

CASE STUDY

RCA CTO

DYNAMX

CORONARY BIOADAPTOR

CASE OVERVIEW

- CTO in the RCA treated with DynamX Coronary Bioadaptor
- Case performed by Antonio Colombo, MD and Gabriele Gasparini, MD Humanitas Research Hospital, Italy
- Outcomes:
 - DynamX demonstrates acute performance similar to DES in CTOs

PATIENT HISTORY

Demographics

- Age: 71 years old
- Gender: Female
- BMI: 38

Risk Factors

- Diabetes mellitus – insulin dependent
- Dyslipidemia
- HTN

Clinical History

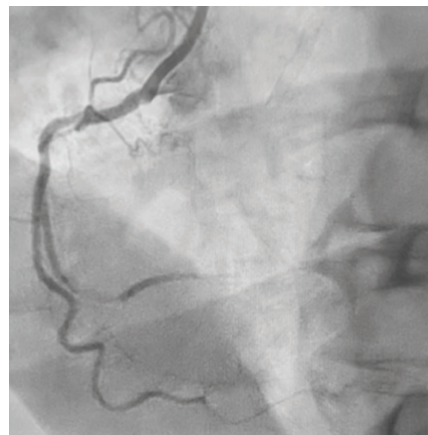
- Unstable angina (UA) & mid LAD PCI w/ DES, residual RCA CTO (2016)
- Unstable angina (UA) & ostial LAD PCI w/ DES (2020)
- COVID pneumonia (Feb 2021)
- Recurrent CCS angina III, NYHA II. Failed attempt of RCA CTO recanalization (July 2021)
- Referred to Humanitas Research Hospital for CTO expertise (2021)

Diagnostic tests

- ECG: sinus rhythm
- TTE: preserved LVEF, inferior hypokinesia
- Angiography: good result of previous LAD PCIs, residual RCA CTO

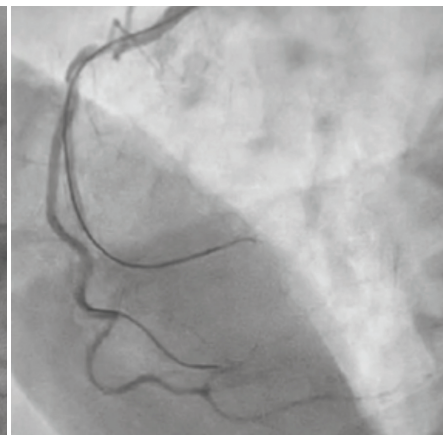
LESION AT BASELINE

RCA CTO



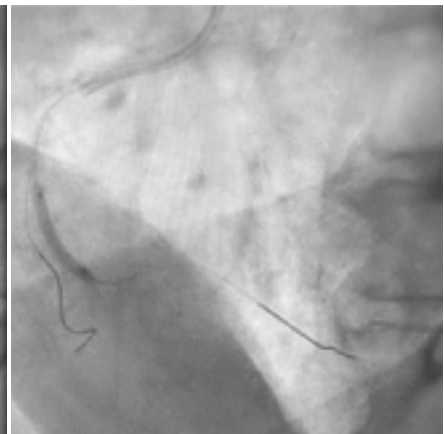
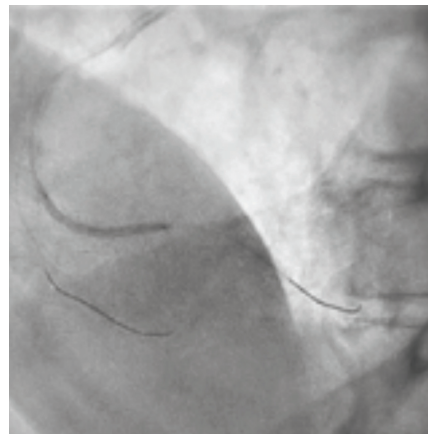
LESION CROSSING

Successful antegrade wire escalation (AWE) and lesion crossing with Gaia 2 on FineCross. Marginal wired for protection



LESION PREPARATION

Multiple inflations with semi-compliant balloons - 2.0 mm and 2.5 mm



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BIOADAPTOR IMPLANTS

DynamX bioadaptor 2.5 mm x 32 mm was implanted distally

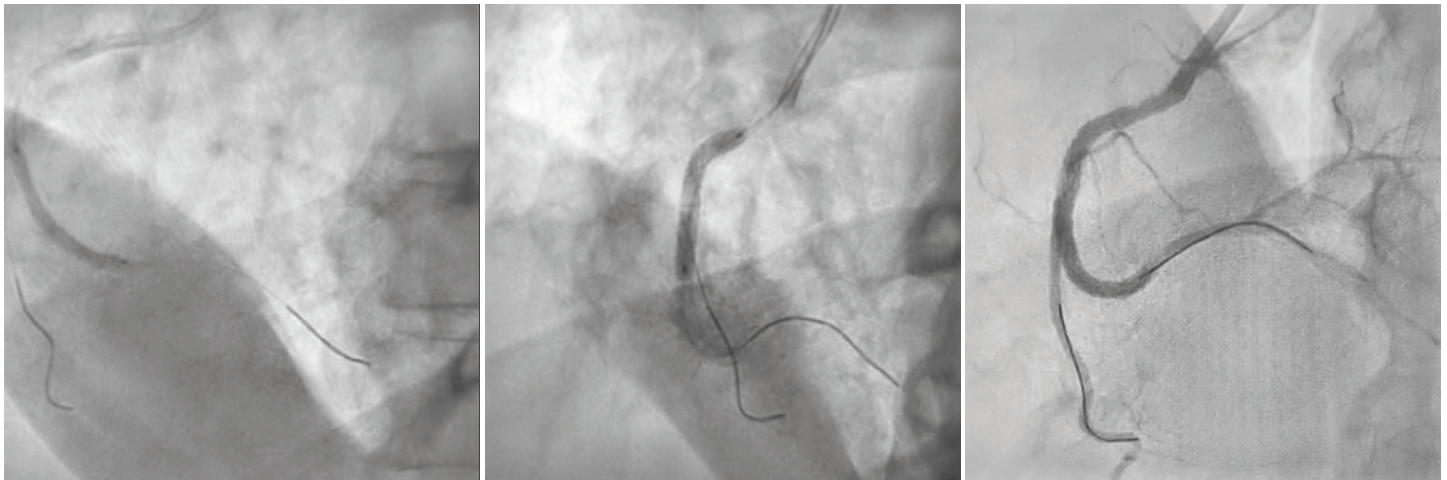
DynamX bioadaptor 3.0 mm x 23 mm was implanted proximally with minimal overlap

Post dilation with a noncompliant 3.0 mm balloon

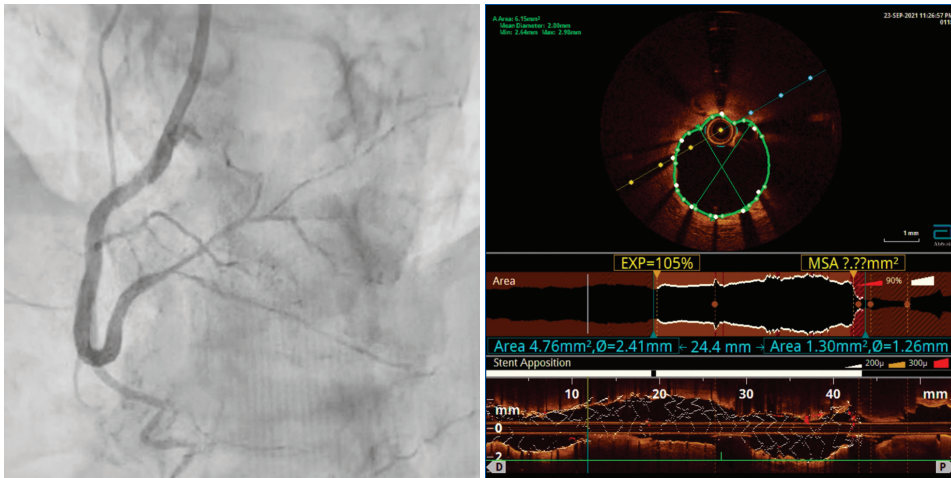
INTERIM RESULT

Stenosis remained distal to implanted bioadaptors; DynamX bioadaptor 2.5 mm x 18 mm was implanted distally. Smooth delivery through a tortuous segment and 55 mm of newly implanted bioadaptors

Post dilation with a noncompliant 3.0 mm balloon



FINAL RESULT



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