

FIGURE 1



FIGURE 2



FIGURE 3

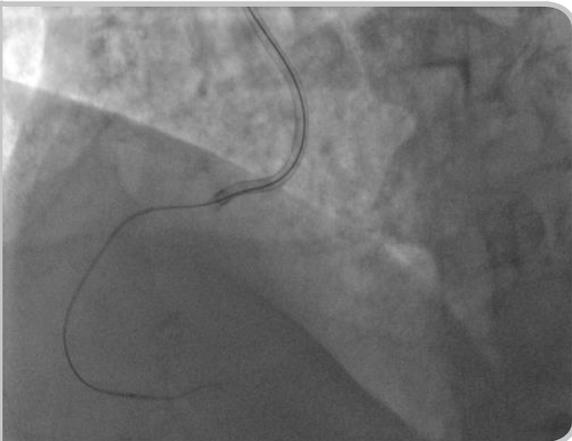


FIGURE 4



## Turnpike Gold Catheter Assists in Revascularization of an RCA CTO

### PHYSICIANS

Joseph Salloum, MD  
Cheryl Robertson, MD  
VA Medical Center, Nashville, TN

### PRESENTATION

A male patient presented with underlying hypertension, hyperlipidemia, and diabetes mellitus. He experienced presyncopal symptoms in the setting of overheating while working and was referred for stress test. The Lexiscan stress test revealed inferolateral ischemia. Follow-up coronary CTA showed right coronary and left circumflex disease. He was referred for LHC.

### INITIAL FINDINGS

LHC revealed the following: 20% distal stenosis of the LM, mild, diffuse disease of the LAD, 100% chronic occlusion proximally in the LCx, filling via faint collaterals from the LAD, and severe diffuse disease with 90% mid stenosis and 100% distal chronic total occlusion (CTO) in the RCA. LVEF was 65% with normal wall motion. After an unsuccessful trial of medical therapy, he was brought back to the cath lab several weeks later for percutaneous revascularization of the RCA (Figure 1).

### TREATMENT

Access was obtained to the right femoral artery and an 8F sheath was placed. An AL 0.75 guide catheter with sideholes was used to engage the RCA. Then, a 300cm PT Graphix™ intermediate guidewire was advanced into the mid RCA in tandem with a 1.5 x 12mm OTW Mini Trek® balloon catheter. However, the wire was unable to cross the severe mid segment lesion and was exchanged for a 300cm Fielder® XT guidewire. This wire was able to be advanced slightly further into the mid RCA lesion but was frequently directed into an acute marginal branch. The balloon was unable to cross the severe mid RCA lesion.

The balloon was removed and a Turnpike Gold catheter was inserted over the Fielder XT (Figure 2). With the guidewire leading, the Turnpike Gold was spun successfully beyond the mid RCA lesion and through the distal RCA CTO, allowing the wire to be directed into the PDA (Figure 3). The Turnpike Gold was again, spun successfully into the PDA over the wire.

*(continued on back)*

FIGURE 5



FIGURE 6



FIGURE 7



## TREATMENT (CONTINUED)

The Turnpike Gold was used to exchange the Fielder XT for a ChoICE™ PT extra support wire. The Turnpike Gold was then removed and a 1.5 x 15mm Trek balloon was inserted, followed by a 2 x 15mm balloon. These were used to serially dilate the areas of occlusive disease in the RCA from distal to proximal.

A 2.5 x 38mm Xience Alpine® drug eluting stent was deployed in the distal RCA (Figure 4), a 3 x 38mm Xience Alpine was deployed in the mid RCA (Figure 5), and a 3 x 26mm Resolute Integrity™ drug eluting stent was deployed in the proximal RCA, all in overlapping fashion (Figure 6).

## CONCLUSION & POST PROCEDURE

The patient exhibited excellent final results with normal TIMI 3 flow (Figure 7).

## SUMMARY

The patient underwent successful recanalization of a chronic total occlusion of a severely diseased RCA. The Turnpike Gold catheter made it possible for the wire to cross a diffuse severe lesion and a chronic total coronary occlusion when a low-profile balloon was unsuccessful. The procedure was not accompanied by any complications. The patient may return for recanalization of the left circumflex chronic occlusion if symptoms persist.

### Joseph Salloum, MD

Joseph G. Salloum, MD is an interventional cardiologist at Vanderbilt University Medical Center and at the VA hospital in Nashville. He received his training at the Cleveland Clinic Foundation, the University of Texas, and Vanderbilt University. Areas of focus include complex coronary interventions, percutaneous cardiac support, and structural heart disease.



### Cheryl Robertson, MD

Cheryl Robertson, MD is currently completing her Interventional Cardiology fellowship at Vanderbilt University Medical Center. She completed a general Cardiology fellowship at Vanderbilt and Internal Medicine Residency training at Duke University Medical Center. She obtained her medical degree from the University of Alabama in Birmingham (UAB). She will be joining the Cardiovascular team at Wellstar Medical Group in Atlanta, GA upon completion of fellowship training.



The Turnpike catheters are intended to be used to access discrete regions of the coronary and/or peripheral vasculature. They may be used to facilitate placement and exchange of guidewires and to subselectively infuse/deliver diagnostic and therapeutic agents. The Turnpike Spiral and Turnpike Gold catheters are contraindicated for use in vessels with an effective diameter smaller than 1mm.

Please see the Instructions for Use for a complete listing of the indications, contraindications, warnings and precautions.

CAUTION: Federal law (U.S.A.) restricts this device to sale by or on the order of a physician.

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Vascular Solutions, Inc.  
6464 Sycamore Court North  
Minneapolis, Minnesota 55369 USA

Customer Service:  
United States: 888.240.6001  
International: (001) 763.656.4298  
customerservice@vasc.com  
www.vasc.com