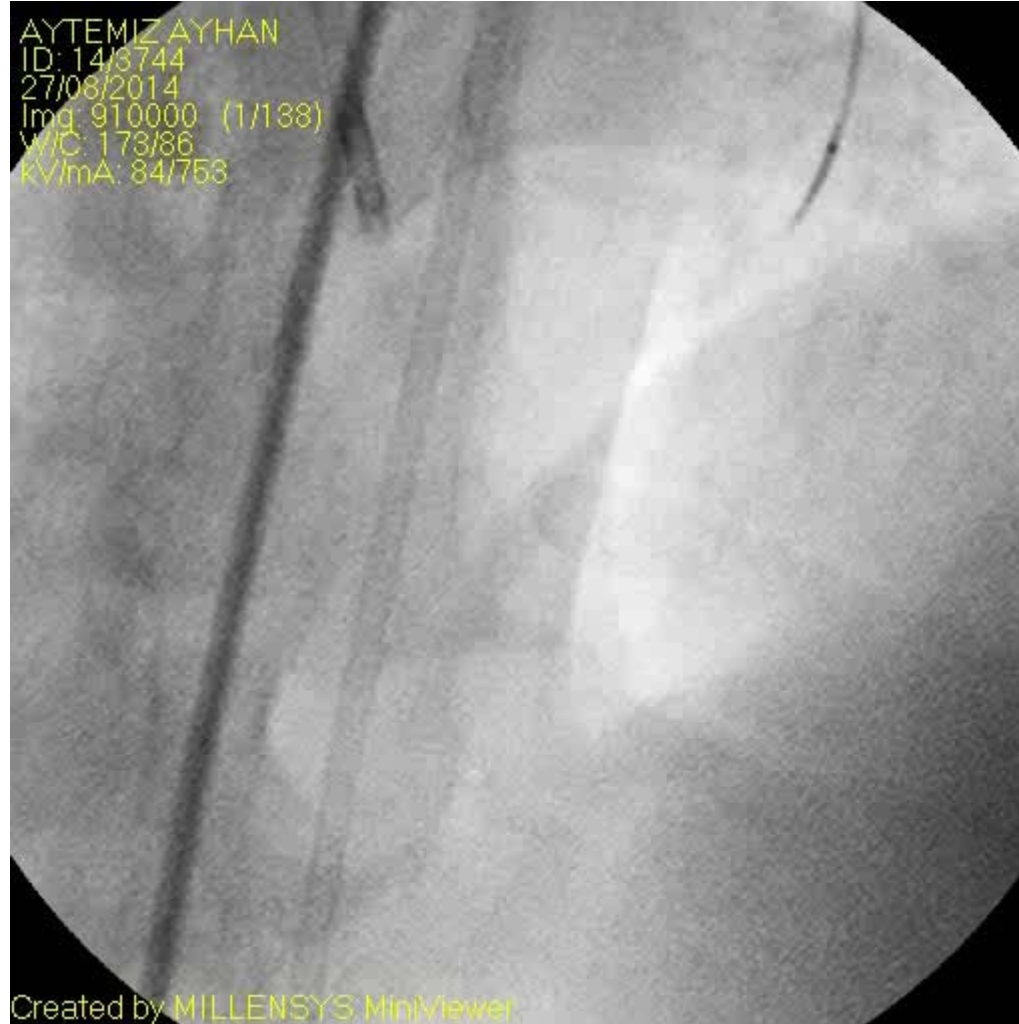


RETROGRAD YAKLAŞIM

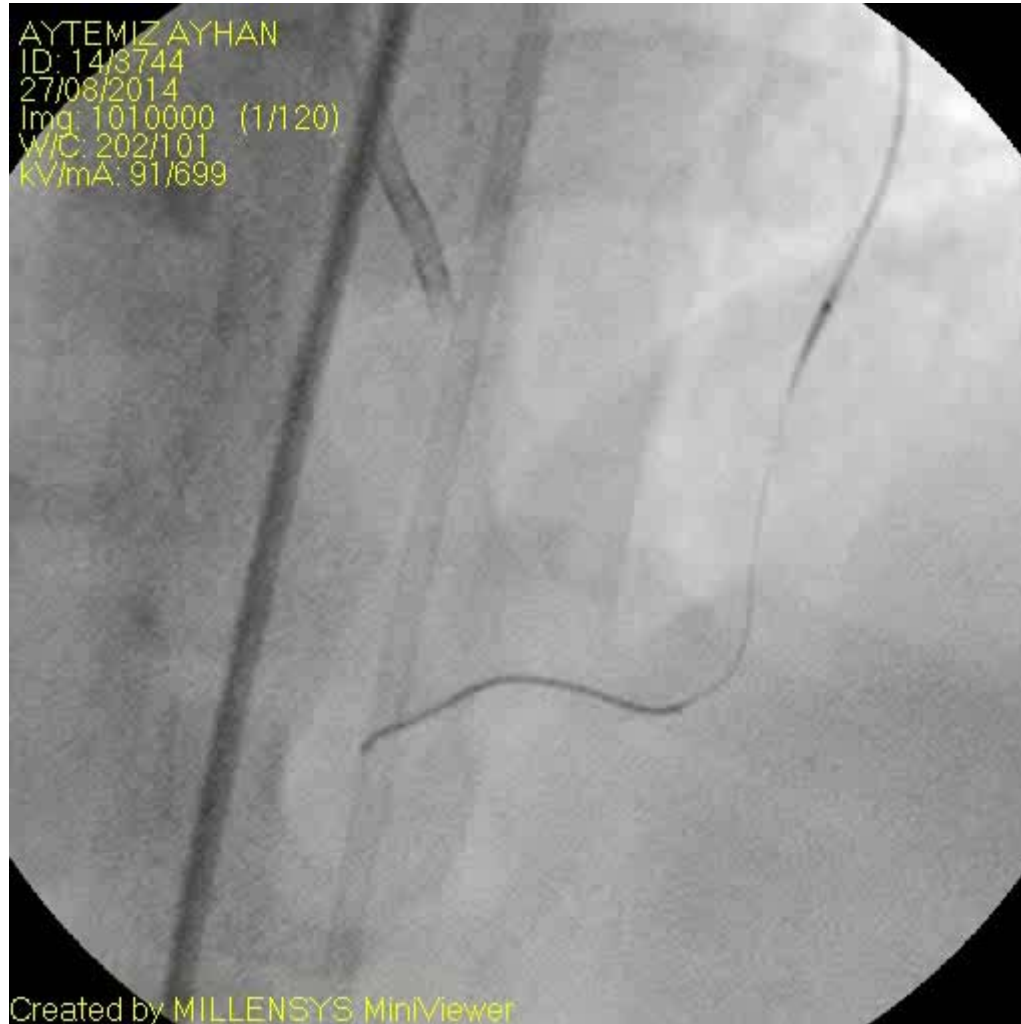
1. Septal arter, retrograd corsair mk ve sion gw kanüle edildi.



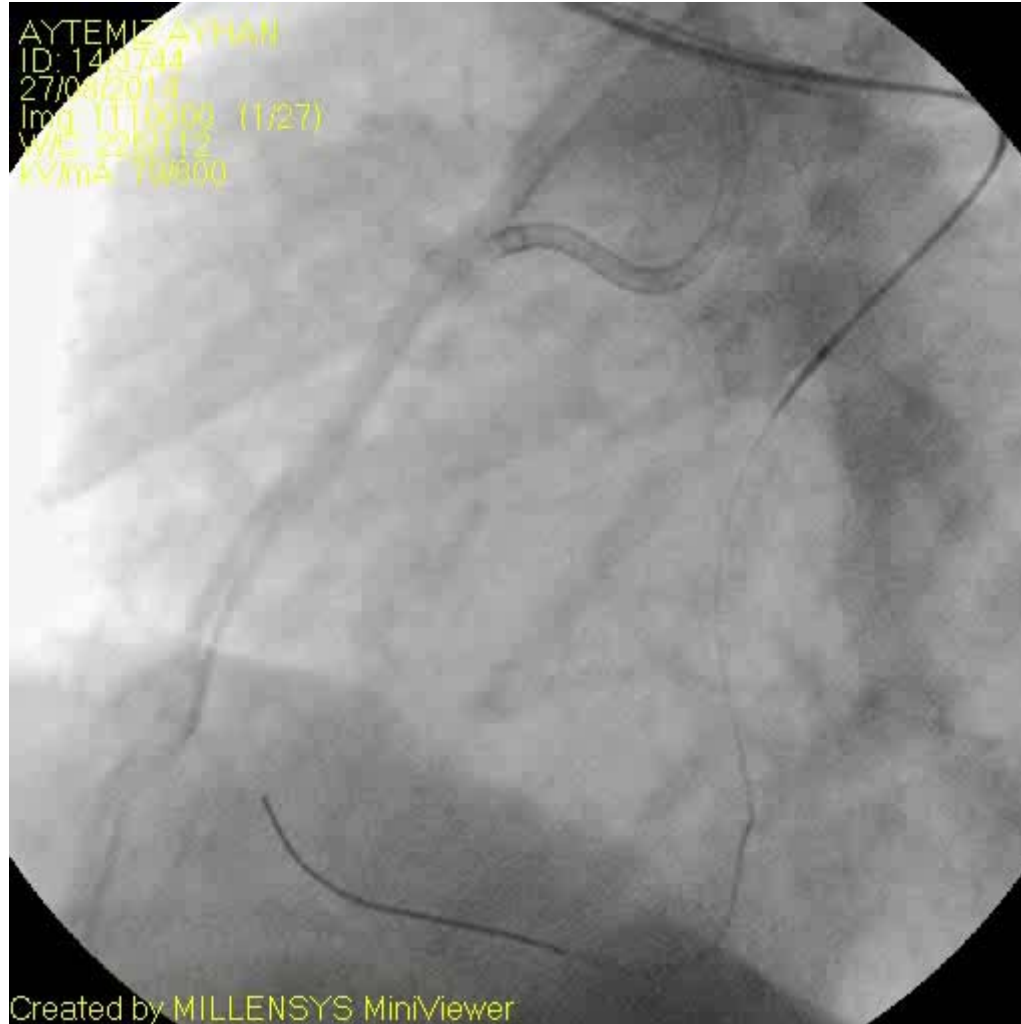
Tip enjeksiyon ile septal retrograd bağlantıların değerlendirilmesi yapıldı.



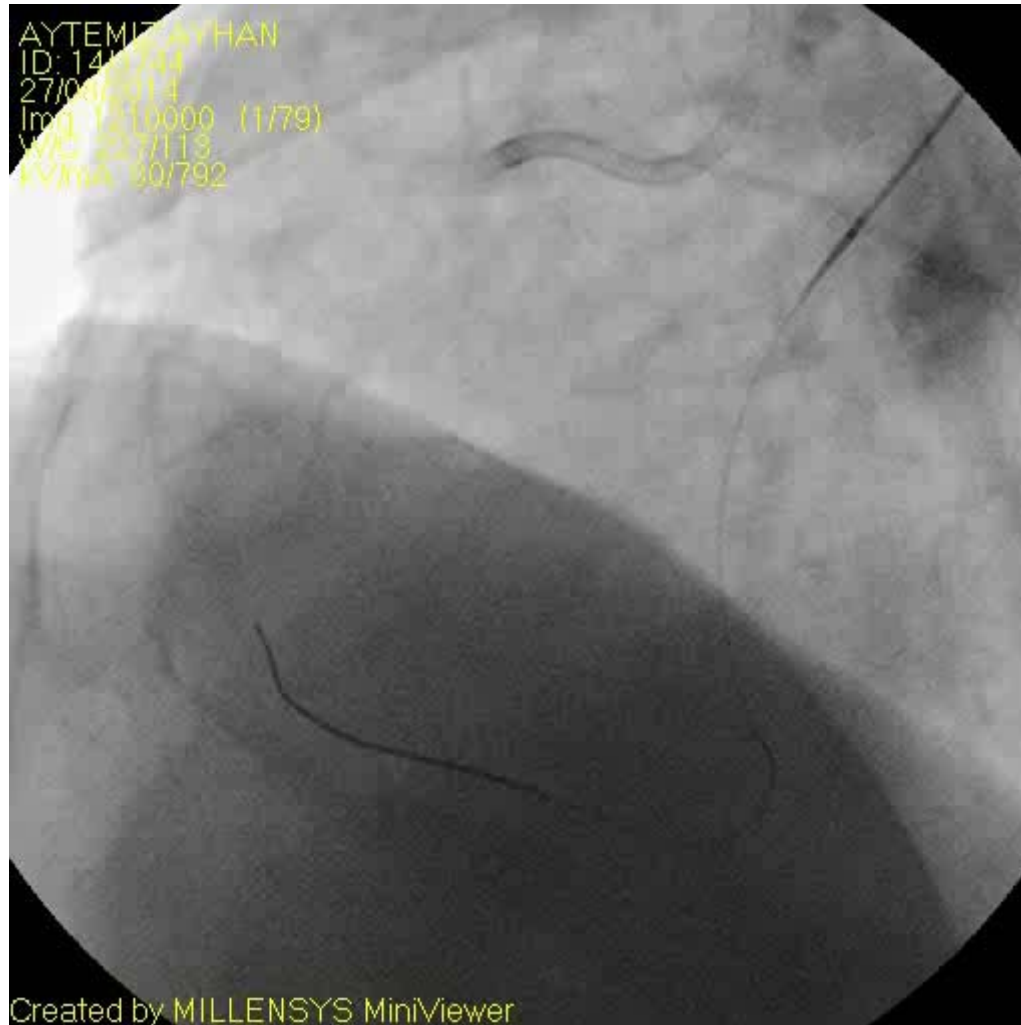
Corsair mikrokateteri ve sion gw



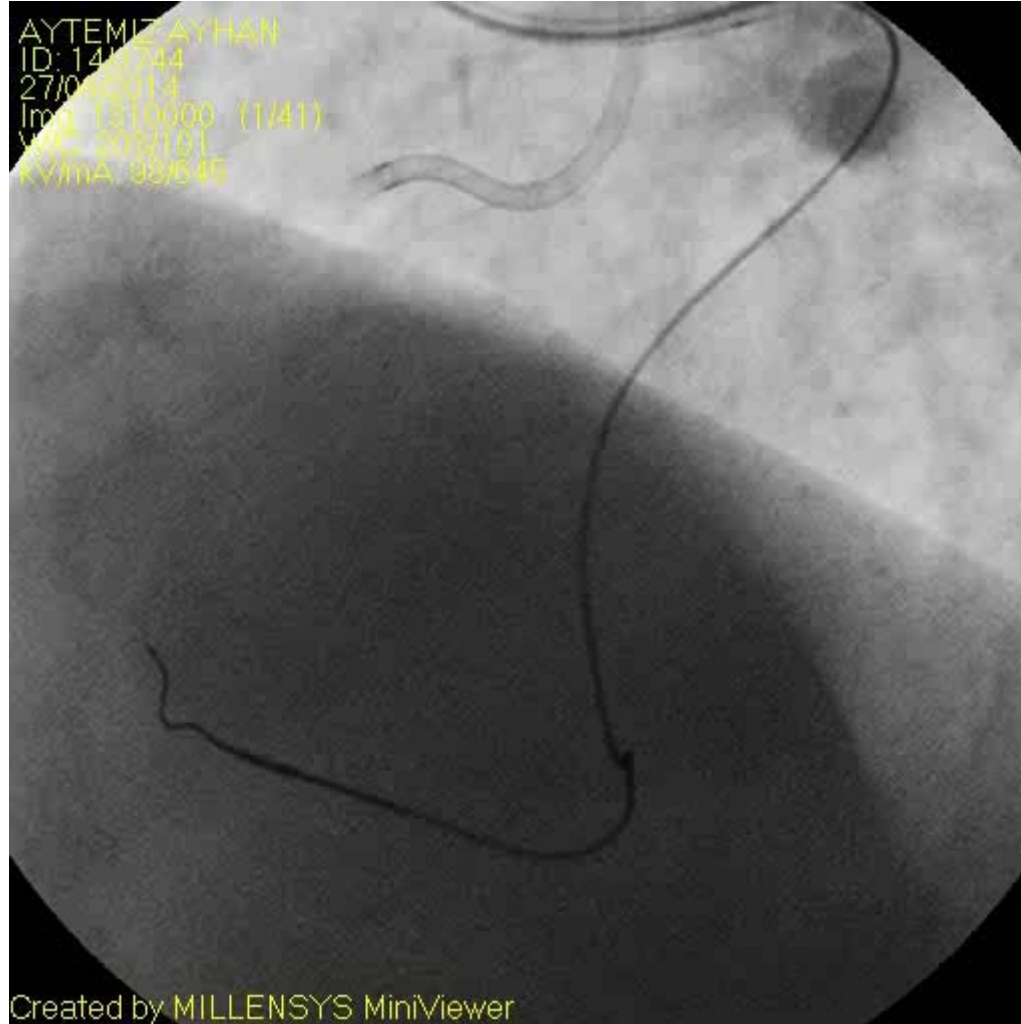
Corsair mikrokateteri ve sion gw



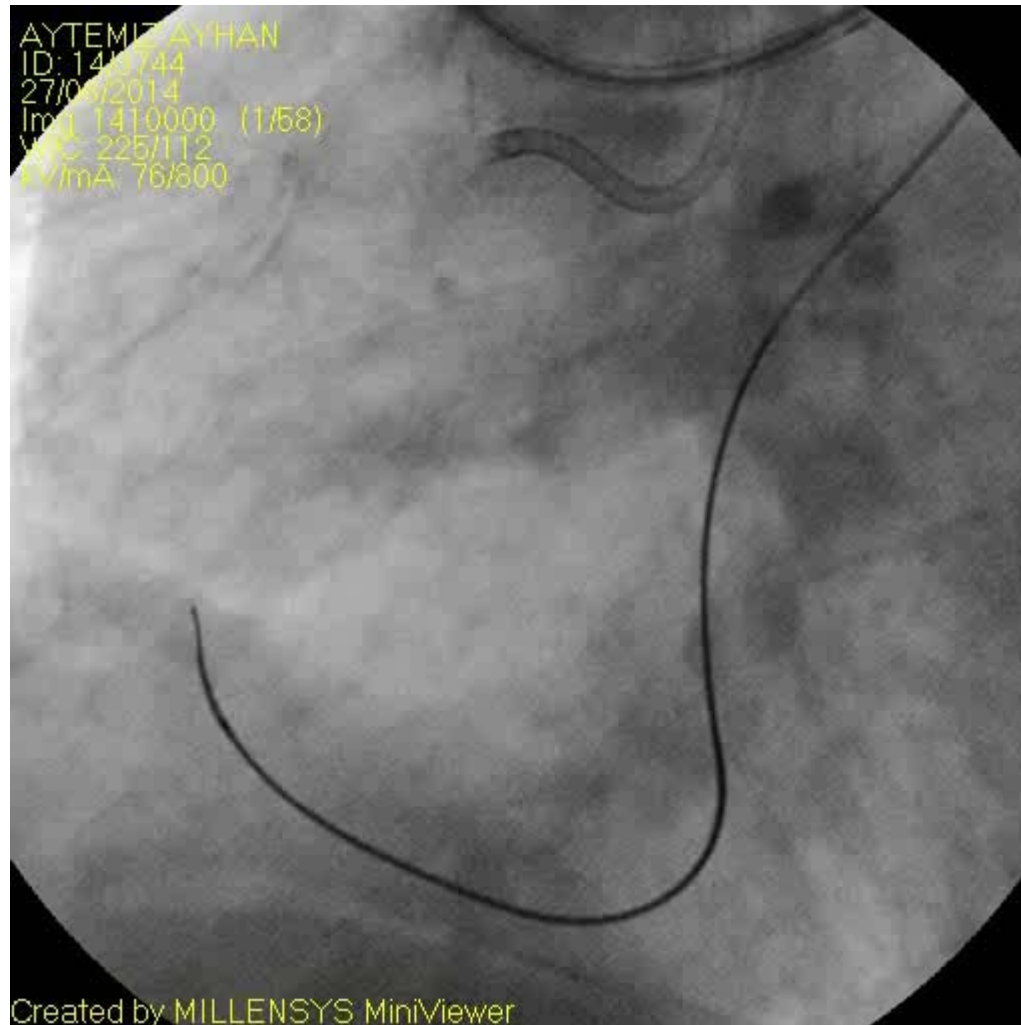
Corsair mikrokateteri ve sion gw



Ultimatebros 3 ile penetrasyonda başarılı
olamadık!

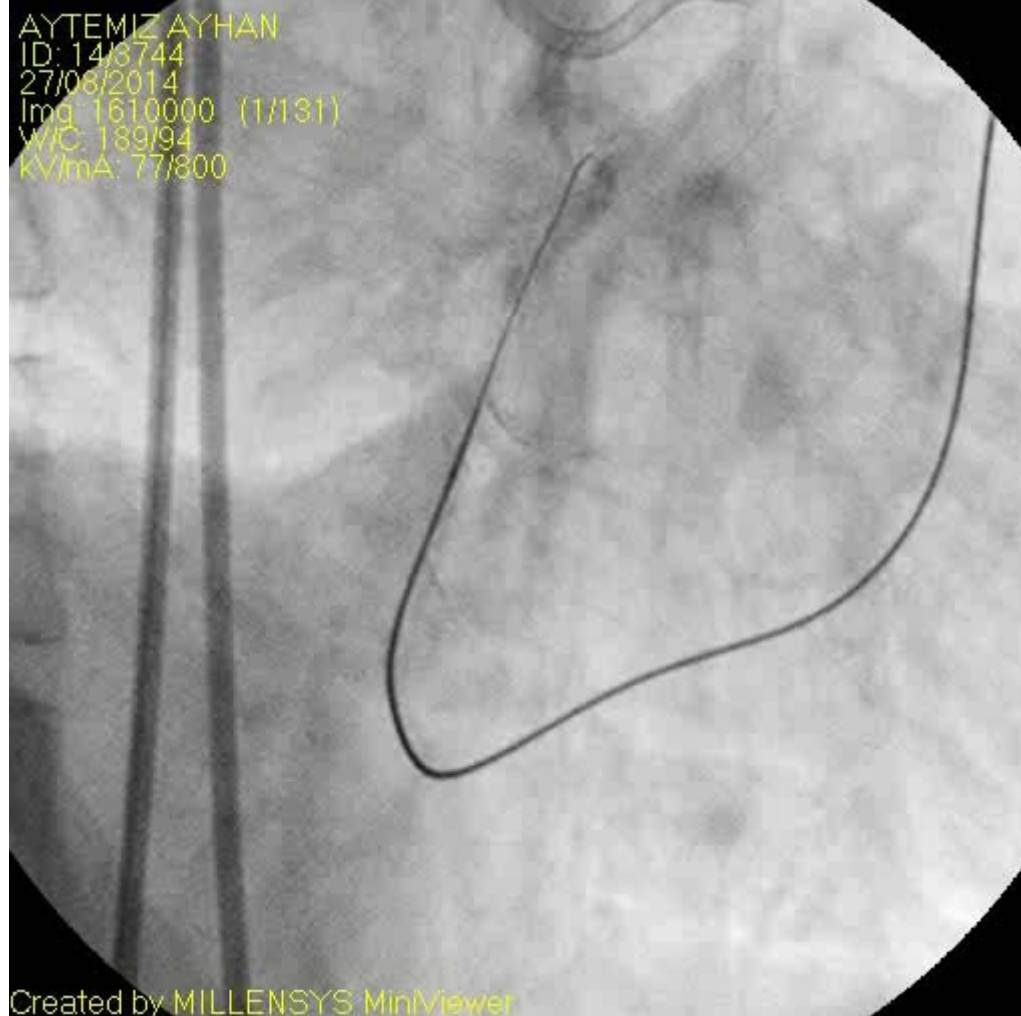


Conquest Pro9

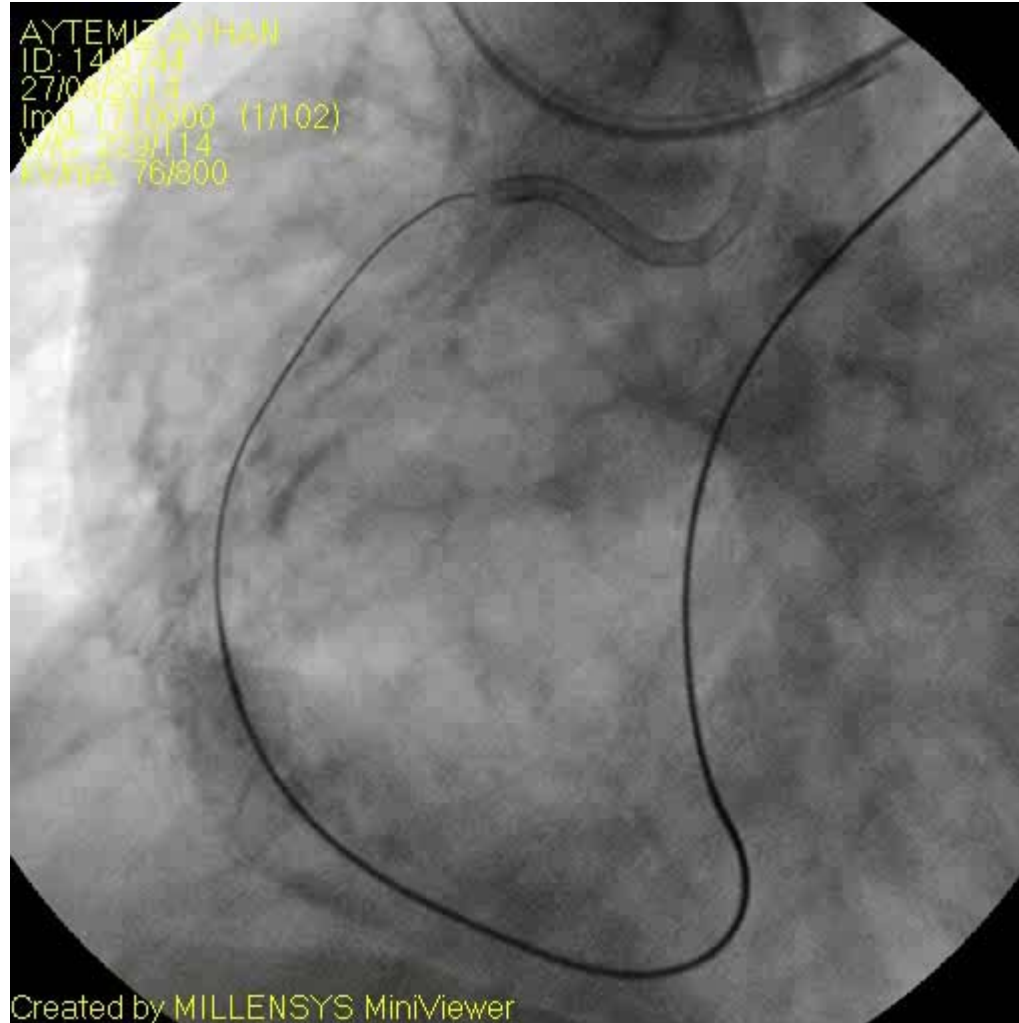


Conquest Pro9 ile proksimal true lümene geçiş



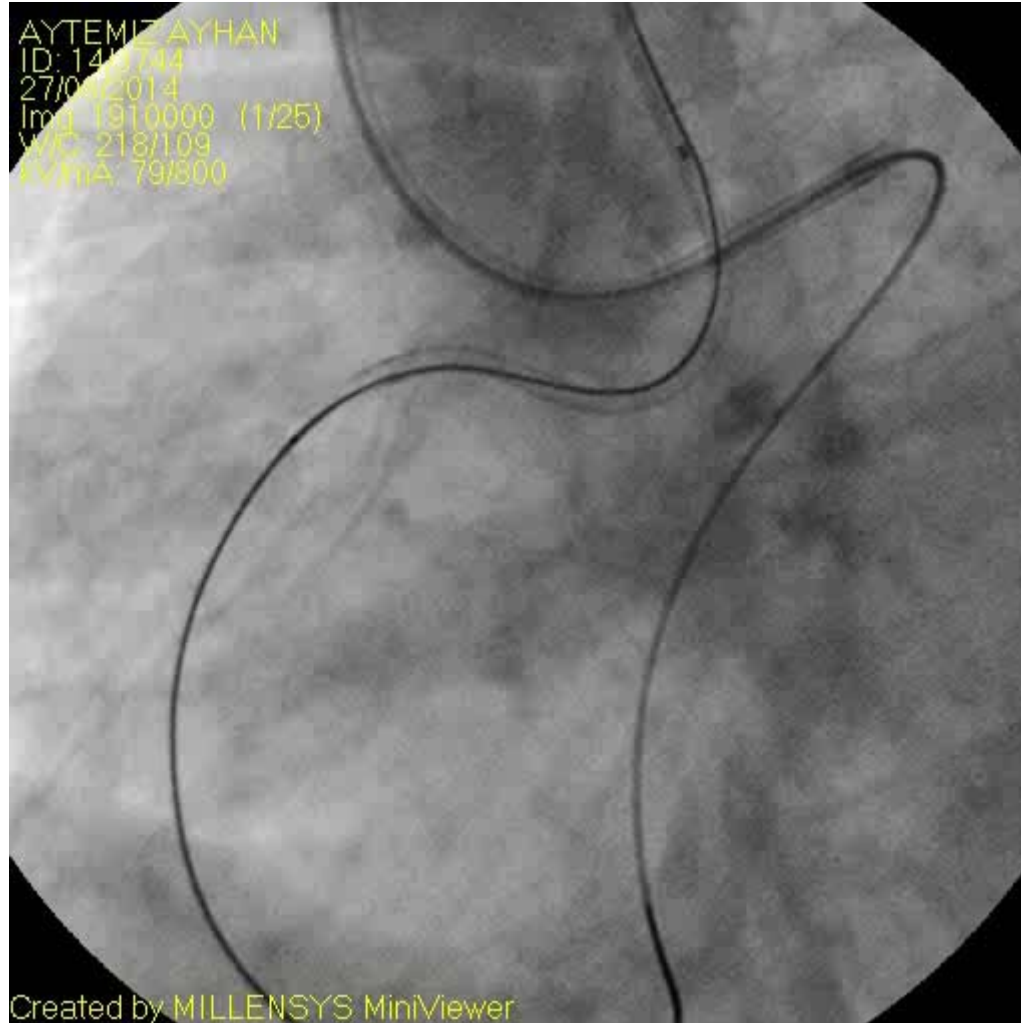


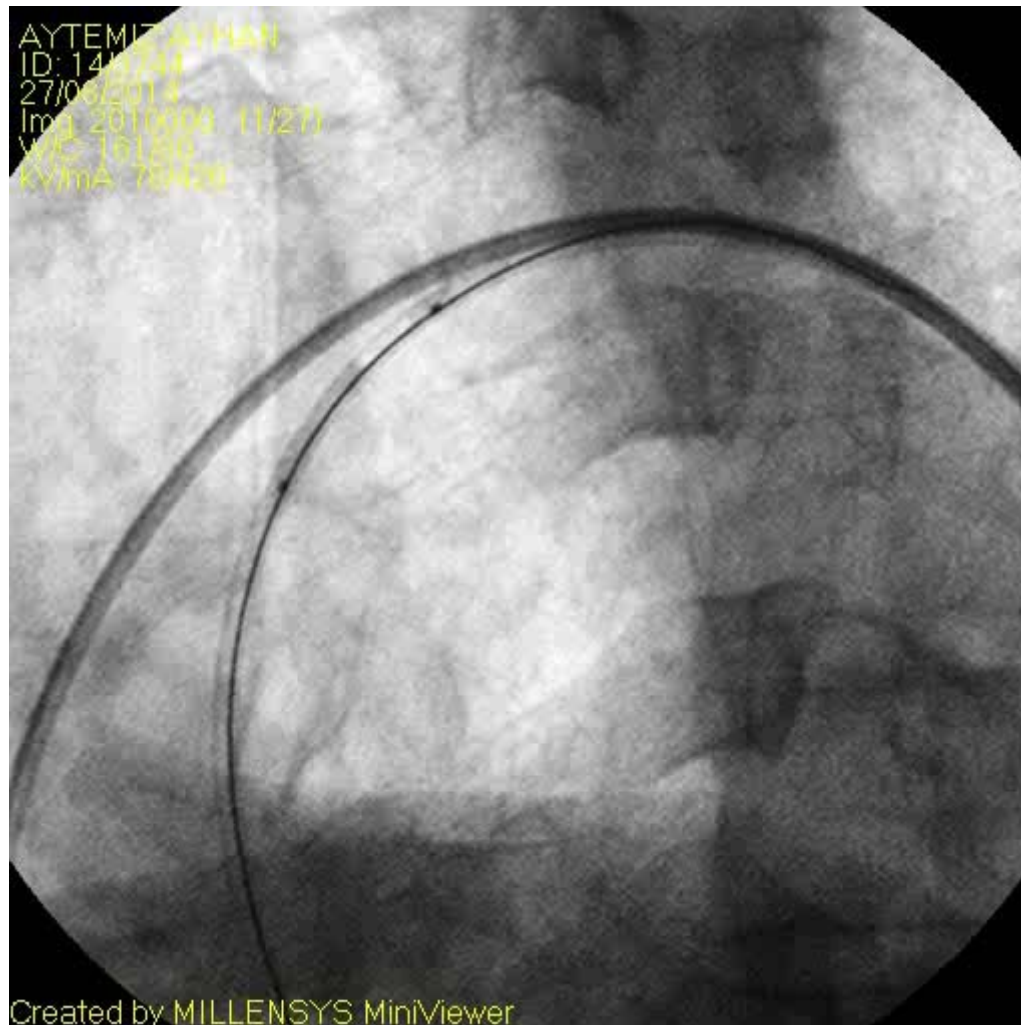
Conquest Pro9 ile RCA ostiumundaki AL guiding kateter lümenine geçiş



AYTEMİZ AYHAN
ID: 141741
27/04/2014
Imaj (1/10000 (1/30))
Yük. 248013
Kuma: 17800

Retrograd corsair mk RCA ostial AL1 GK
içerisine ilerletilemedi.

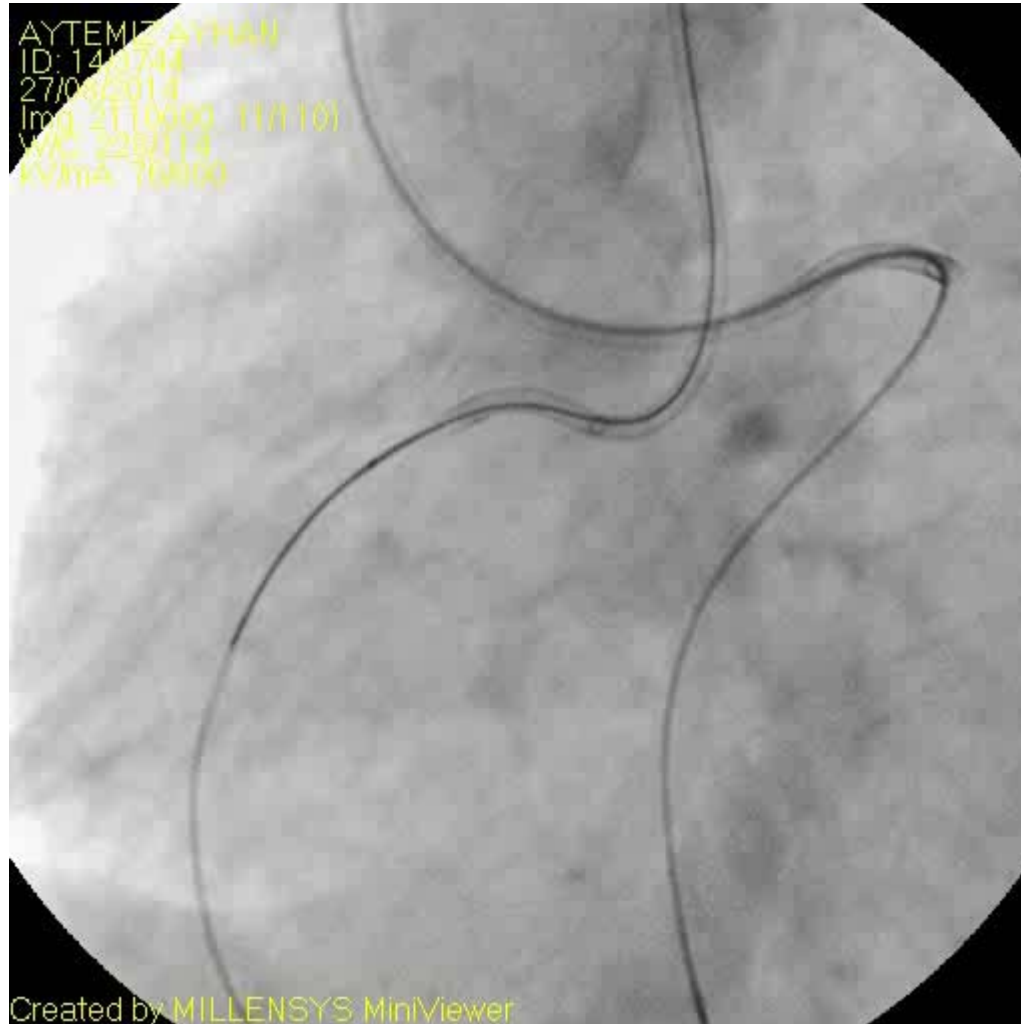




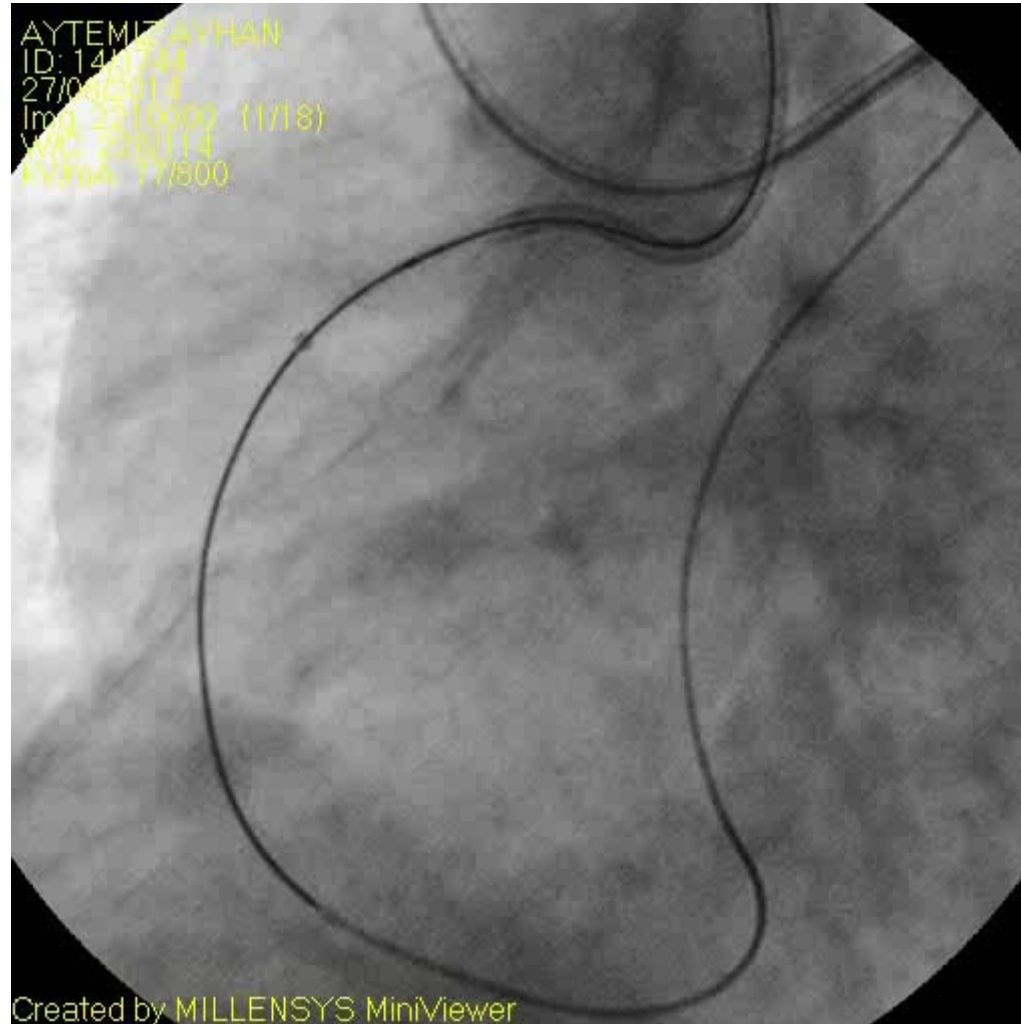
AYTEMIZ AYHAN
ID: 1411741
27/06/2014
Imaj 2010003 (11/27)
Viz 16180
KVMA 73420

Created by MILLENSYS MiniViewer

Antegrad Guide Liner retrograd corsair mk
karşılıdı.



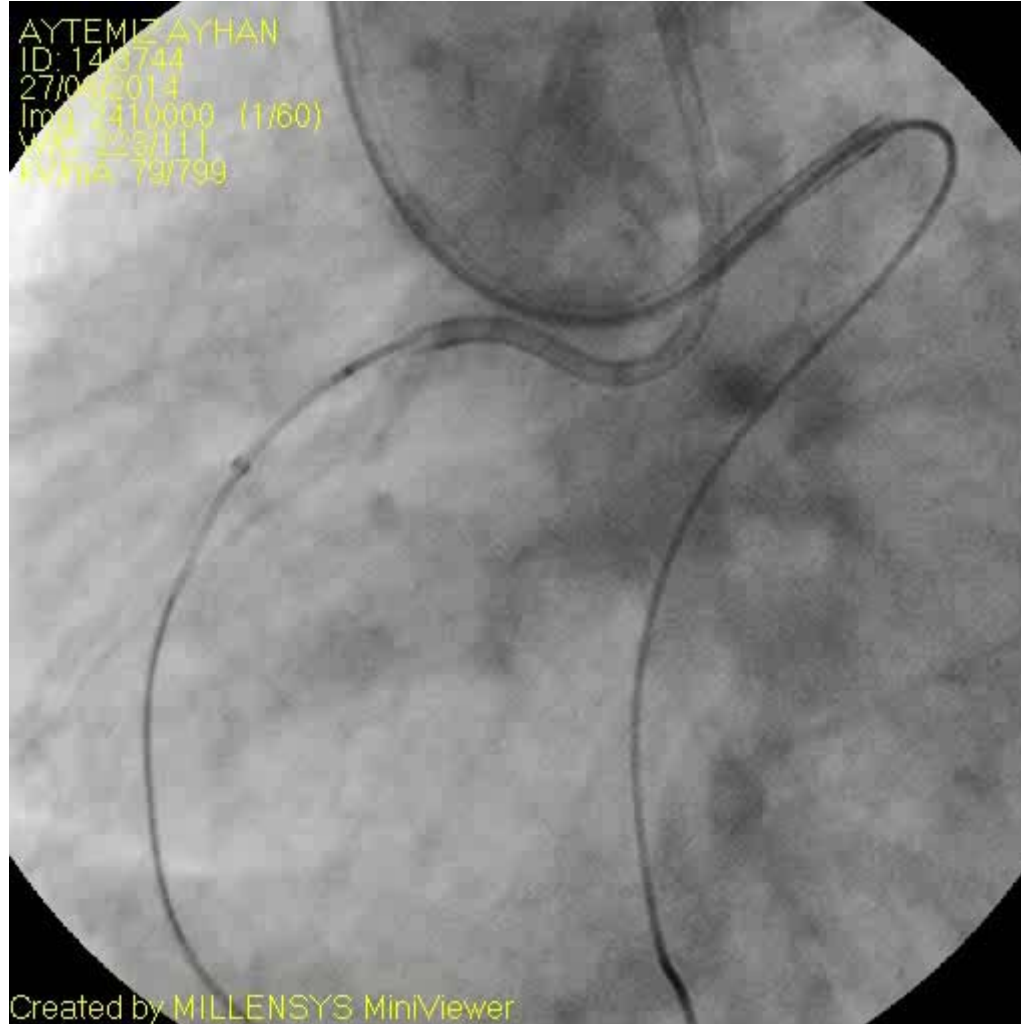
Conquest Pro9 ve corsair mk, guide liner lümeninde



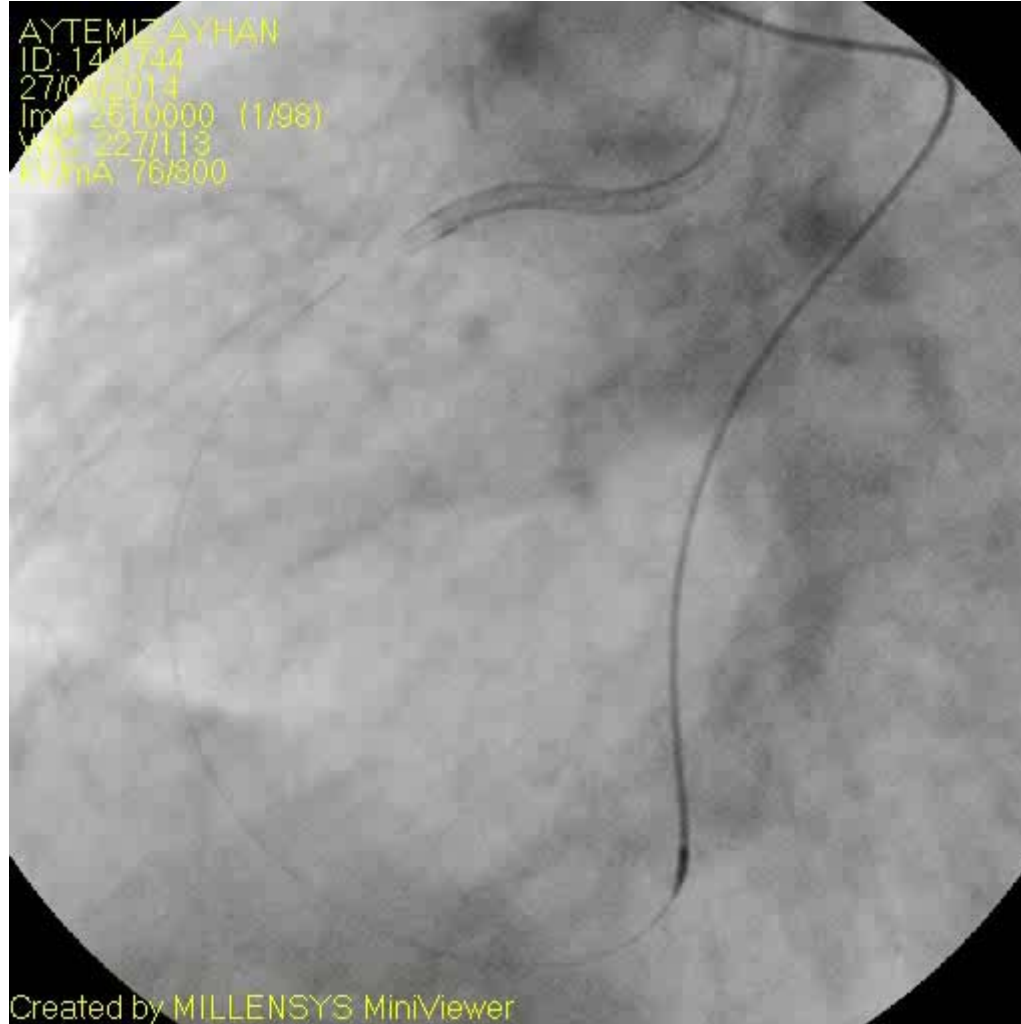
Conguest Pro9 sol sistemden mk yerinde bırakılarak çekildi



RG3 gw sol sistemden mk lümeninden geçerek
RCA'daki GK lümenine ilerletildi



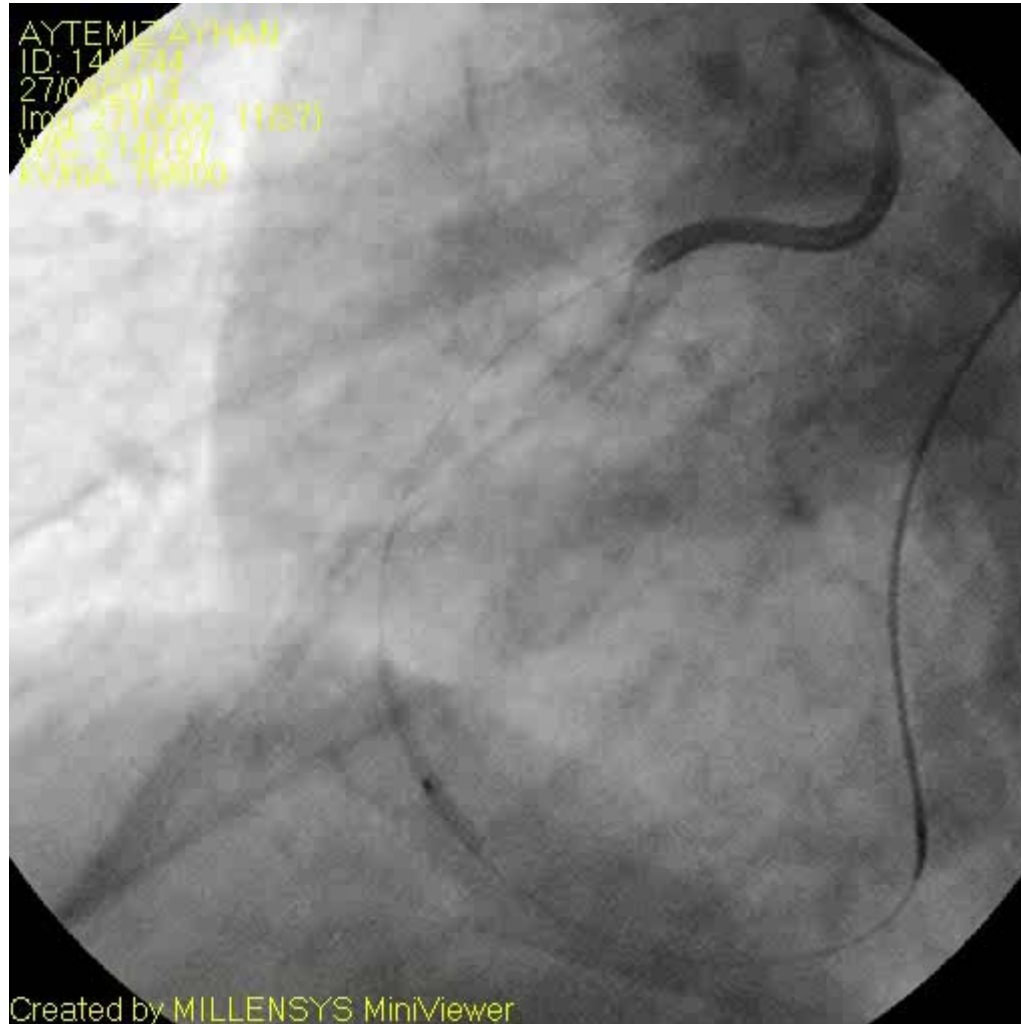
RG3 externalize edilip sineire yapıldı.



2.0*20 mm(Across) antegrad predilatasyonlar



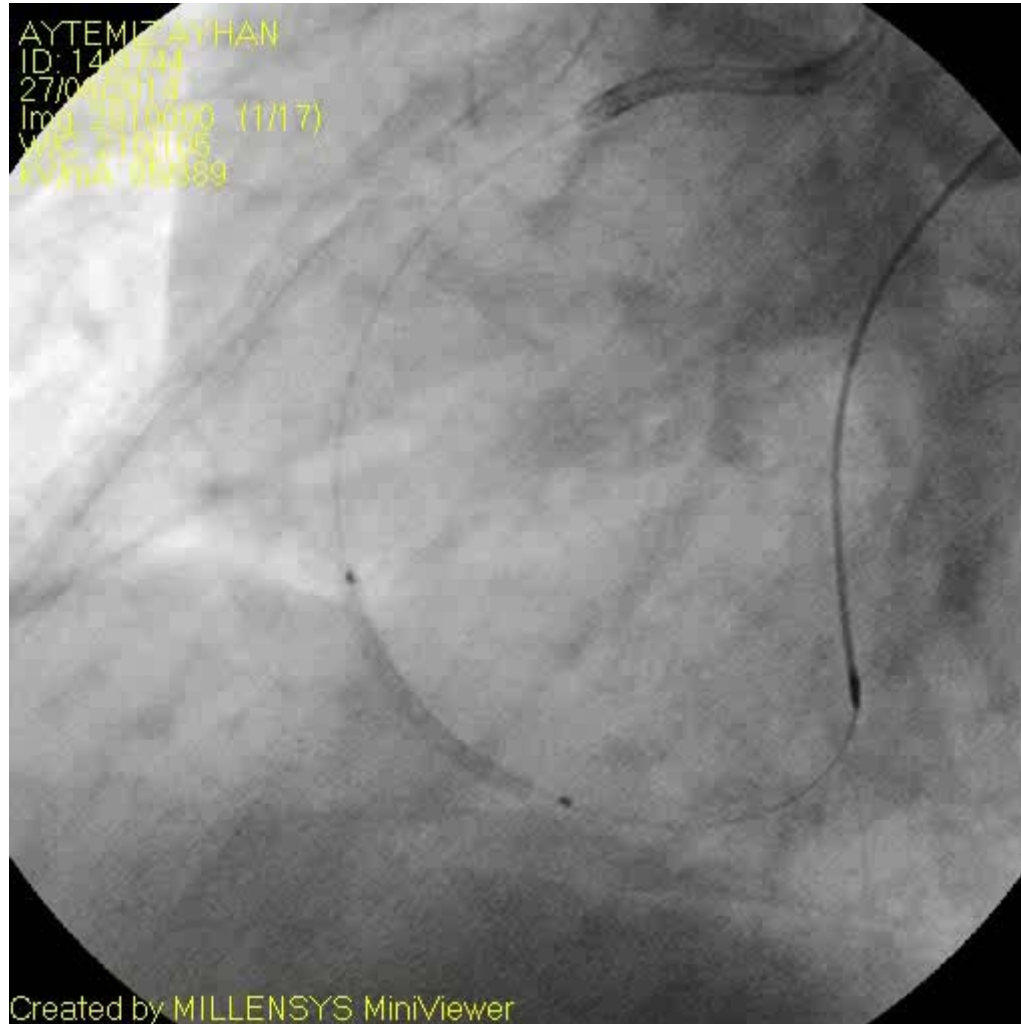
2.0*20 mm(Across) ardışık antegrad predilatasyonlar



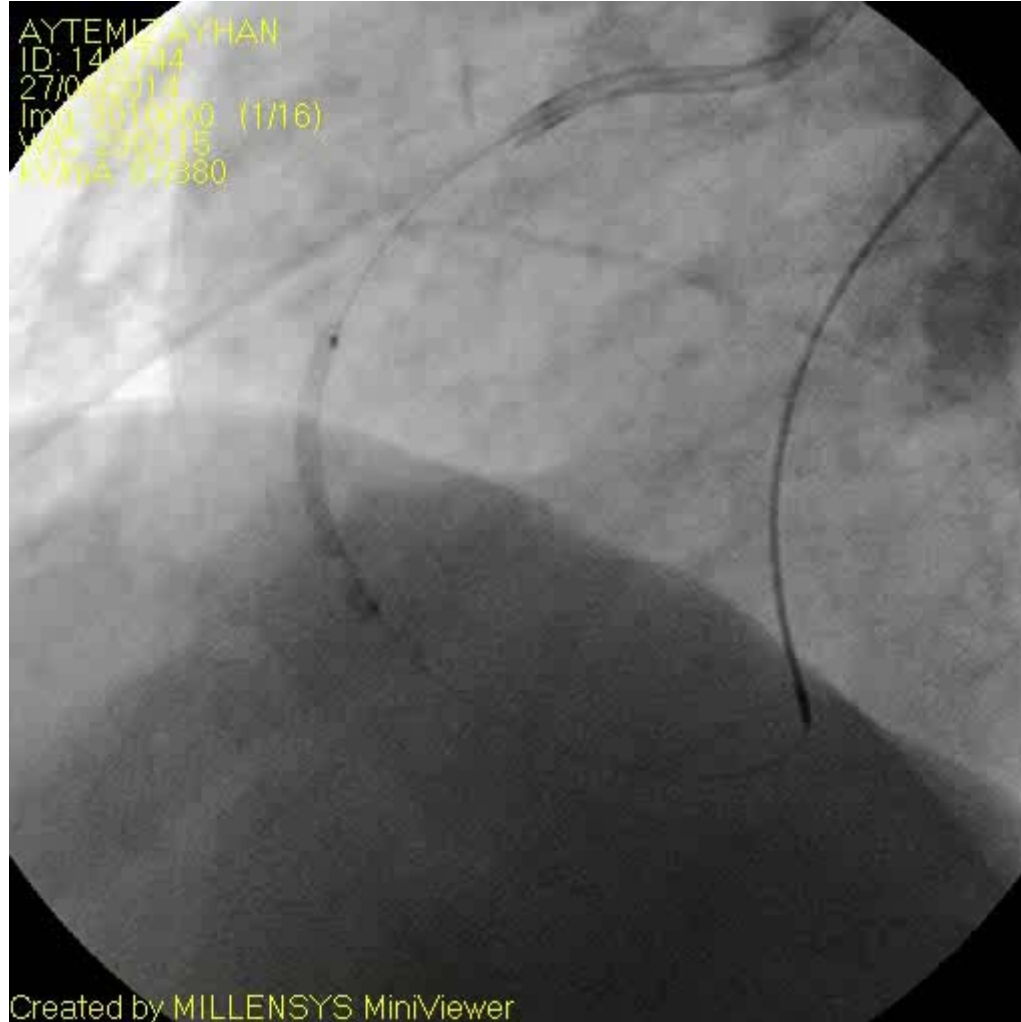
2.0*20 mm(Across) ardışık antegrad predilatasyonlar



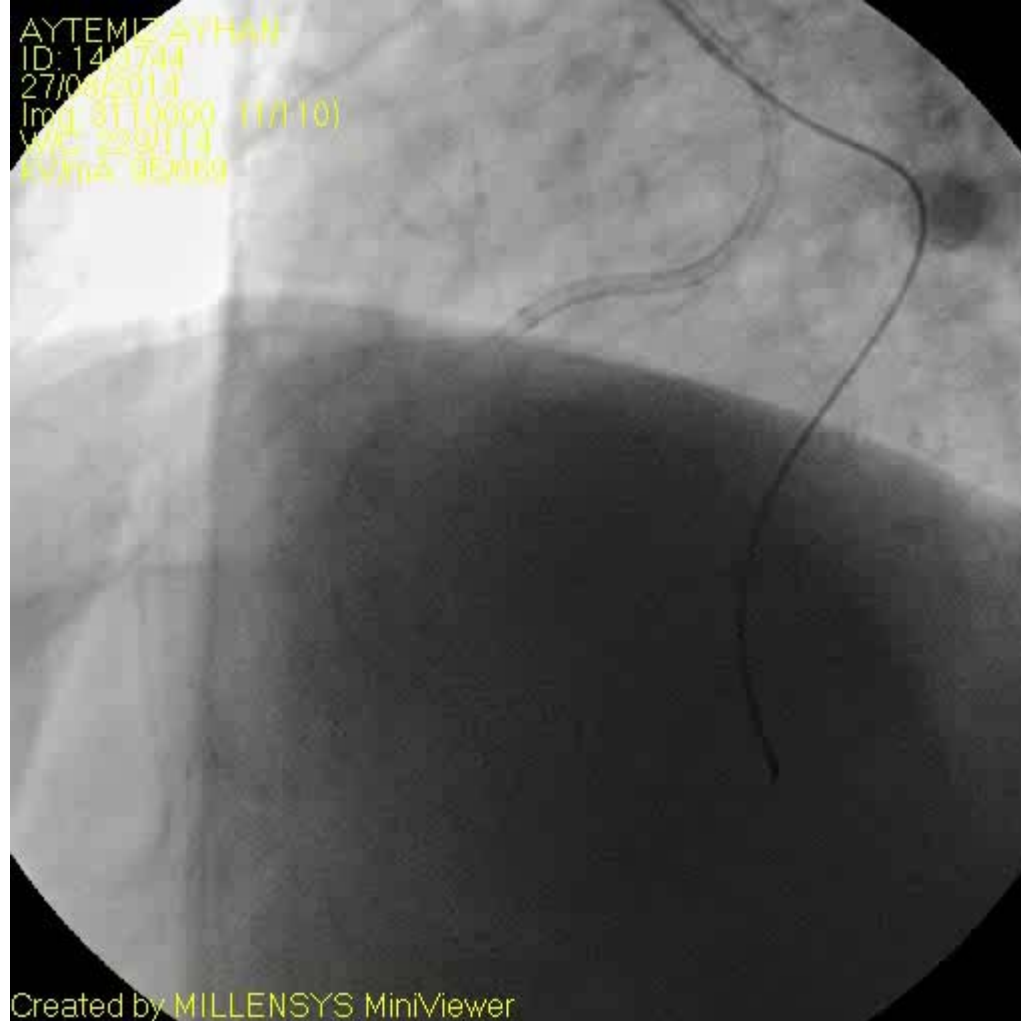
2.0*30 mm ardışık antegrad predilatasyonlar



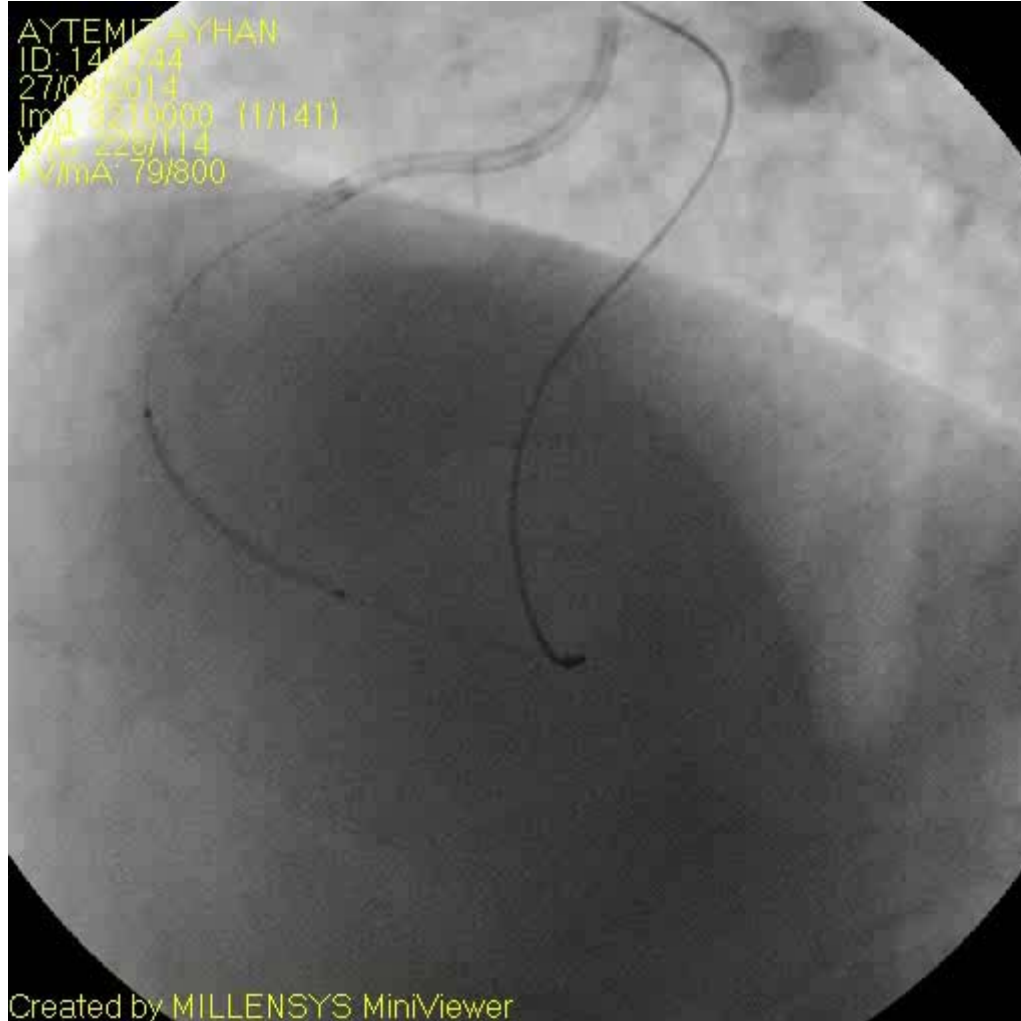
2.0*30 mm ardışık antegrad predilatasyonlar



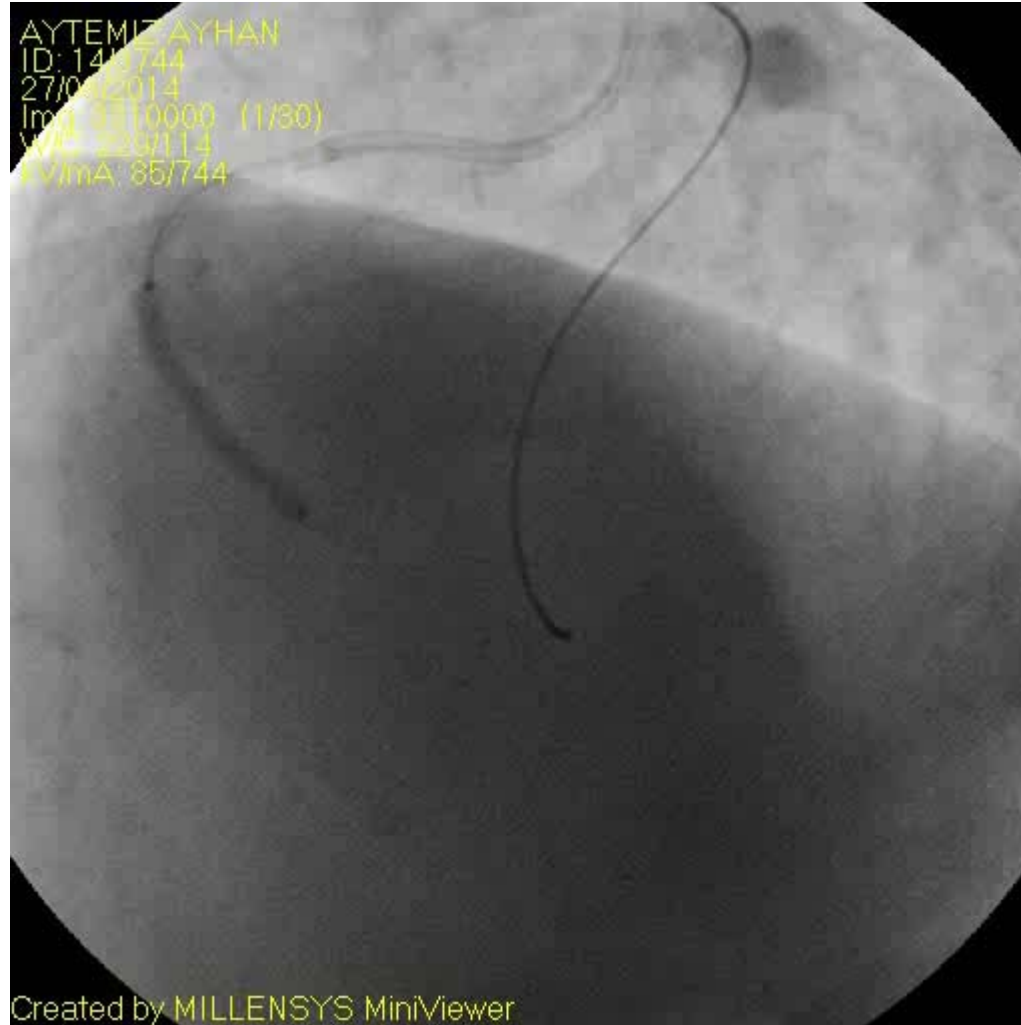
PTCA sonrası antegrad RCA çekimi



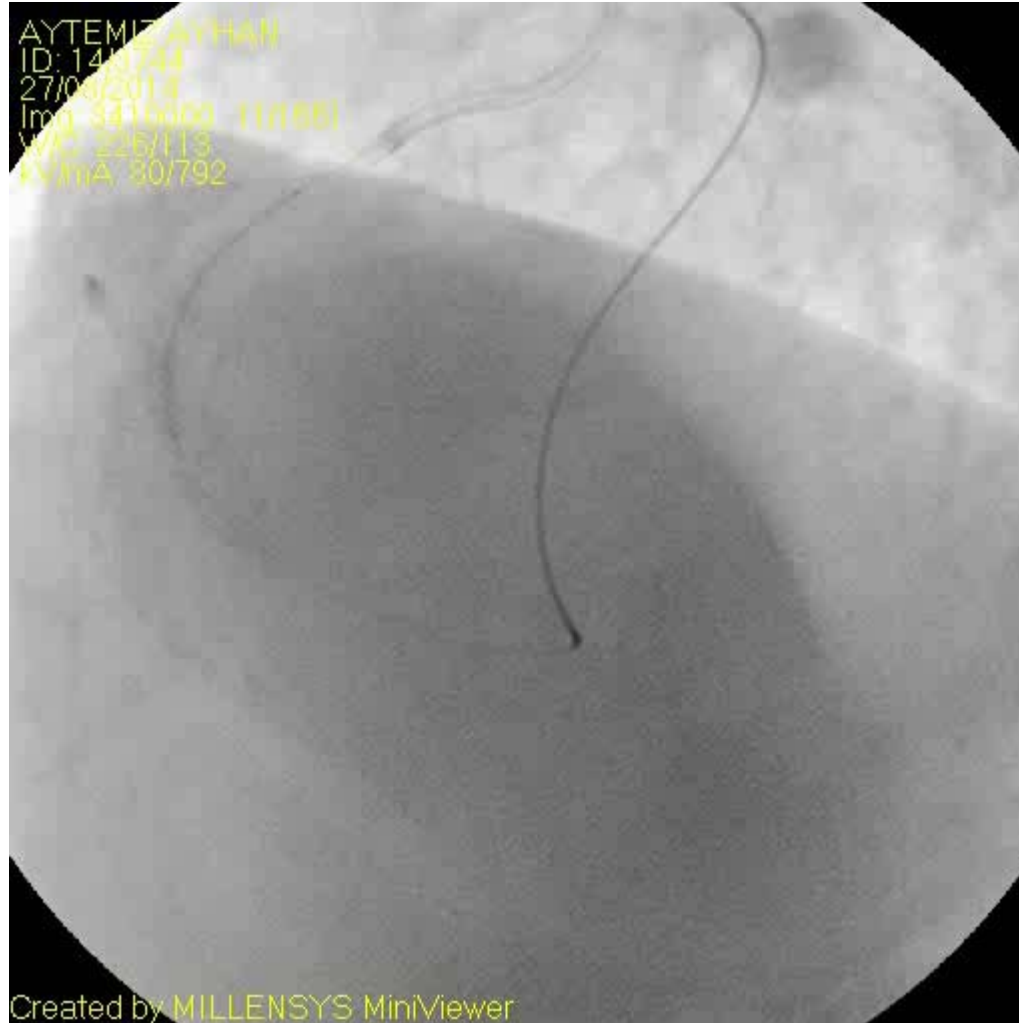
2.5*30 mm DES (Endeavor Resolute) antegrad yerleřtirildi



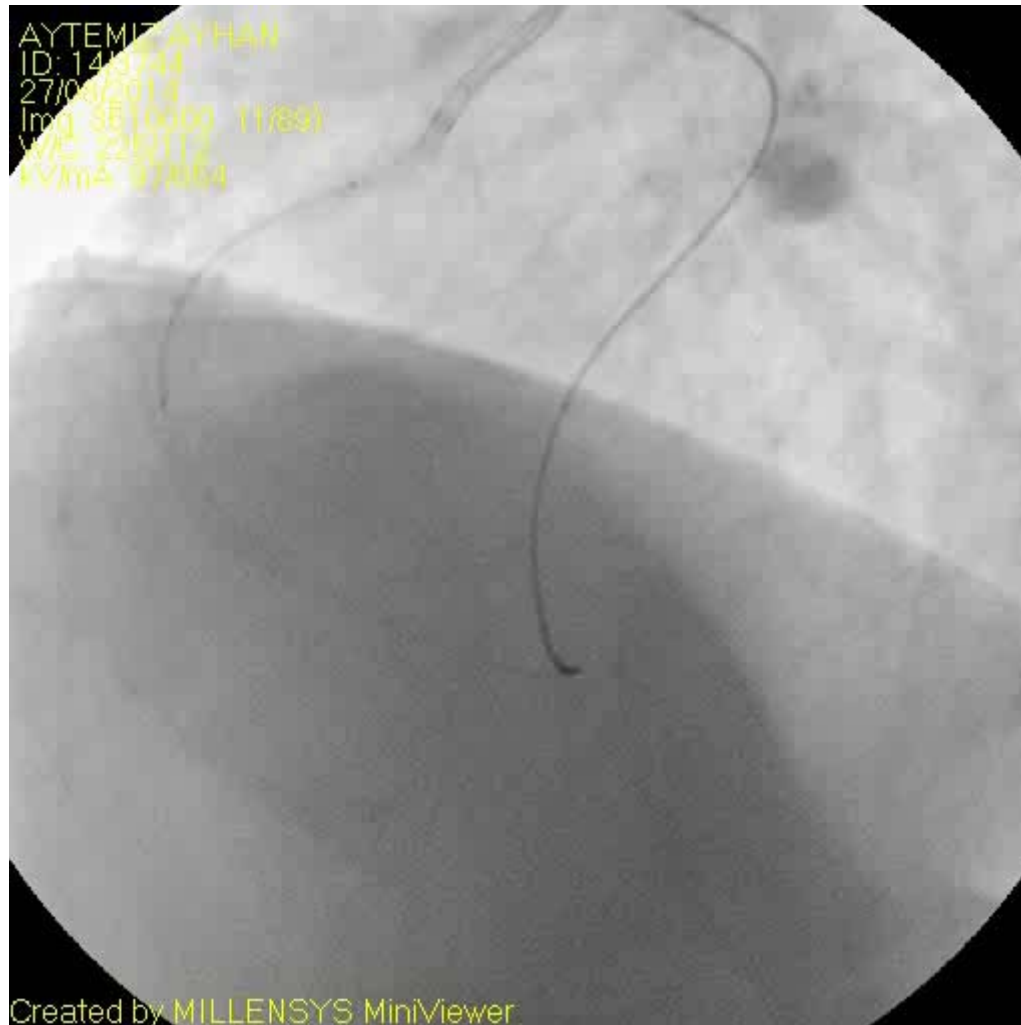
2.5*30 mm DES (Endeavor Resolute) antegrad yerleřtirildi



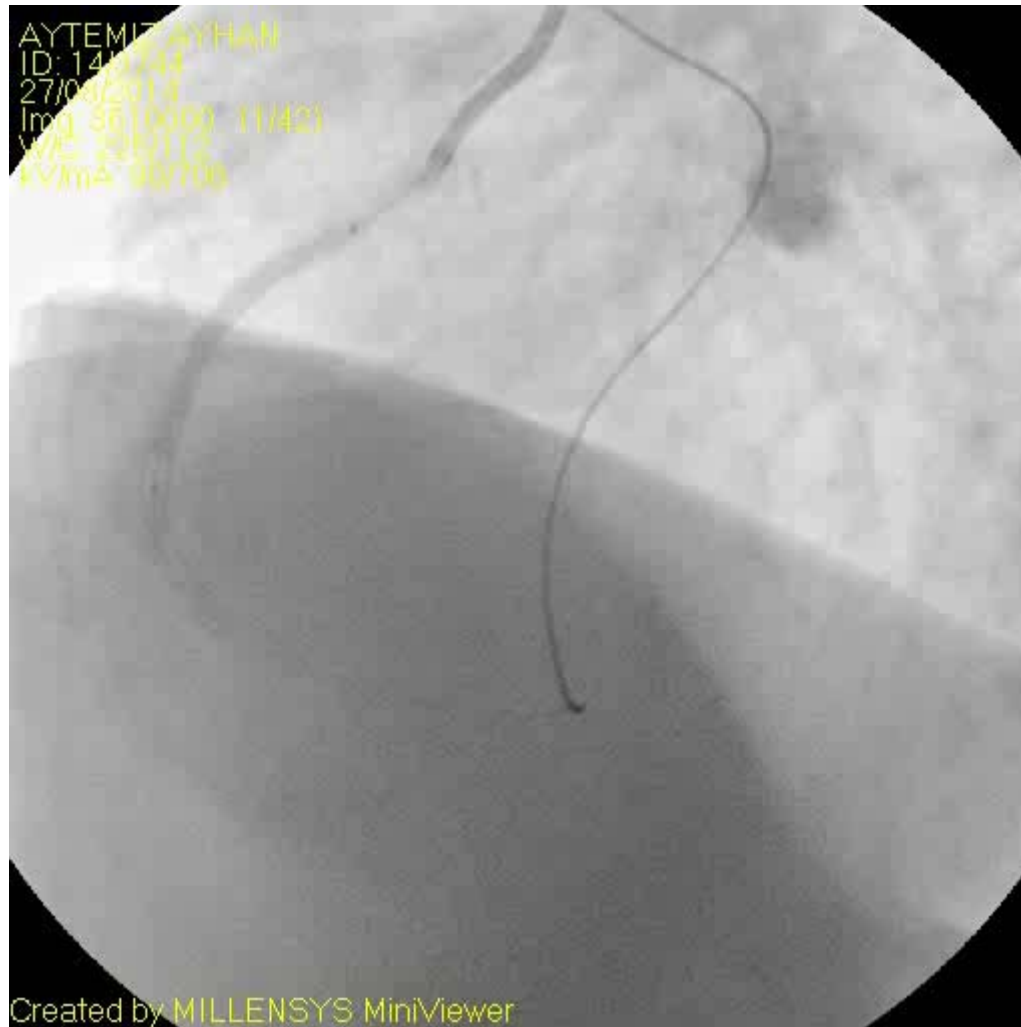
2.5*38 mm DES (Endeavor Resolute) distal
stent ile overlap pozisyonu verildi



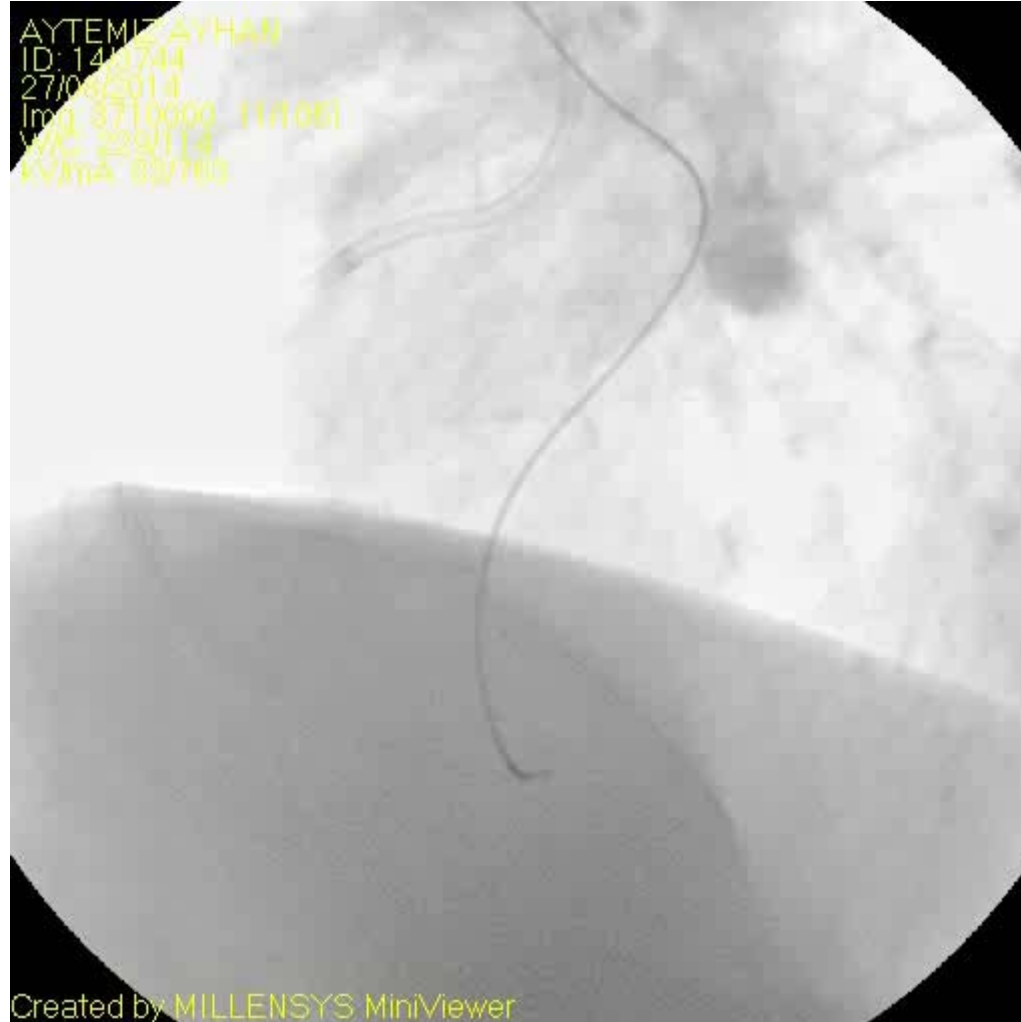
2.5*38 mm DES (Endeavor Resolute)



2.5*30 mm DES distal stent ile overlap



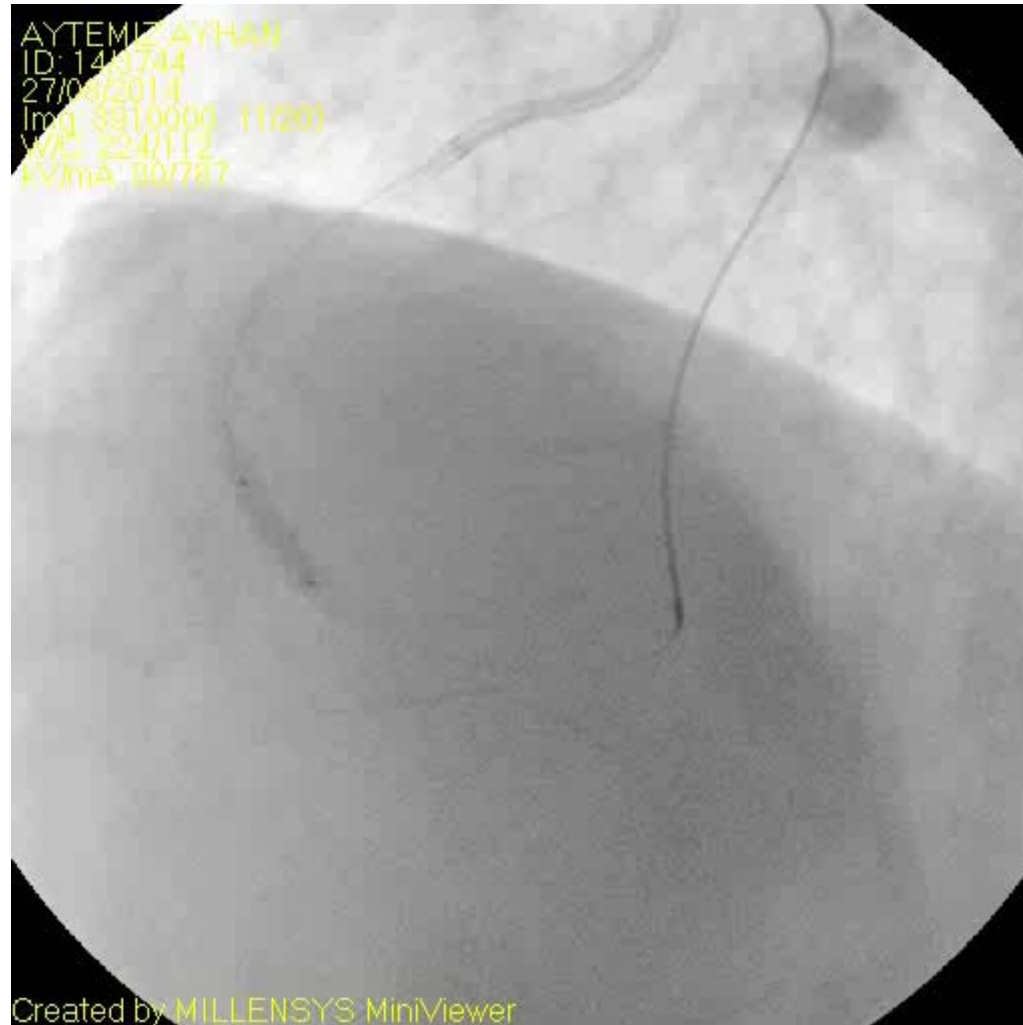
İşlem sonrası kontrol anjio



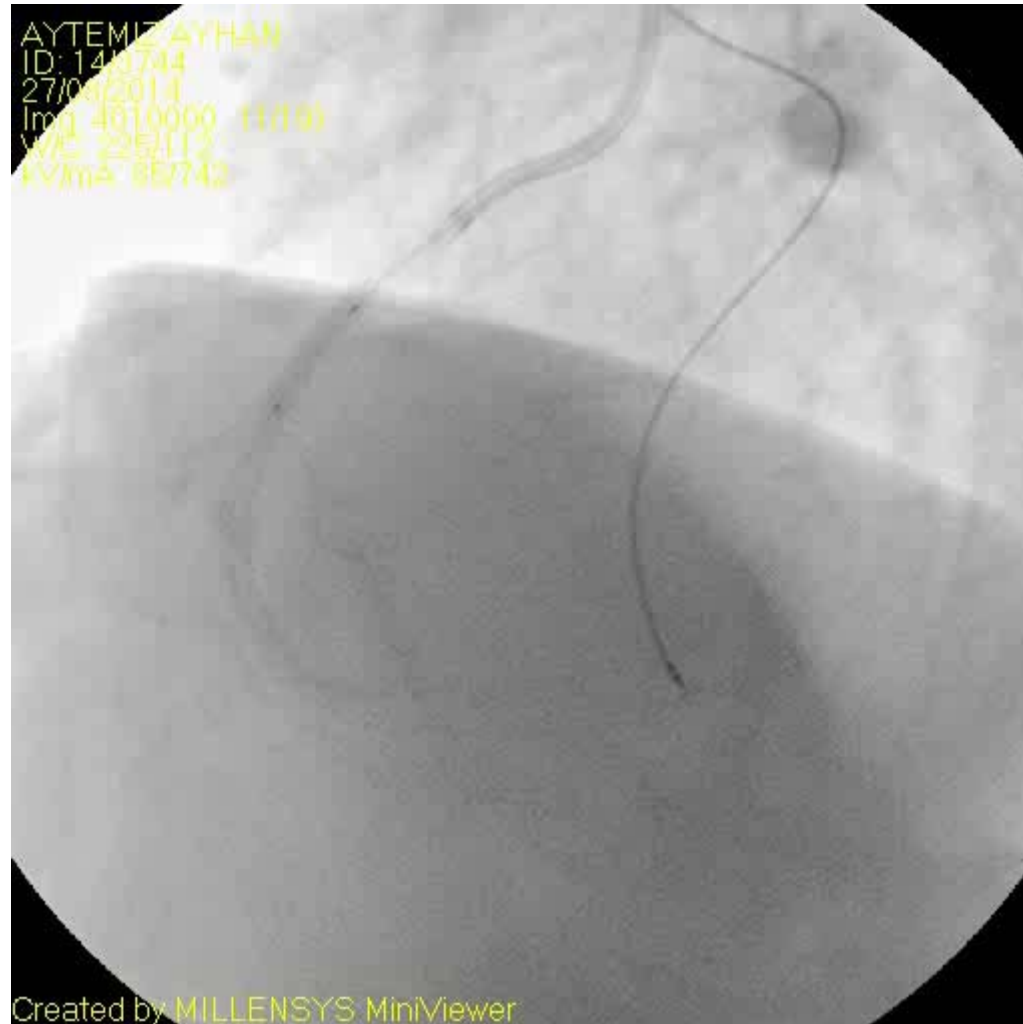
2.75*15 mm NC post dilatasyon



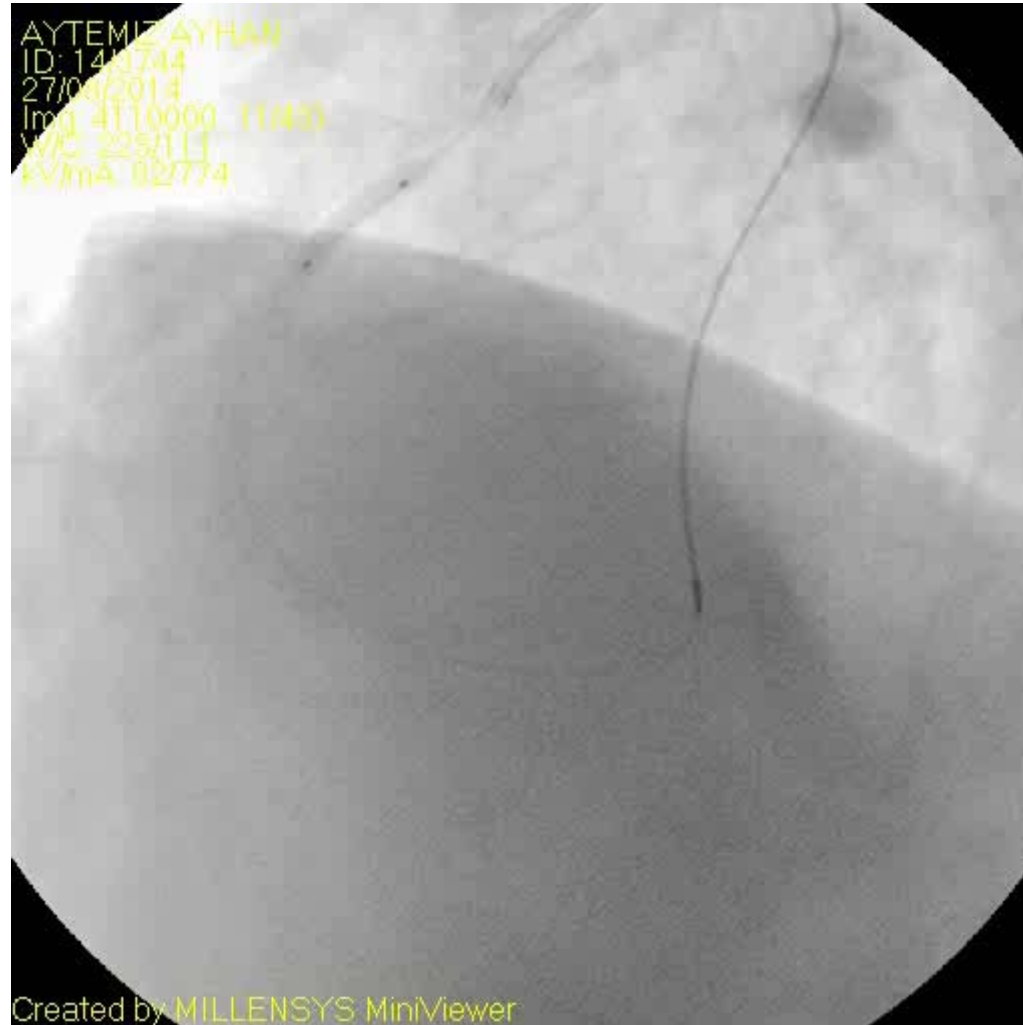
2.75*15 mm NC post dilatasyonlar



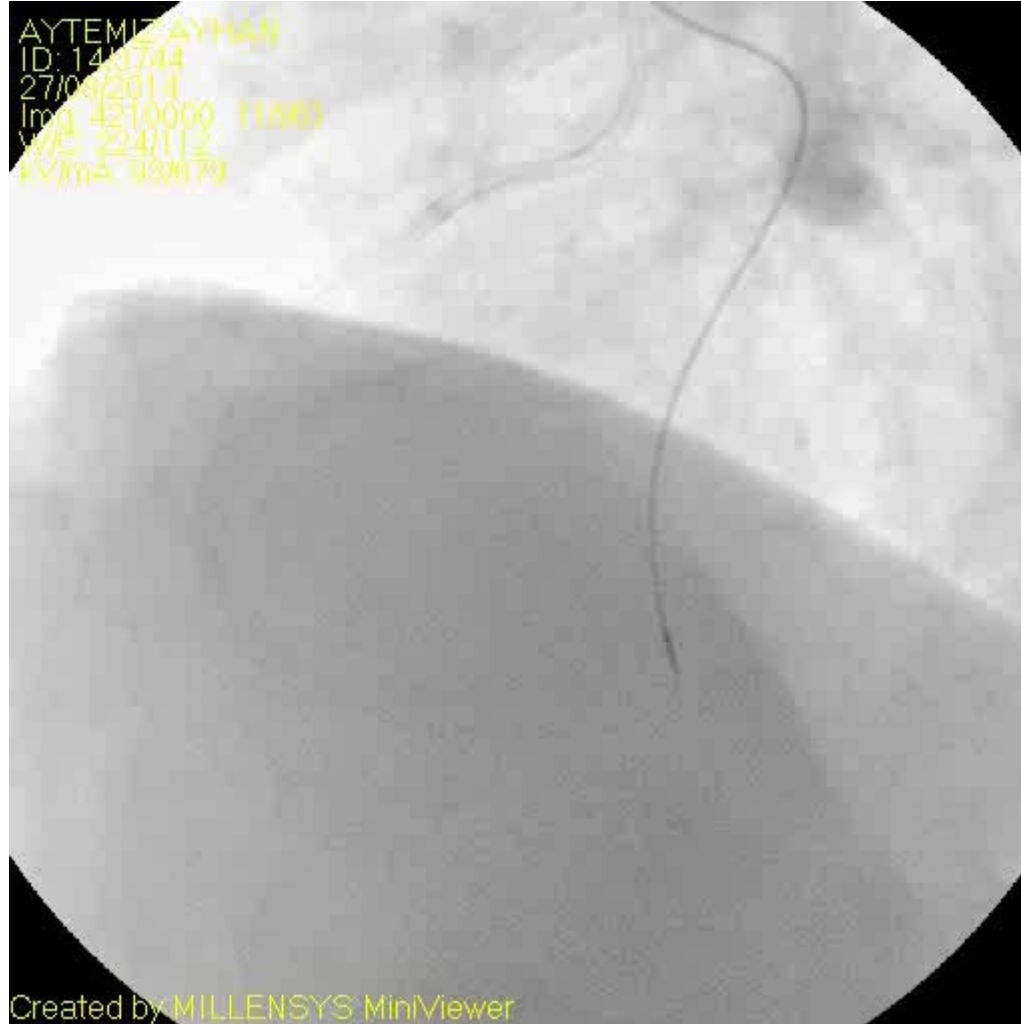
2.75*15 mm NC post dilatasyonlar



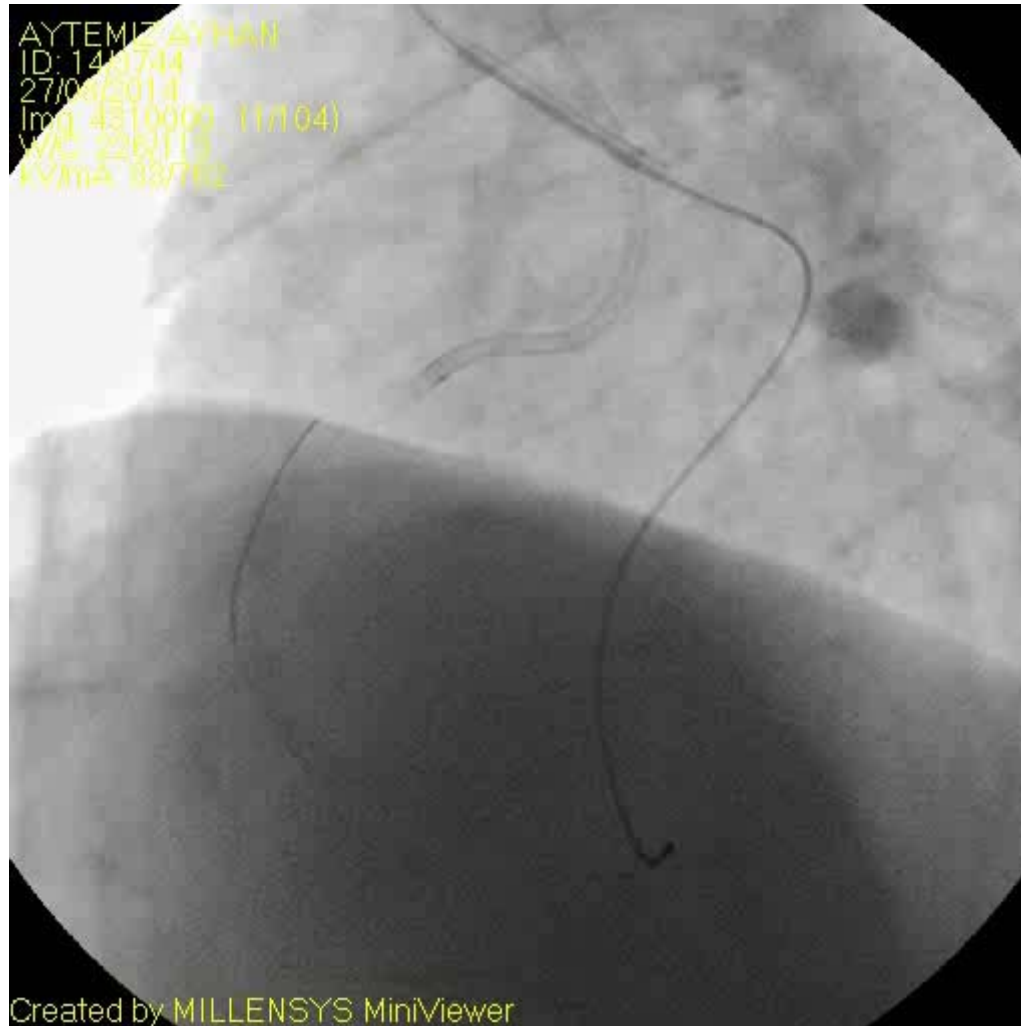
2.75*15 mm NC post dilatasyonlar



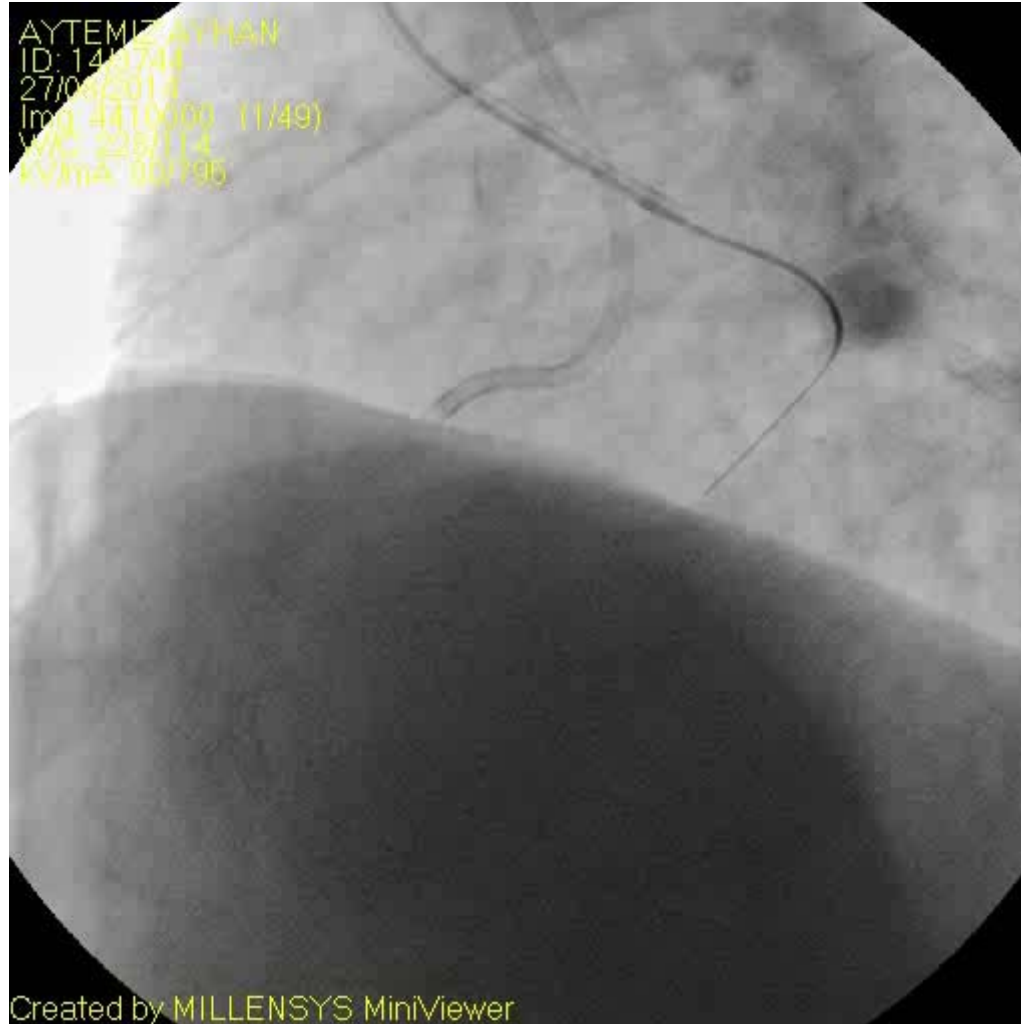
Stentler ve ardışık NC post dilatasyonlar sonrası anjio



RG3 gw retrograd corsaire kadar geri alındı



RG3 gw ve retrograd corsair beraberce sol sistemden geri alındı



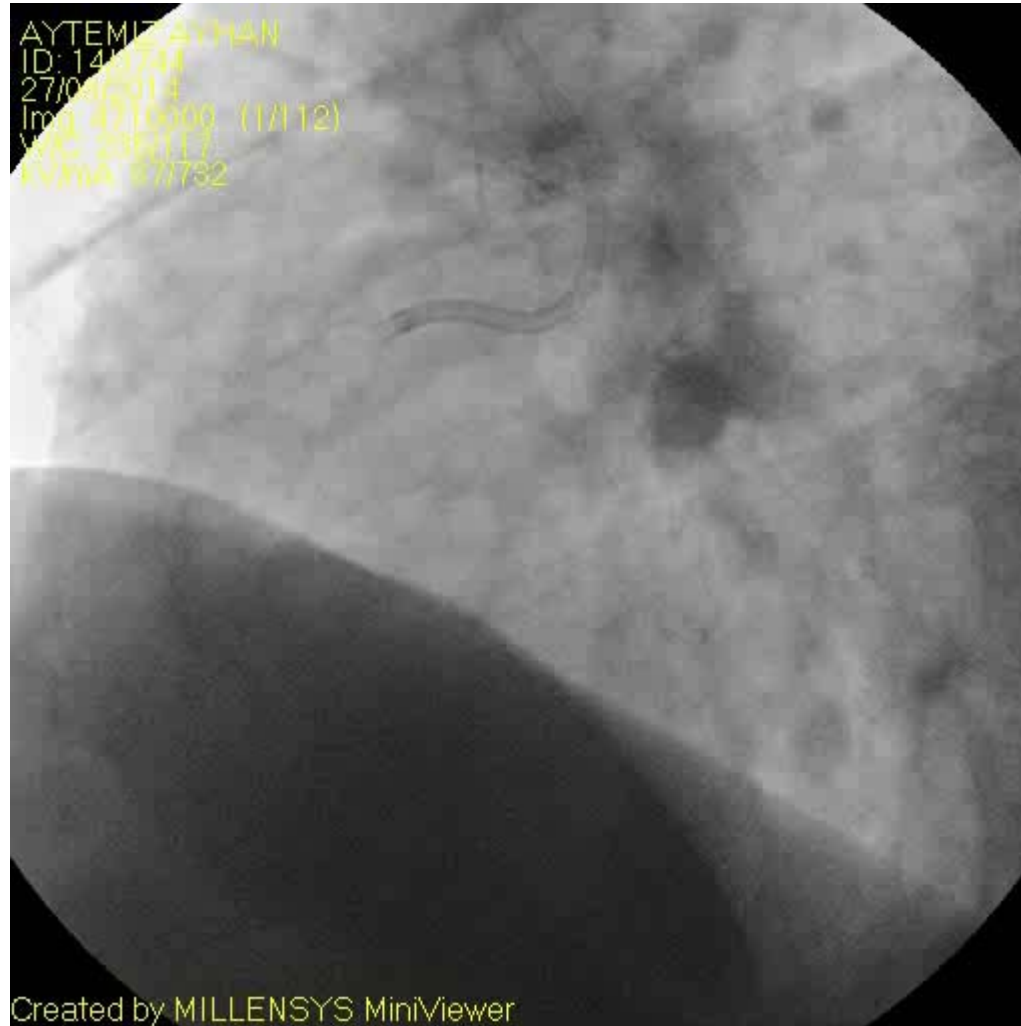
İşlem sonrası sol sistemin kontrol anjiosu yapıldı



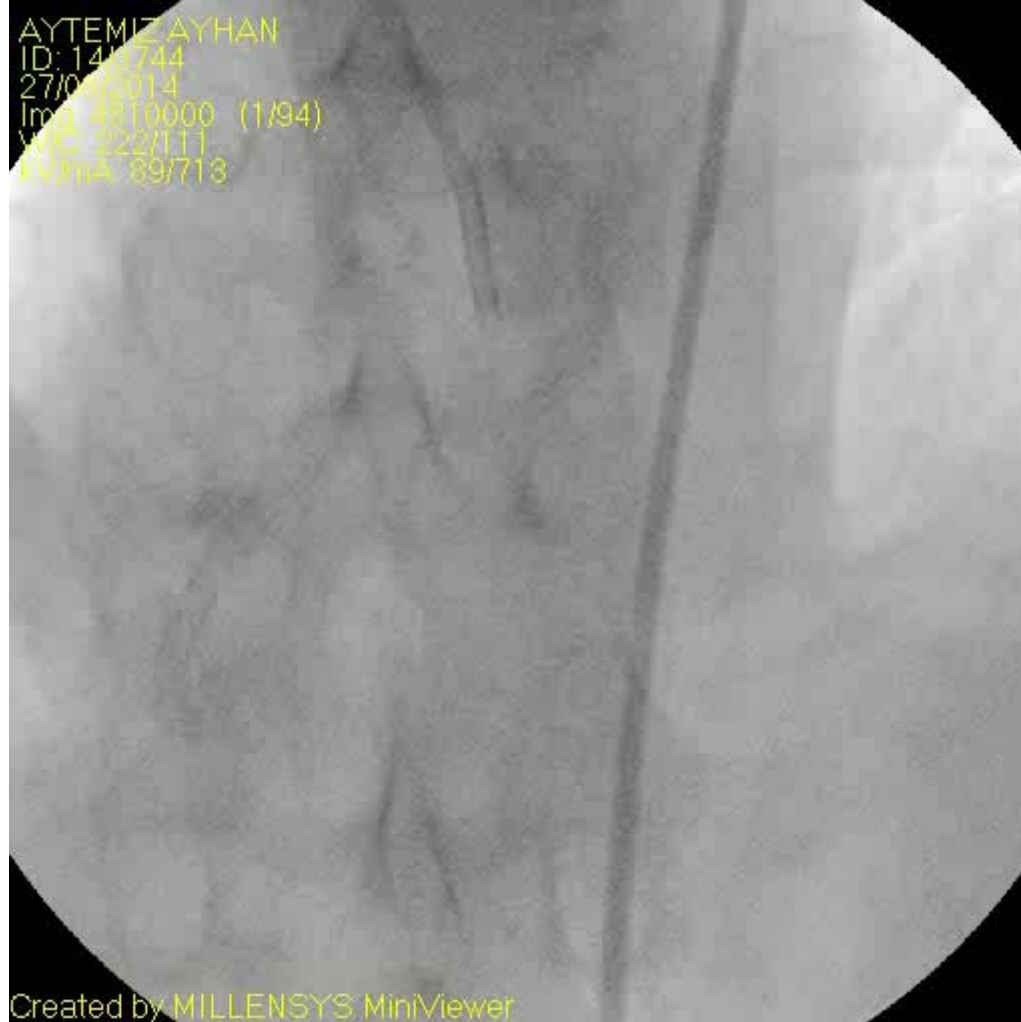
İşlem sonrası sol sistemin kontrol anjiosu yapıldı



Sağ sistemin kontrol anjiosu yapıldı



Sağ sistemin kontrol anjiosu yapıldı



TAKİP

- 1. ve 3. ay poliklinik takipleri normal.
- 6. ay sonrası RCA distal lezyonunu da değerlendirmek için kontrol KAG önerildi.



Teşekkür ederim...