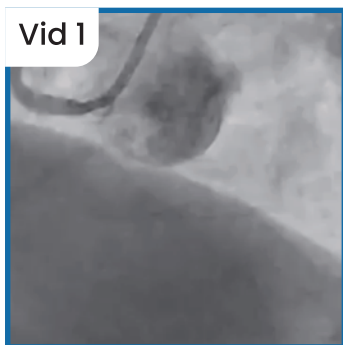


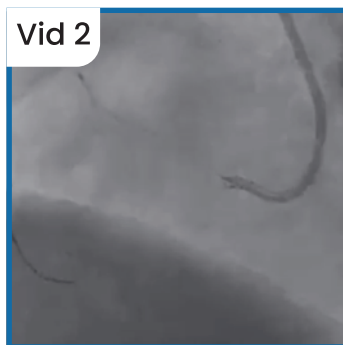
## Shepherd's crook RCA: The most crooked among the crooks

A 58-year-old male presented with acute coronary syndrome with chest pain and raised Troponin. ECG revealed marked ST-T changes in inferior leads. His coronary angiogram revealed a normal left system and presence of a critical lesion in proximal RCA that had a Shepherd's crook origin with an 180 degree turn (Video 1). The RCA was engaged with an AL-1 catheter for extra support. It was very difficult to negotiate the guide wire distally because of the bend, tight lesion and a bit of calcium at the site (Video 2). A finecross microcatheter could not cross the lesion however it provided support so that the guide wire tip could be parked distally. The microcatheter could not cross the lesion despite distal wiring (Video 3). Another extra support guide wire was then passed as a buddy-wire to increase the support (Video 4). Then a guide-extension catheter (GEC) was passed over the two wires. The balloon could then be placed across the lesion and the lesion was dilated (Video 5). The GEC was then "inched" over the deflated balloon into the lesion. A 3.5 x 15 mm DES was then placed across the lesion (Video 6) and deployed at nominal pressure (Video 7, Fig 1) with excellent satisfactory result (Video 7).

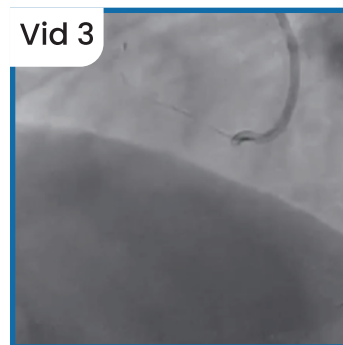
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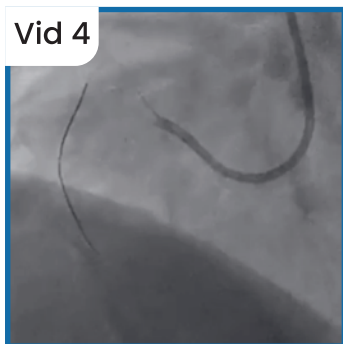
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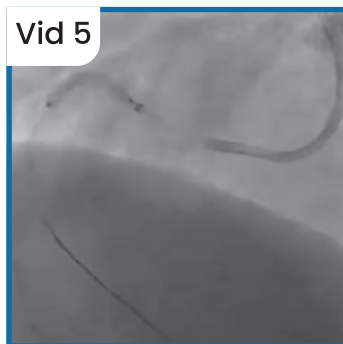
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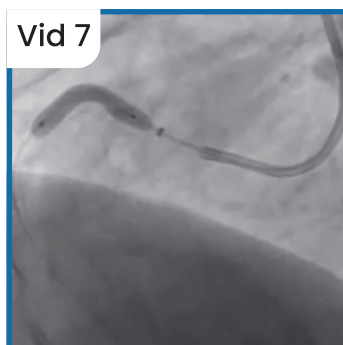
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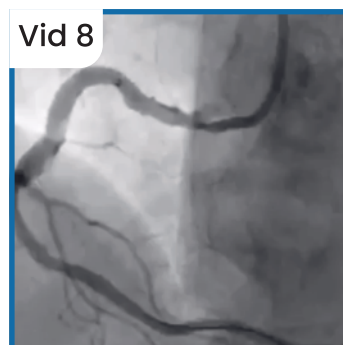
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Vid 7

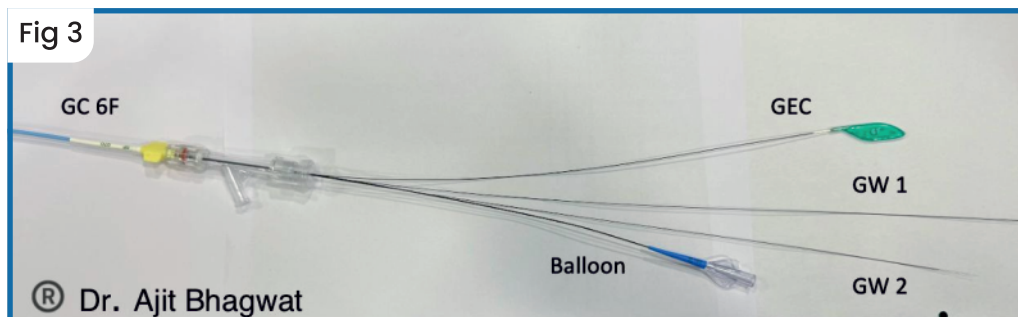
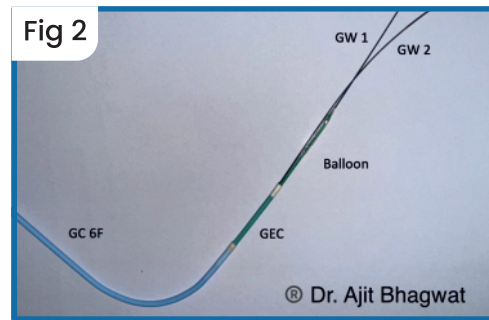
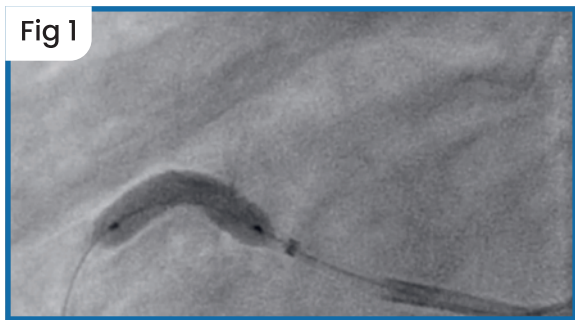


Vid 8



## Take Home Points

1. Shepherd's crook RCA could be very challenging particularly if the angle is very acute and the lesion is tight
2. Guide catheter support is very important. An AL-1 catheter with long 160 cm sheath is useful. Careful handling of AL-1 is needed to prevent ostioproximal dissections
3. Polymer coated hydrophilic wires are best suited for such angulated lesions but need careful manoeuvring as they are prone to cause dissections
4. Stiff guide wires like Grand slam or Iron man can be used if the microcatheter can cross the lesion. Using them as primary wires to cross the lesion is fraught with risk of dissection
5. Buddy wire technique can facilitate balloon and stent delivery. The guide extension catheter (GEC) may be needed for additional support. It can be loaded over two guide wires. A 6F GEC (Guide plus II- EL, Nipro) can accommodate two guide wires and a balloon catheter (Fig 2 & 3). It may be difficult to accommodate the stent catheter along with two guide wires and hence one of the two guide wires can be pulled before loading the stent catheter in the system



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## CARDIOLOGISTS

**Dr. Ajit Bhagwat | Dr. Sachin Mukhedkar | Dr. Ranjit Palkar | Dr. Mahendrasingh Parihar**

Gut No. 43, Bajaj Marg, Satara Parisar, Beed Bypass Road, Chhatrapati Sambhajinagar. Tel.: +91 240-6632111