Chronic Total Occlusions

The information explosion has come to the world of cardiology in the form of a proliferation of journals. Some of the major journals in our field have recently split to accommodate the growing number of good-quality original research submissions. This has resulted in an ever-growing stack of unread issues on most of our desks. *Cardiac Interventions Today* takes this mass of new information and synthesizes review and summary articles that should make keeping up easier. In this issue, we review the state of the art in PCI for chronic total occlusions (CTO).

First, Renato Valenti, MD, and David Antoniucci, MD, evaluate the long-term data of CTO PCI in several large registries and note that, although more data are certainly warranted, particularly from randomized trials, adopting a complete revascularization strategy for patients with multivessel disease and at least one CTO is practical. Craig A. Thompson, MD, MMSc, reviews the keys to antegrade CTO PCI success by providing us with his viewpoint as well as expert opinion. He discusses imaging, wire selection, and manipulation, not overlooking the importance of patient selection and operator experience. Masahiko Ochiai, MD, FACC, FSCAI, then reviews the retrograde CTO PCI approach, citing novel information and recent therapeutic ideas.

Despite many advances, there still remain several complications to CTO intervention—namely perforation and dissection. Adel Aminian, MD; Tito Kabir, MD; Olivier Muller, MD; Christan Roguelov, MD; Gregoire Girod, MD; and Eric Eeckhout, MD, PhD, address the causes and classifications of perforation, along with the risk factors for the development of coronary artery dissection, and how to manage these complications when they occur.

Our CTO cover story closes with an article by Sairav B. Shah, MD, and Richard R. Heuser, MD, who discuss the CTO recanalization techniques used at their center, from access to wire selection, noting that the best strategies stem out of what the leaders in the field are most comfortable with.

Our techniques department this month highlights two topics. First, Antonis Pratsos, MD, explores the use of laser in treating long calcified lesions, CTOs, ostial disease, bifurcation lesions, and saphenous vein grafts. Next, Ramon Quesada, MD, cites the benefits of transradial access versus the femoral approach for PCI patients. These advantages include reduced incidences of entry complications, decreased postprocedural cost, and improved patient movement.

John Lasala, MD, PhD, is our featured interviewee. He discusses recent changes in technology and what is next for the field, particularly pertaining to mitral regurgitation, PFOs and migraines, and drug-eluting stents, and shares his insight on being a principal investigator.

This issue provides a great summary and overview of the state of the art in CTO management. Let me know if there are subjects you would like to hear about in future issues. ■

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