

Clinical Results of Consecutive CTO Percutaneous Revascularization

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Background: Chronic total occlusion (CTO) plaques are the most challenging lesions in interventional cardiology.

Goal: To explore the angiographic, technical and clinical results of percutaneous CTO revascularization at our center.

Methods: Consecutive CTO interventional cases, supplying a viable myocardial region, were recorded into a Database from January 2007 to November 2009. Clinical, angiographic and procedural results of 202 patients (mean age 63 yrs, 85% males and 45% diabetics) and 207 CTO lesions were reported and filed and all events were adjudicated for procedural results and long-term adverse events (death, MI, target vessel revascularization, stent thrombosis and need for CABG). Results: Successful CTO revascularization was achieved in 167 (83%) of attempted cases. Procedural complications included dissection (10%), coronary 'wire exit' or self-limited perforation (2.5%) but no event of pericardial tamponade (0%). Drug eluting stents were utilized in 76% of successful cases.

Six month results following successful CTO recanalization are presented in Table:

	Successful CTO N=167
Death	4 (2.5%)
Myocardial infraction	2 (1.2%)
Coronary artery bypass surgery	1 (0.6%)
Target vessel revascularization	7 (4.4%)
Stent thrombosis (within one months)	1 (0.6%)
Major adverse cardiac events (hierarchical)	11 (6.8%)

Conclusion: In carefully selected cases of percutaneous CTO procedures, the technical and clinical results are reasonable and associated with a durable intermediate-term revascularization and overall good clinical results.