**A NOVEL APPROACH TO LEFT VENTRICULAR LEAD PLACEMENT IN CRT-D**

C. Macias, **M.B. West**

University of New Mexico, HSC, Albuquerque, NM, USA

Introduction: Optimal left ventricular (LV) lead placement is imperative to obtain biventricular synchrony in patients with severe LV dysfunction and conductive system delay. Unfortunately sometimes placement is limited by anatomic variances. We present two cases with a similar procedural approach in which CRT-D required a loop snare to obtain an optimal final secure resting position for the LV lead.

Description: Coronary sinus (CS) access was achieved and CS angiogram revealed an anterolateral vein that was small but suitable for a straight-tined LV lead. We were unable the wire this vein successfully and therefore dropped down into a posterior vessel and extended the sheath as far as possible. Right anterior oblique (RAO) and left anterior oblique (LAO) images revealed a collateralized branch that extended up to the anterolateral surface close to where ideal pacing was felt to occur. The vessel was wired but lead advancement was not possible. Therefore, a second sheath was positioned and then placed into the coronary sinus where a loop snare was utilized to secure the end of the 0.014 wire positioned from the posterior vein up the anterolateral vein into the parent CS. After snaring the 0.014 wire the lead and the wire were retracted into the sheath and with this, the lead was able to be advanced into an anterolateral position. Atrial and right ventricular leads were placed without difficulty.

Conclusion: The snare technique can be used when retrograde access for optimal LV lead placement is necessary for optimal LV lead placement.