

« Stuck on you... »



Ziad BOUERI
Bastia, Corsica
France



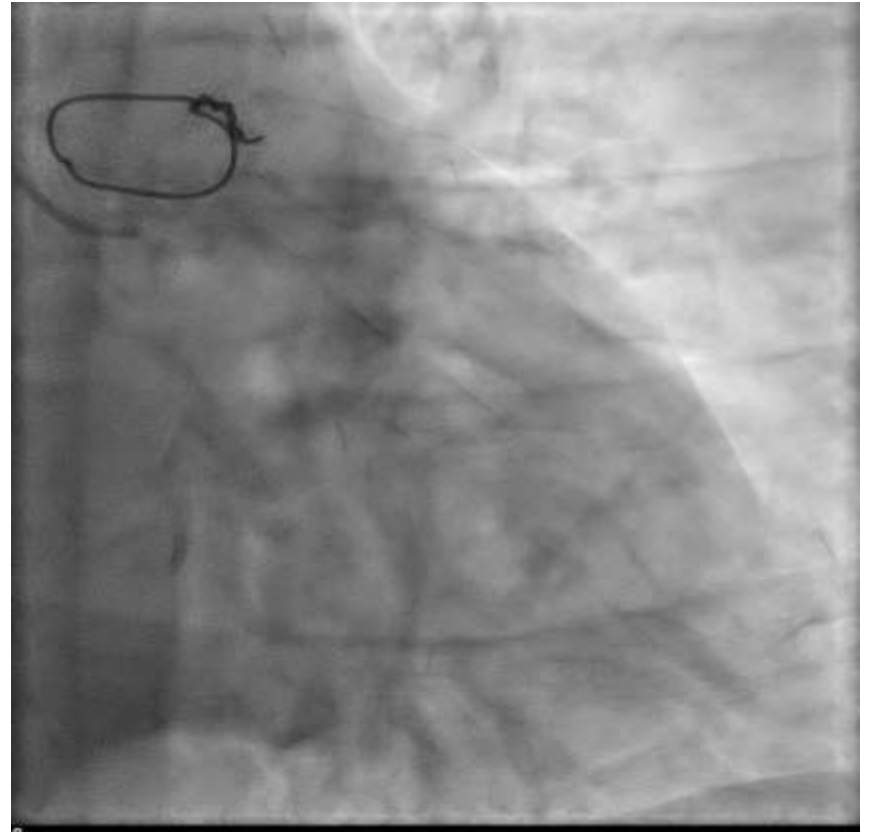


Clinical History

- **77 years old man admitted in our ICU for a NSTEMI**
 - Diabetes
 - Hypertension
 - Hypercholesterolemia
- Killip I stage, no chest pain at the admission
- Hb at 12 d/dl; Creatinin at 175 Micromol/l; Troponin I : 7400
- First angiogram done using a 6 french left radial access

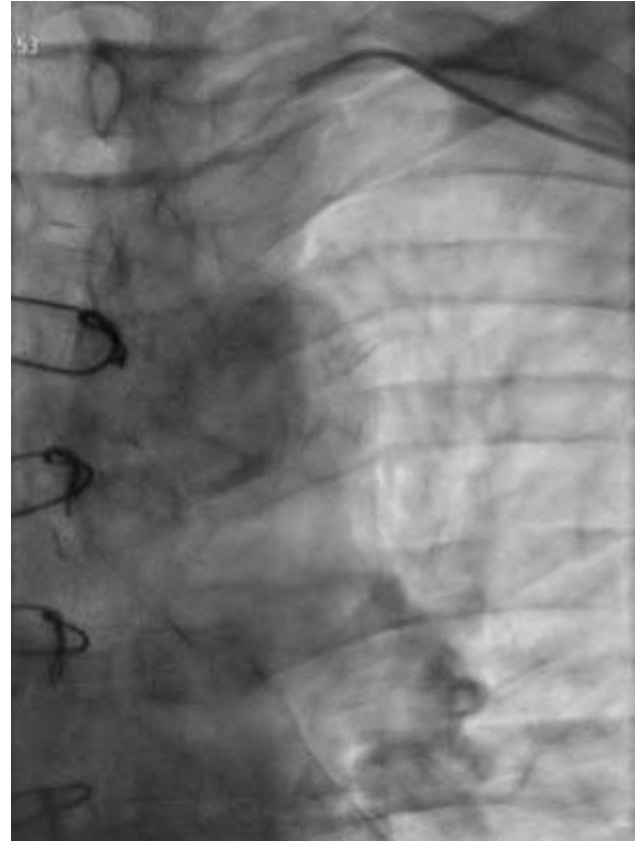


Left main artery



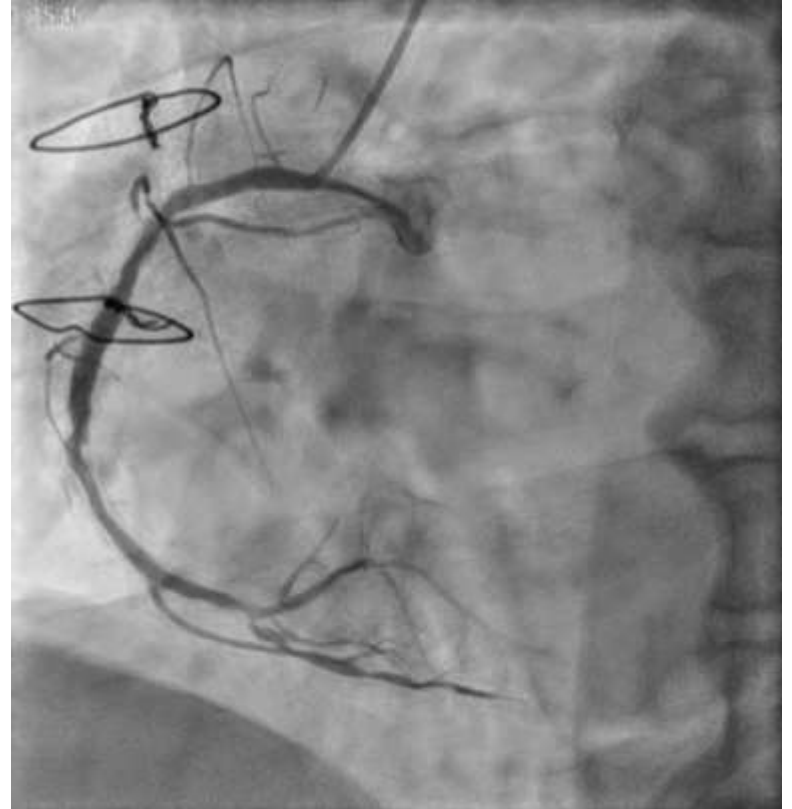
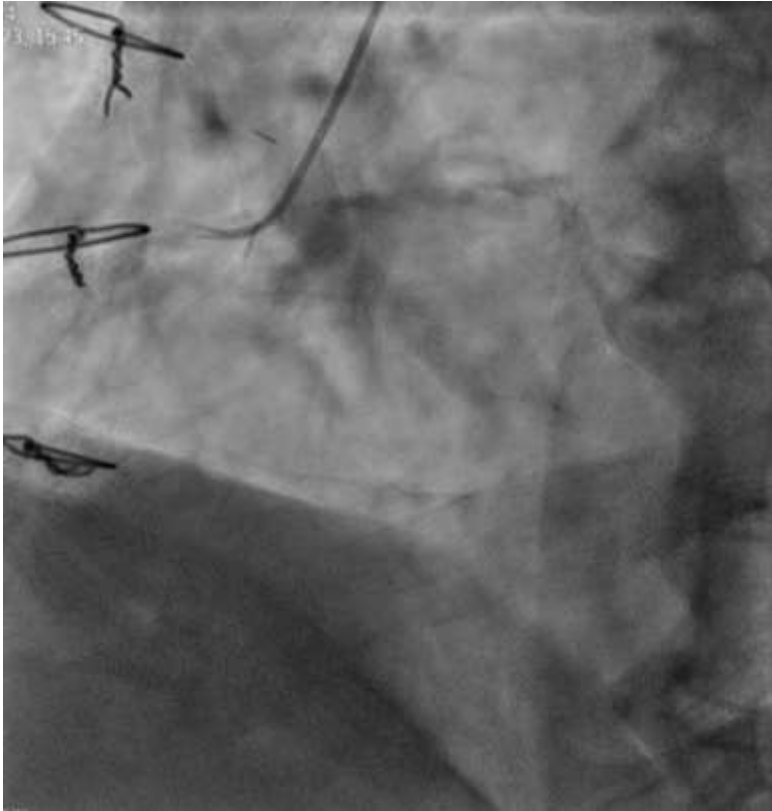


Left Internal mammary to mid LAD



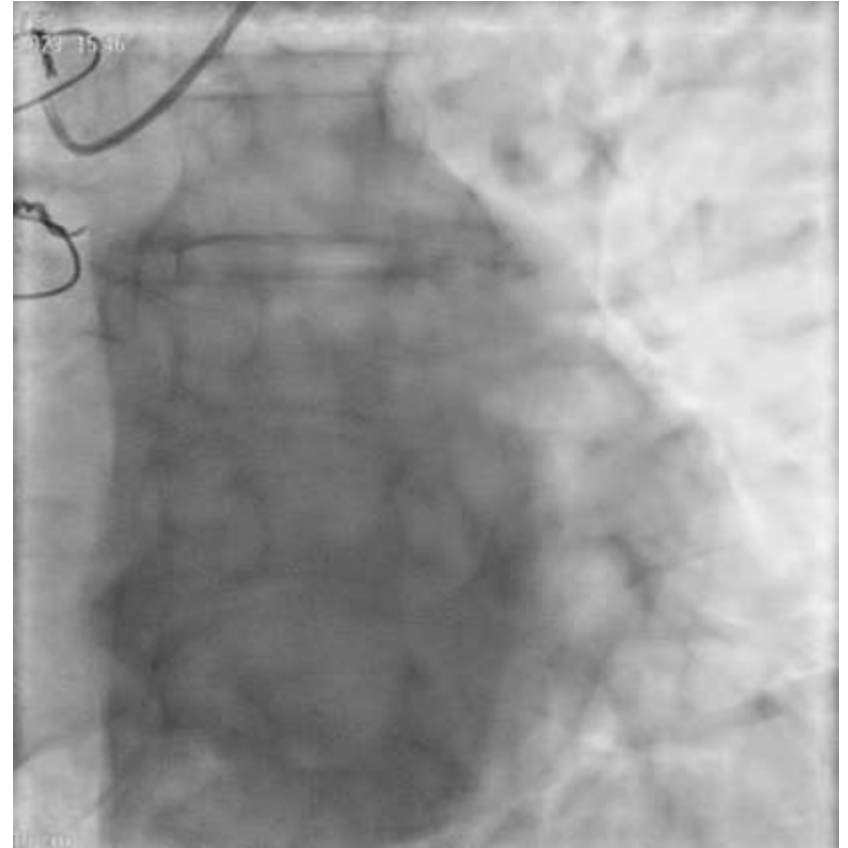


RCA





Sphenous graft to obtus marginalis



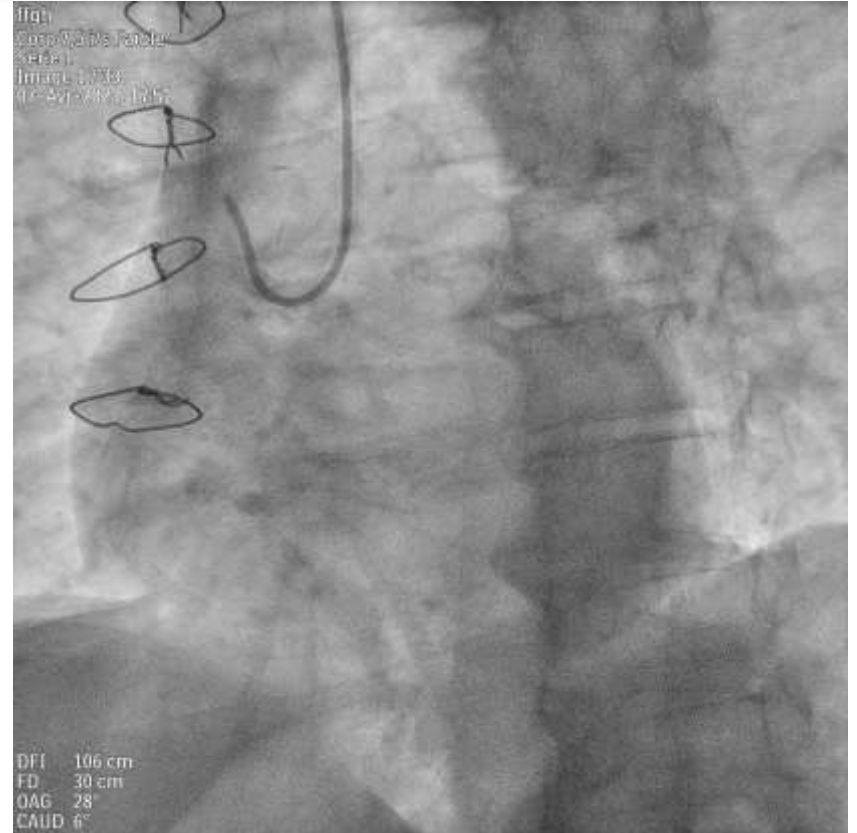
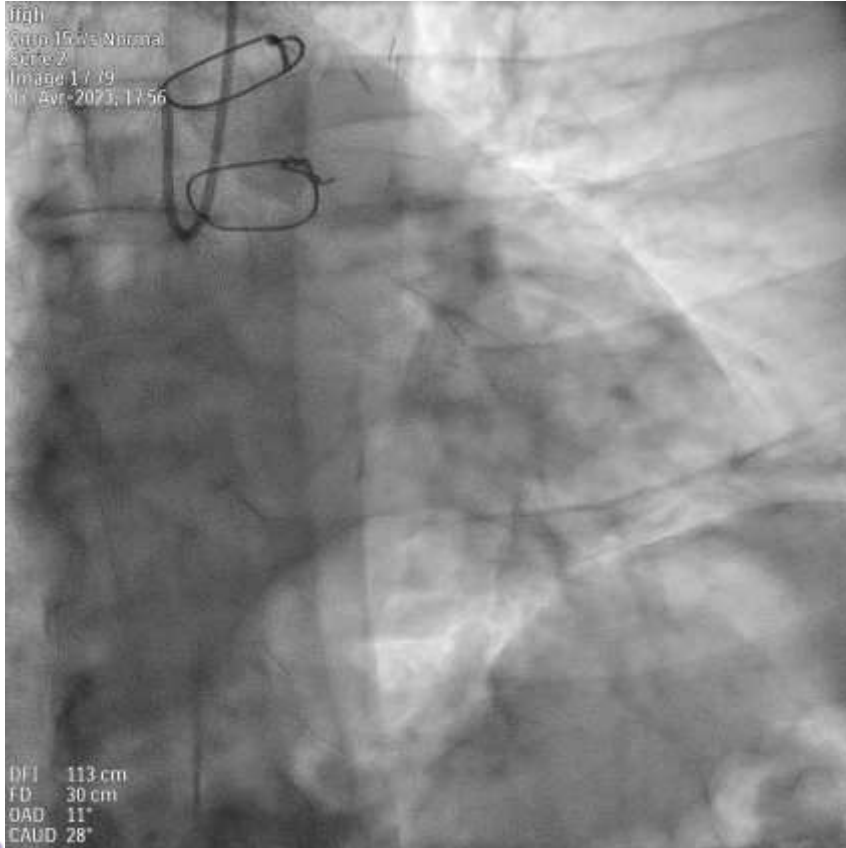


First medical treatment option was taken

- Anti thrombotic treatment was instored
- Curative Anti coagulation
- A decision of an angiogram control after 1 Week
- Several hypothesis were discussed about the plannig of the next proceure



Angiogram control after one week of aggressive medical treatment



Angiogram control after one week of aggressive medical treatment



- Very ugly heterogeneous distal anastomosis on this saphenous graft
- Not a good evolution with aggressive antithrombotic and anticoagulation approach
- Very high risk of thrombosis and no reflow in this graft ...
- Impossibility to get a distal protection device in this lesion



Antegrade escalation wire technique



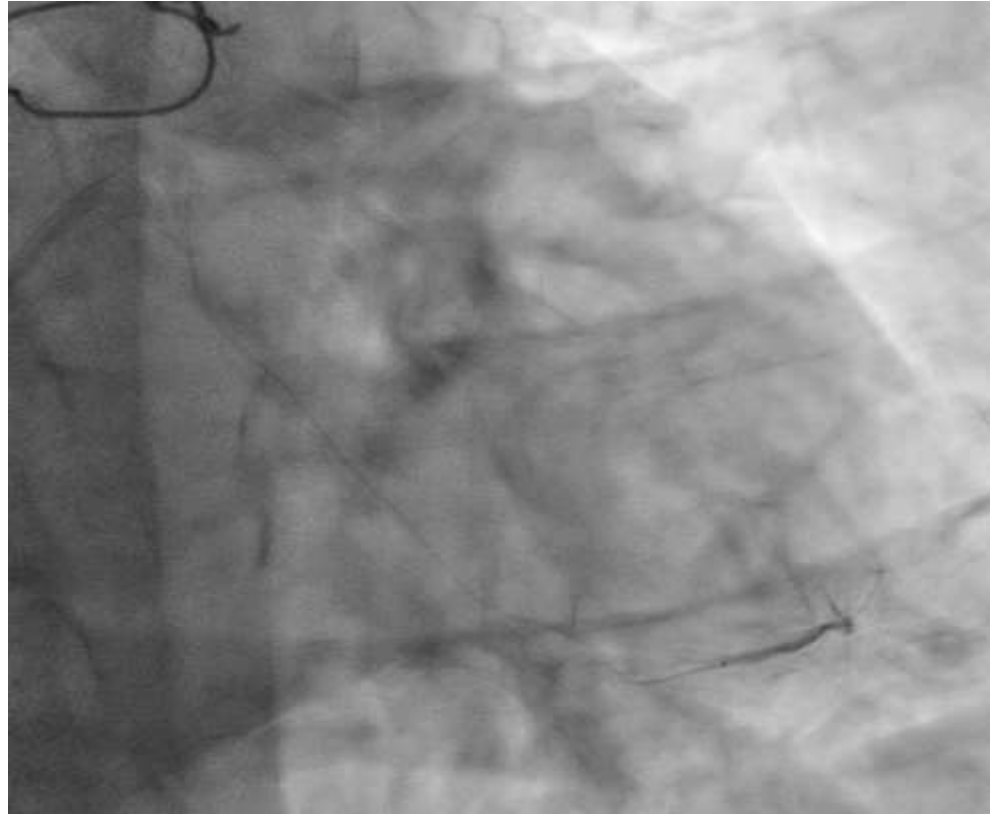
- 6 French Right radial access
- AL 1
- Fine cross microcatheter
- Very easy crossing of the CTO :
 - Sion Blue
 - Asahi Gladius





Antegrade escalation wire technique

- 6 french Right radial access
- AL 1
- Fine cross microcatheter
- Very easy crossing of the CTO with a Sion blue wire and Asahi Gladius
- Distal injection of the marginalis (we didn't start with a double access)





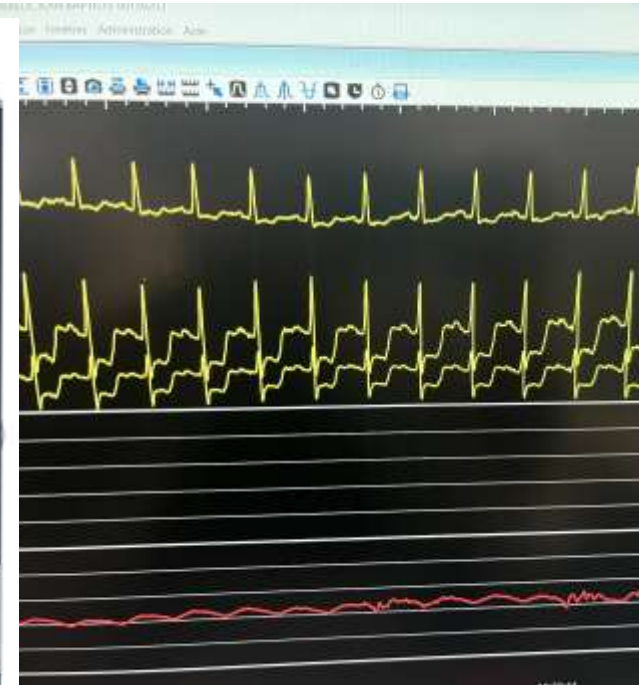
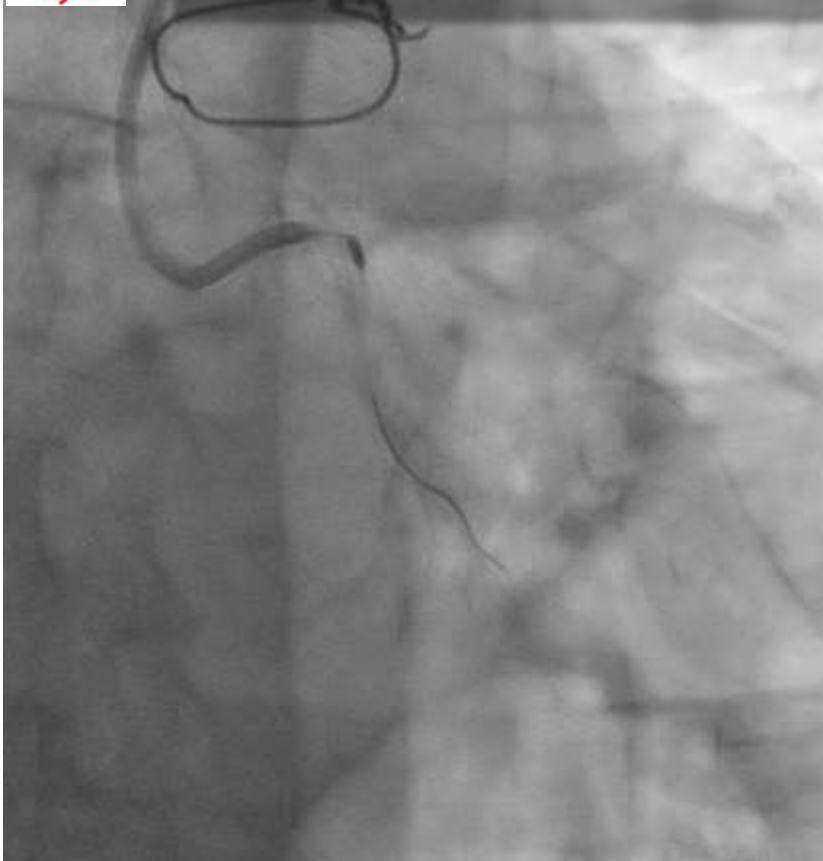
Rotational atherectomy with a 1,25 mm Burr



- Quick Change to a Rotawire
- We went to perform a rotational atherectomy starting with a 1,25 mm Burr
- Starting soft and slowly movements as usual



What the Hell is happening





Corsica Island





Corsica Island

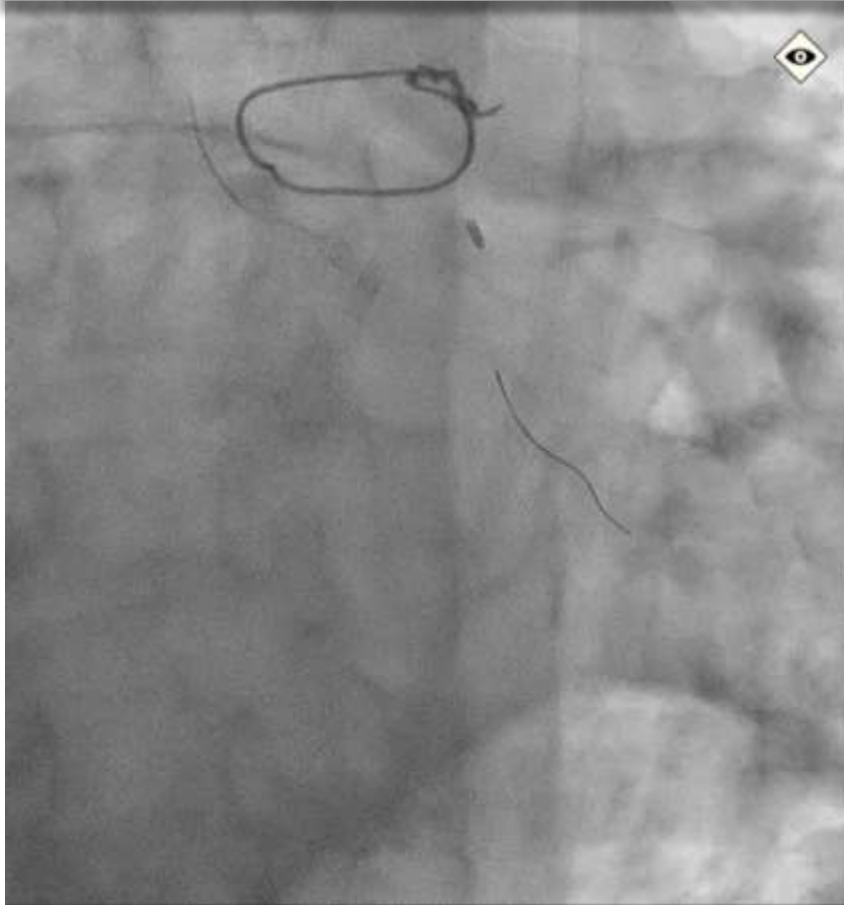


CAST AWAY !!!





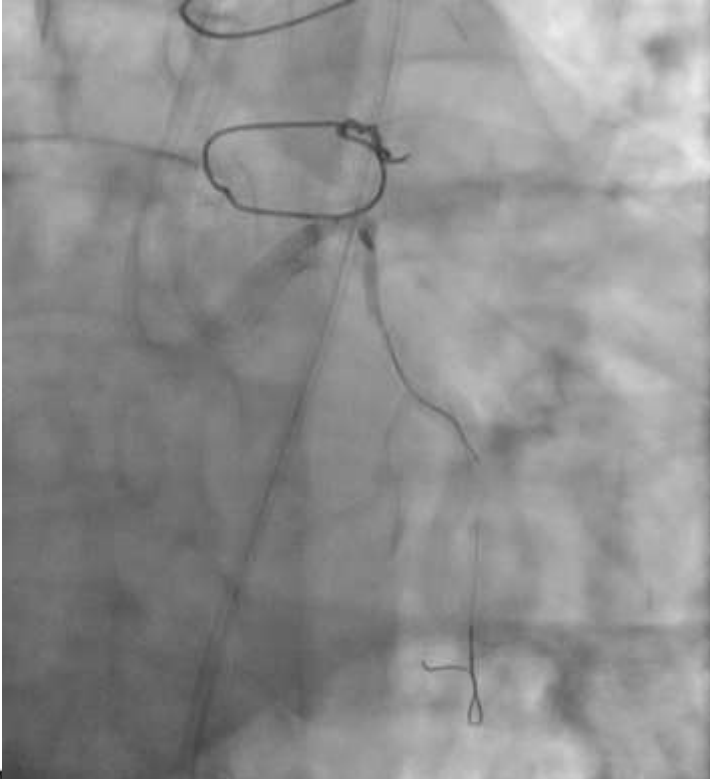
Ping Pong Technique and wiring across the burr



- Quick right Femoral approach (7 french)
- Ping pong technique with a 7 french AL 2
- Easy crossing with a Sion blue wire



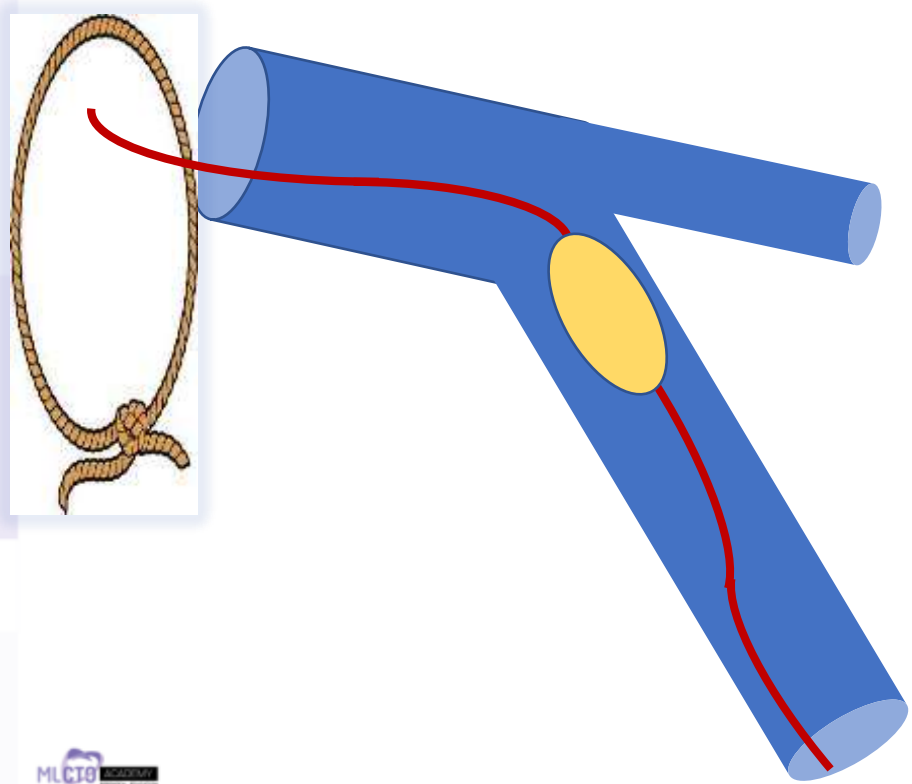
Plaque modification technique Trying to dislodge du Burr by pulling the Balloon



- Several attempts with different sizes of balloon dilatation
- Traction technique by pulling the balloon inflated

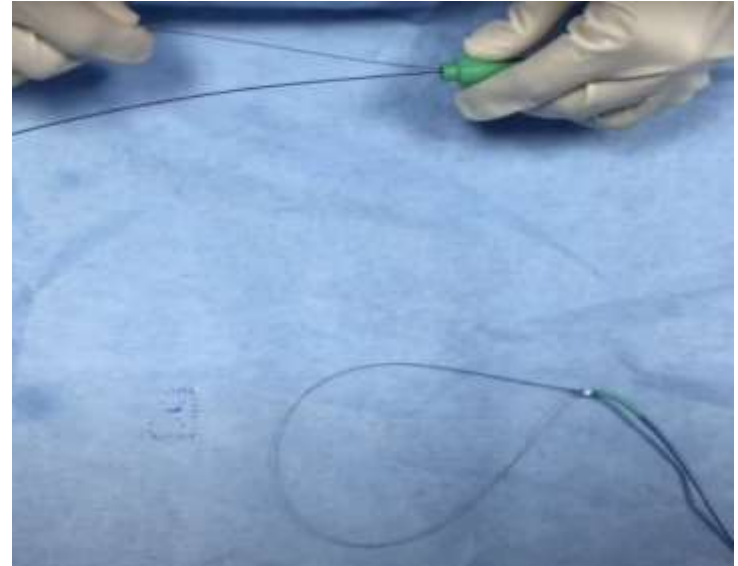
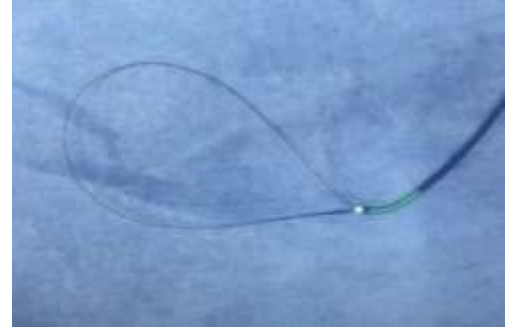
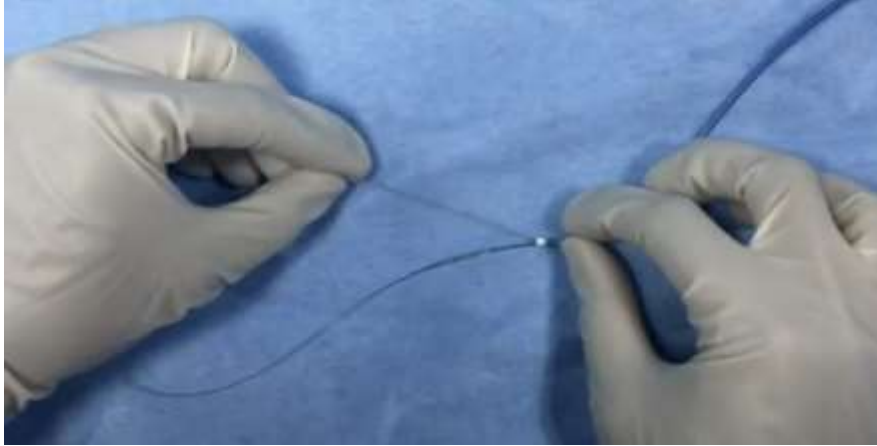


Trying to snare an eventual shaft or proximal part of the burr





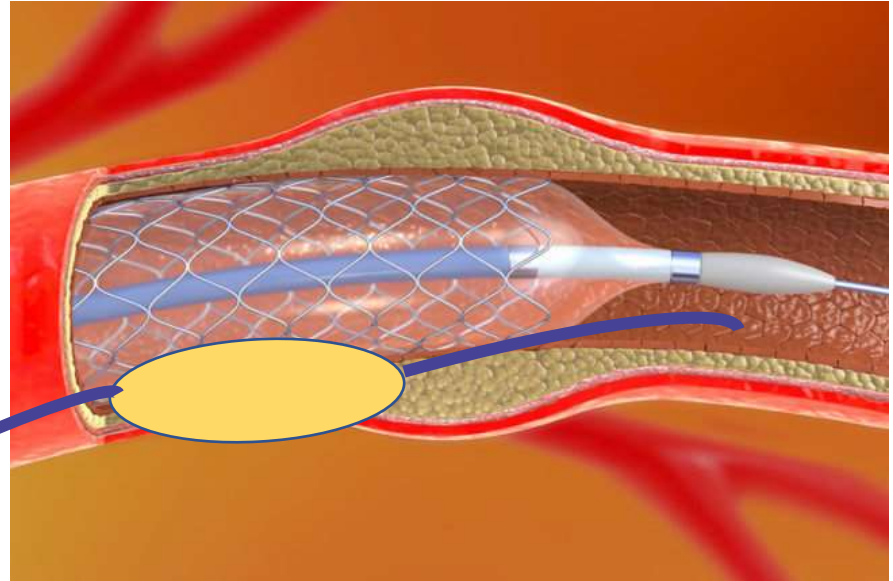
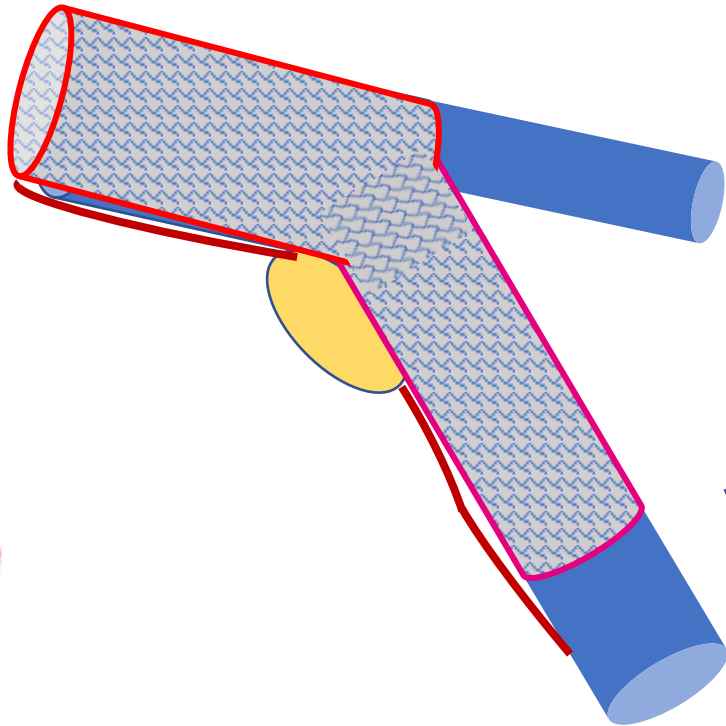
We Tried a Home made Micro snare



- We didn't succeed to snare anything at the ostium of the Left main or even in the proximal part of the left main

We went on a stenting of the left main and Circumflex Strategy

Trying to exclude the Burr and the rotawire on the arterial wall





Trying to cross the Guidezilla after the jailed Burr

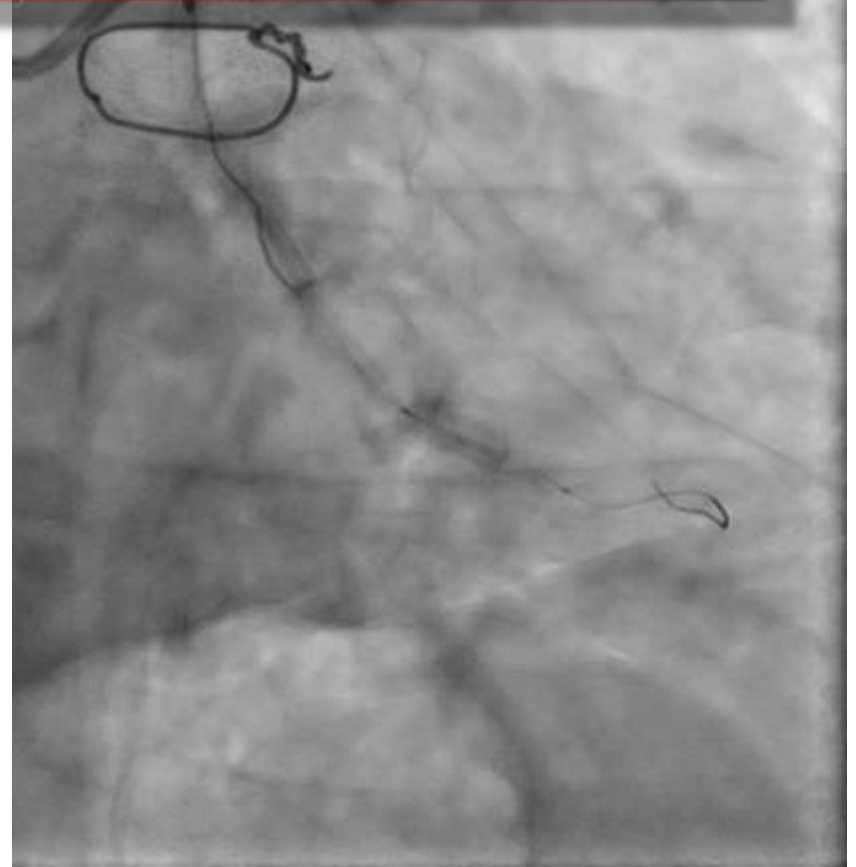


- Several attempts with different balloons using the anchoring technique
- Success after 6 attempts of inflation and déflations the balloons (Anchoring technique)



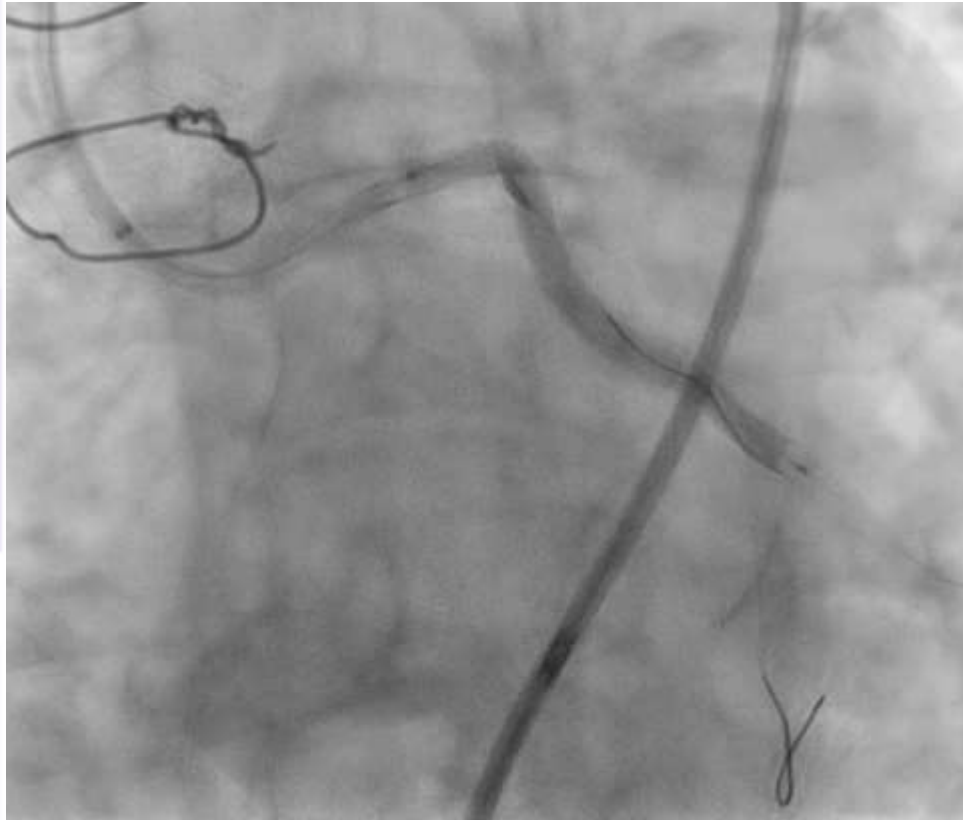


Advancine the Guidezilla into the Marginal artery



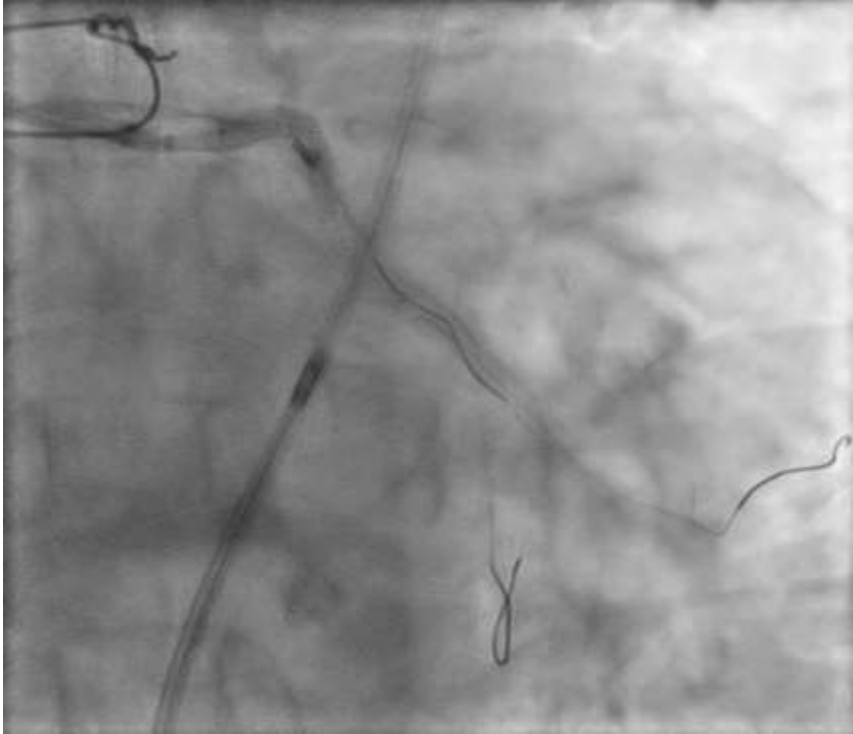


Predilatation and Stent implantation through the Guidezilla



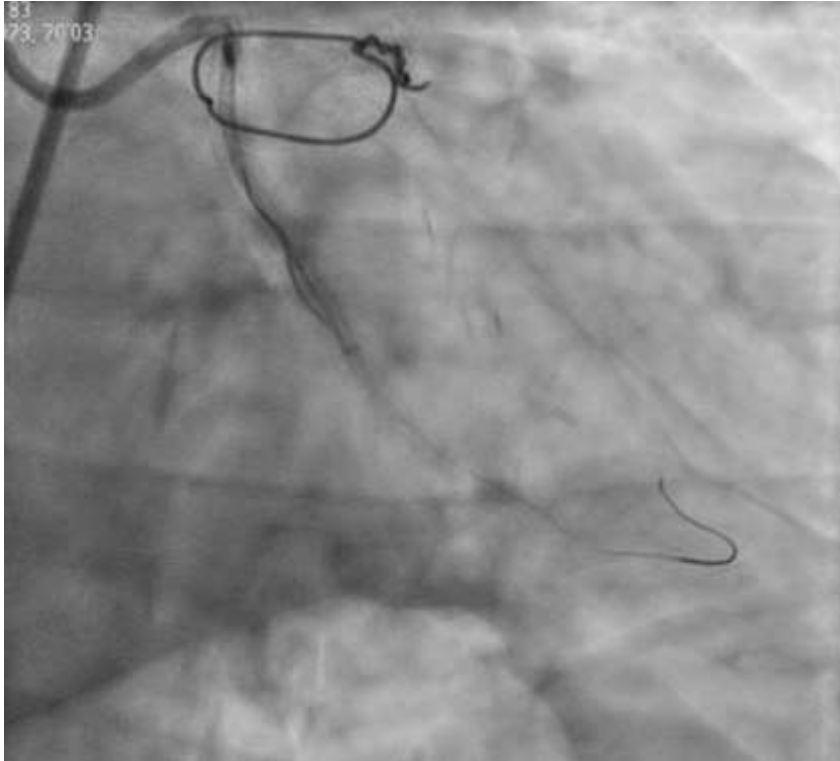


Intermediate result after stenting the Marginalis, the proximal circumflex and the left main





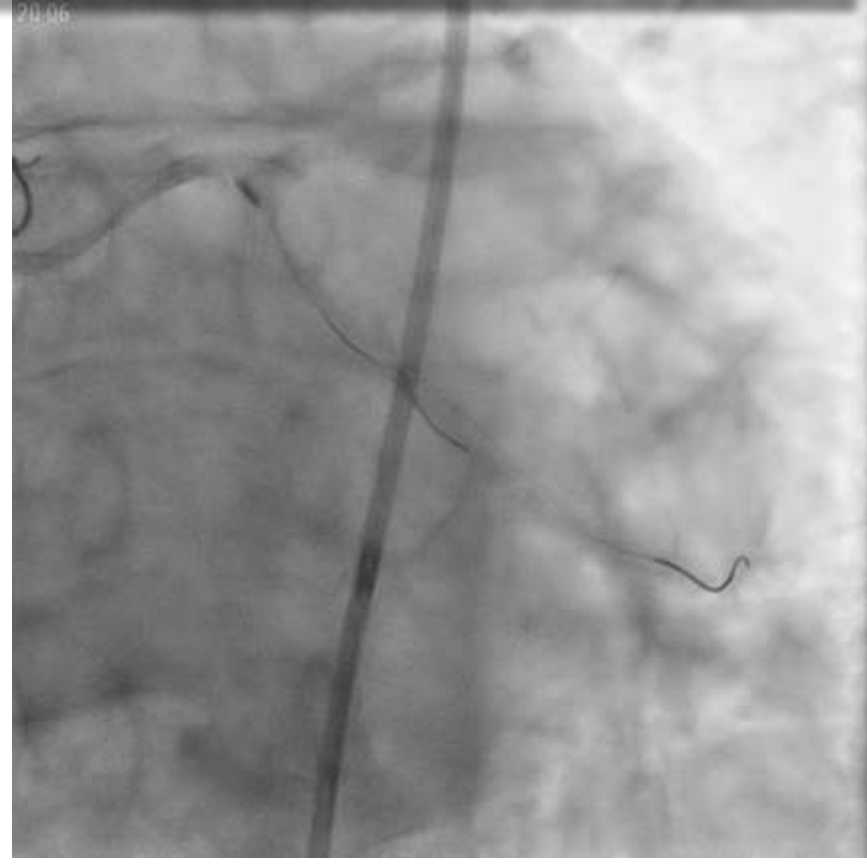
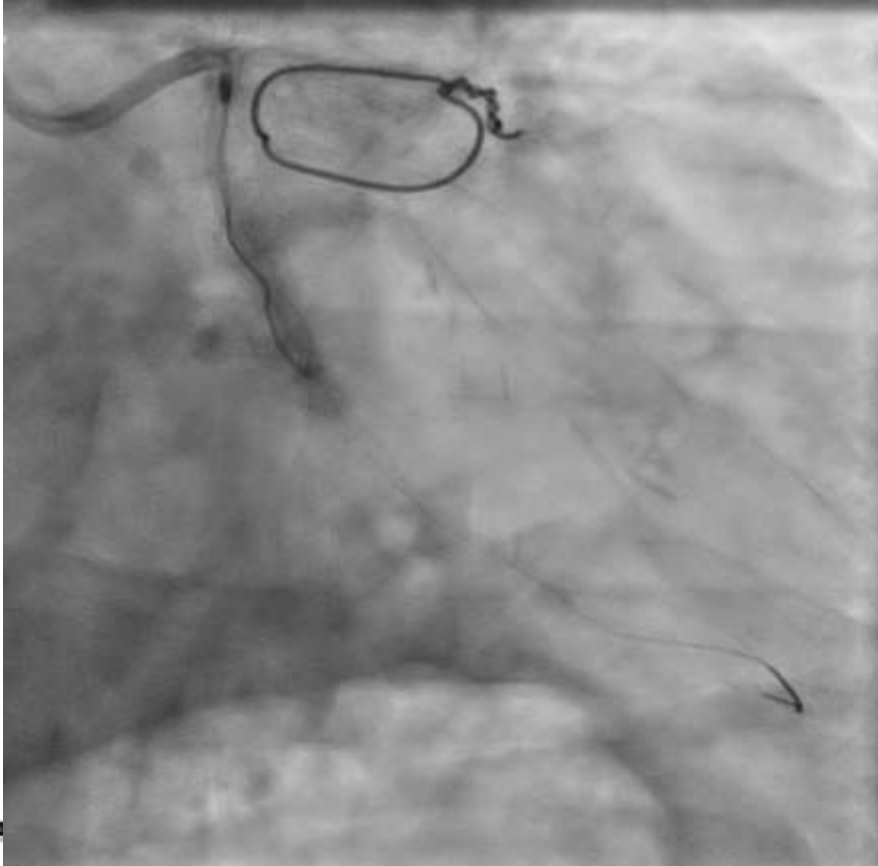
Intermediate result after stenting the proximal part



- Persistent competition flow coming from the saphenous vein graft
- We decided to exclude the anastomosis by a covered stent (Papyrus 2,5 x 18 mm)



Final result after implantation of a Covered stent on the graft anastomosis





Evolution of the patient

- The clinical outcome of the patient was Good
- The immediate hemodynamics parameters were stable after the procedure
- No chest pain in the ICU
- Peak of troponin 20 000 and CPK at 1200 UI
- No deterioration of the LV Ejection Fraction : 58%
- Patient Discharged at day 4 :
 - Apixaban 2,5 mg x2 + Clopidogrel 75mg + Aspirin 75mg



Angio and OCT control

- An Angio and OCT imaging control should be done in 15 days and will we ready for the MLCTO !!!



Our Mistakes !!!

- Was is the good strategy ?? I'll do it again ... Maybe in a différent way ?
- We succeded the PCI with NC balloons (with a stuck Burr!!)
- I didn't have a systematic double approach from the beginning
- Why did a choose a 1,25 mm... a 1,5 had maybe less chance to be stuck !!!
- We didn't have a 7 french Extention catheter to try to retre the stuck burr ! Always have a 7 french Guidezilla of wathever extension catheter in you cathlab



Discussion

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ORIGINAL STUDIES

WILEY

Device entrapment during percutaneous coronary intervention

Jorge Sanz-Sánchez MD, PhD^{1,2}  | Kambis Mashayekhi MD³ |
Pierfrancesco Agostoni MD, PhD⁴  | Mohaned Egred MD^{5,6,7}  |
Alexandre Avran MD⁸ | Arun Kalyanasundaram MD⁹ | Roberto Garbo MD¹⁰ |
Antonio Colombo MD¹¹ | Damiano Regazzoli MD¹¹ | Bernhard Reimers MD¹¹ |
Emmanouil S. Brilakis MD¹²  | Gabriele L. Gasparini MD¹¹