

# Case of the day : Case 1 - CVS

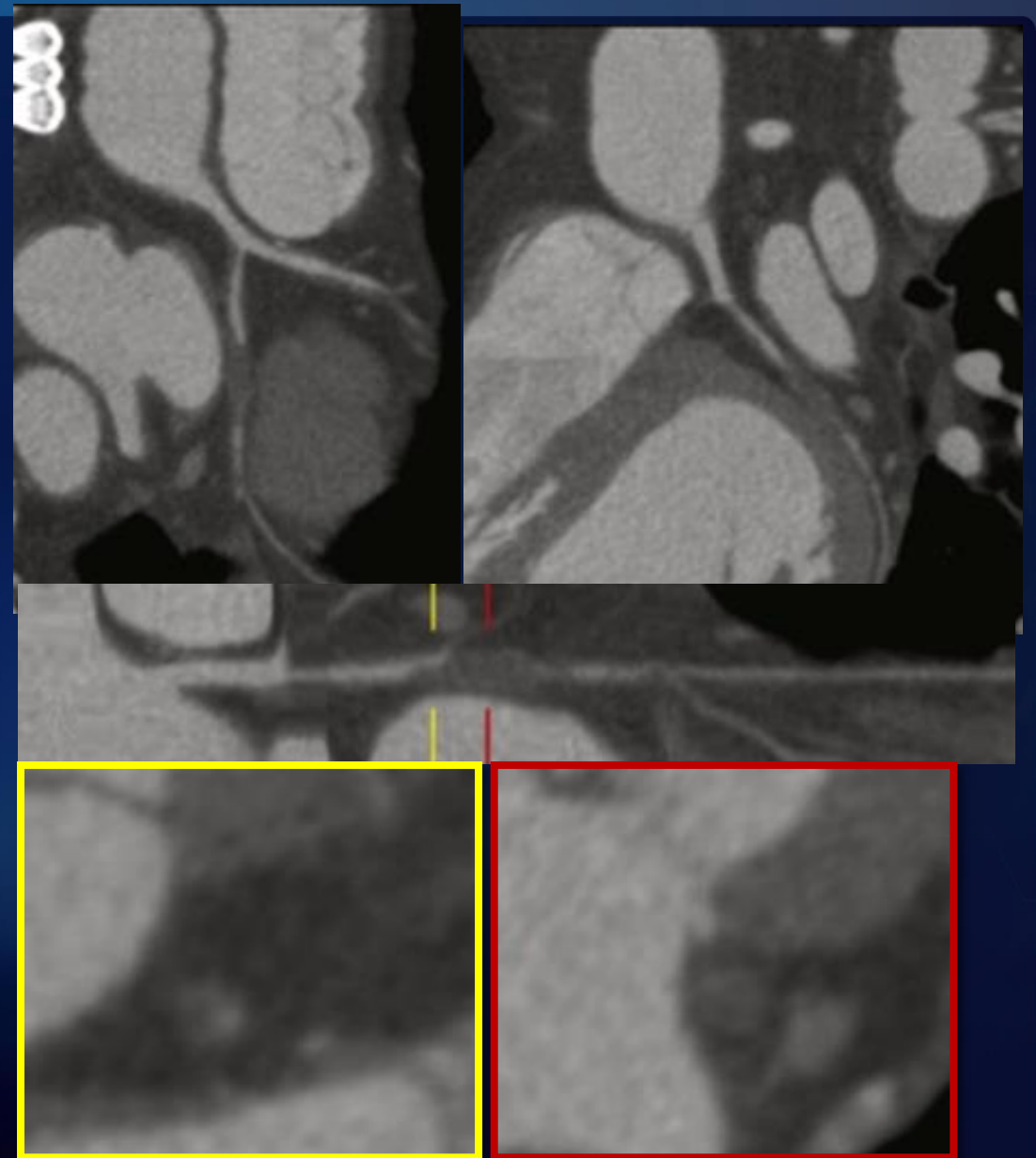
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# Case of the day : CVS

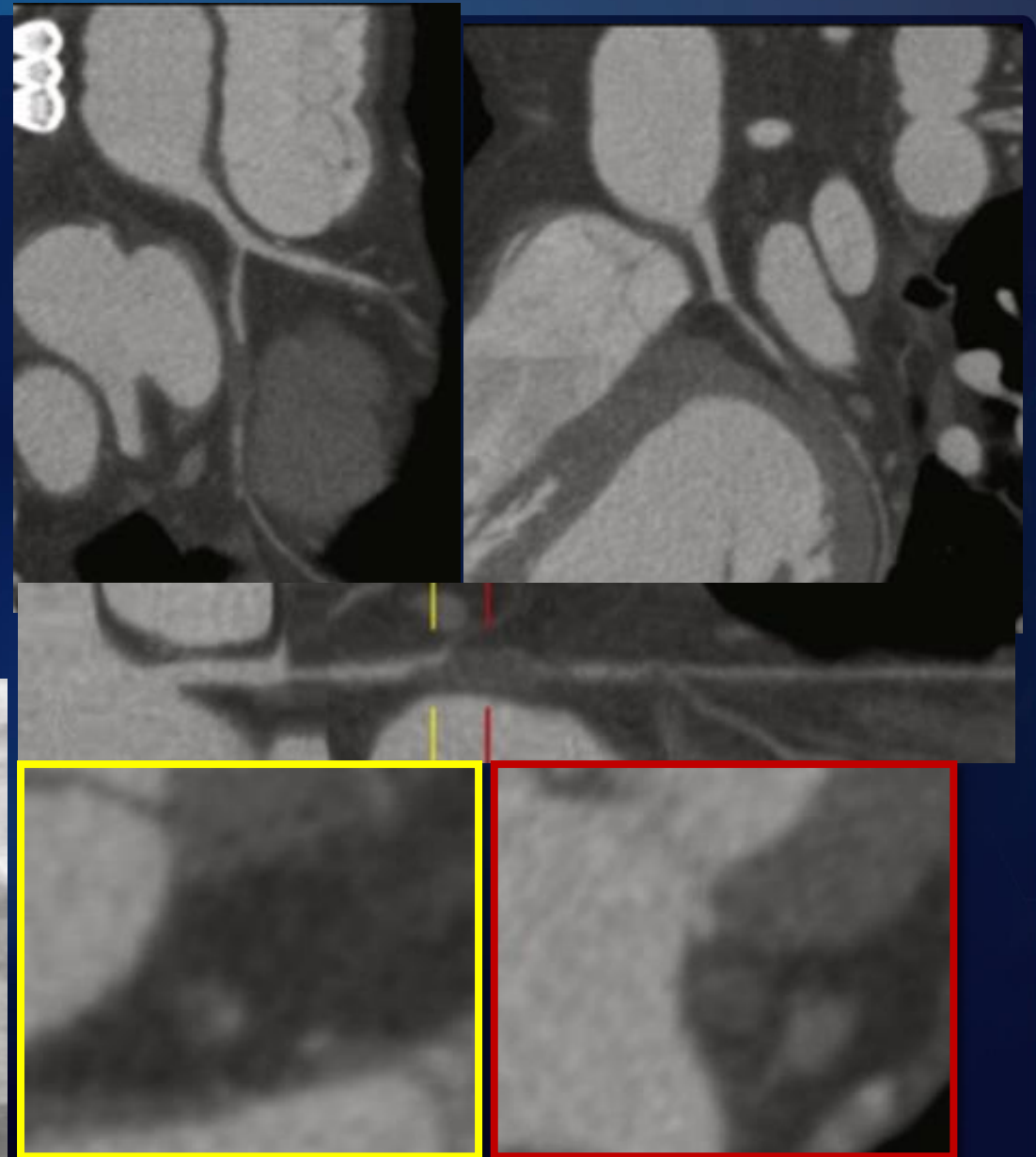
• What is the severity of this stenosis?

- A. 1-24 %
- B. 25-49 %
- C. 50-69 %
- D. 70-99 %
- E. 100 %



# Findings

- Coronary CTA : Non-calcified plaque causing total occlusion of proximal left anterior descending artery (pLAD) with contrast opacified distal to occlusion site feeding by collateral vessels. Blunt stump without bending at the entry or exit site.
- Coronary angiogram : Total occlusion of pLAD.



# Diagnosis

- Total occlusion (100%) of pLAD.





# Learning Point : Recognize the CTO on CCTA

- Soft tissue density material in lumen with no contrast seen (esp. cross section view).
- Complete absence of contrast → total occlusion.
- Most cases of CTO on CCTA usually show contrast distal to occlusion due to retrograde collateral flow → do not undercall a typical CTO
- Lesion length > 9 mm was 100% specificity and 70% sens. for complete occlusion (Eur Radiol 2008 18:2770-5)



# Role of CCTA in the management of CTO

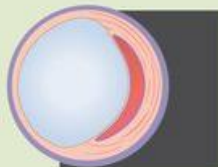
## 1 IDENTIFICATION OF CTO

## 2 PREDICTING CLINICAL BENEFIT FROM REVASCULARIZATION

## 3 PREDICTING THE PROCEDURAL OUTCOME OF PCI

CT-RECTOR Score

• Calcification  $\geq 50\%$  CSA



• Bending  $\geq 45^\circ$



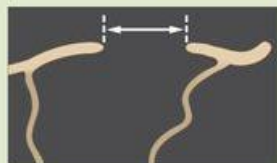
• Multiple occlusion sites



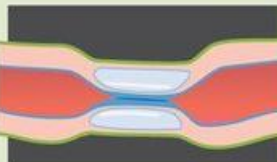
• Blunt stump



• Occlusion length



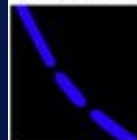
• Shrinkage/negative remodeling



## CT-RECTOR Score Calculator

### Predictors Definitions

#### Multiple Occlusion



Presence of  $\geq 2$  complete interruptions of the contrast opacification separated by contrast-enhanced segment of  $\geq 5$  mm.

#### Multiple Occlusion

- Presence (1)
- Absence (0)

#### Blunt Stump



Absence of any tapered stump at the entry or exit site.

#### Blunt Stump

- Presence (1)
- Absence (0)

#### Severe Calcification

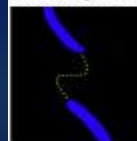


Presence of any calcium involving  $\geq 50\%$  of the vessel cross-sectional area at the entry or exit site or within the occlusion route.

#### Severe Calcification

- Presence (1)
- Absence (0)

#### Bending $\geq 45^\circ$



Presence of any bending  $\geq 45^\circ$  at the entry or exit site or within the occlusion route.

#### Bending $\geq 45^\circ$

- Presence (1)
- Absence (0)

#### Second Attempt

Previously failed PCI at CTO

#### Second Attempt

- Yes (1)
- No (0)

#### Duration of CTO

Duration of CTO  $\geq 12$  months or unknown

#### Duration of CTO

- Yes (1)
- No (0)

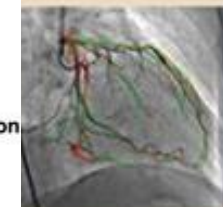
#### Difficulty Group

- Easy (0)
- Intermediate (1)
- Difficult (2)
- Very Difficult ( $\geq 3$ )

#### Total Score



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# References

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2. Opolski MP, Achenbach S, Schuhback A, Rolf A, Mollmann H, Nef H, Rixe J, et al. Coronary computed tomographic prediction rule for time-efficient guidewire crossing through chronic total occlusion: insights from the CT-rector multicenter registry (computed tomography registry of chronic total occlusion revascularization). JACC Cardiovasc. Interv. 2015; 8: 257-67.
3. Yu M, Xu N, Zhang J, Li Y, Li M, Lu Z, et al. CT features in the early and late stages of chronic total coronary occlusions. J. Cardiovasc Comput Tomogr 2015; 9: 572-7.

