My idea on intimal tracking: guide wire selection for Pop-BTK treatment

My experience in Italy

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Disclosure

I have the following potential conflicts of interest to report: consulting, travel reimbursement, teaching courses, training, proctoring:

Medtronic, Boston Scientific, Abbott, LimFlow, Terumo, Cook, Biotronik, Asahi, Shire, Kardia, Orbus, Astra Zeneca
Tips and tricks for a correct “endo approach”

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Step-by-step approach in CTOs

- Antegrade approach
  1. Endoluminal
  2. Subintimal

- Retrograde puncture

- Transcortollateral
  1. Pedal-planar loop technique
  2. Trans-cortollateral approach

Figure 9.—Step-by-step approach in CTOs.

Figure 10.—The exploring system. A) 4 French, hydrophilic, diagnostic Berenstein catheter; B) Y-shaped connector; C) stopcock; D) syringe with diluted contrast dye; E) inserter; F) wire.
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- **Retrograde approaches**
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  2. Trans-collateral approach
  3. Retrograde percutaneous puncture

Failure?
The endoluminal approach is our first line approach in every type of lesion, irrespective of the length of the lesion because it is often possible to cross very long BTK CTOs maintaining a likely endoluminal position.

Our first choice wire is a soft tip, 0.014”, hydrophilic wire.
In case of failure we change our strategy depending on the type and length of the lesion.

**SHORT CTOs:** we pursue the endoluminal approach. We change from a “sliding strategy” to a “perforating strategy”: the operator directs the wire tip through the obstructing material towards the distal open lumen.
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Failure?
Retrograde approach: Milan experience 2010-2013

- SFA 8%
- POP 5%
- TTP-PER 3%
- PT 15%
- OTHER 5%
- AT 13%
- PED 35%
- PED-PLANT LOOP 16%
In retrograde approaches the wire is the key factor
1. Digital artery puncture
2. Wiring the Digital branch
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- **ENDO successful 56%**
- **SUBI successful 34%**
- **RETRO successful 10%**
Peripheral angioplasty is still in an artisanal era: we must standardize our strategies in a methodical step-by-step approach.

Endoluminal approach is sufficient only in half of the CTOs.

Subintimal and retrograde approaches are not an option!!!
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