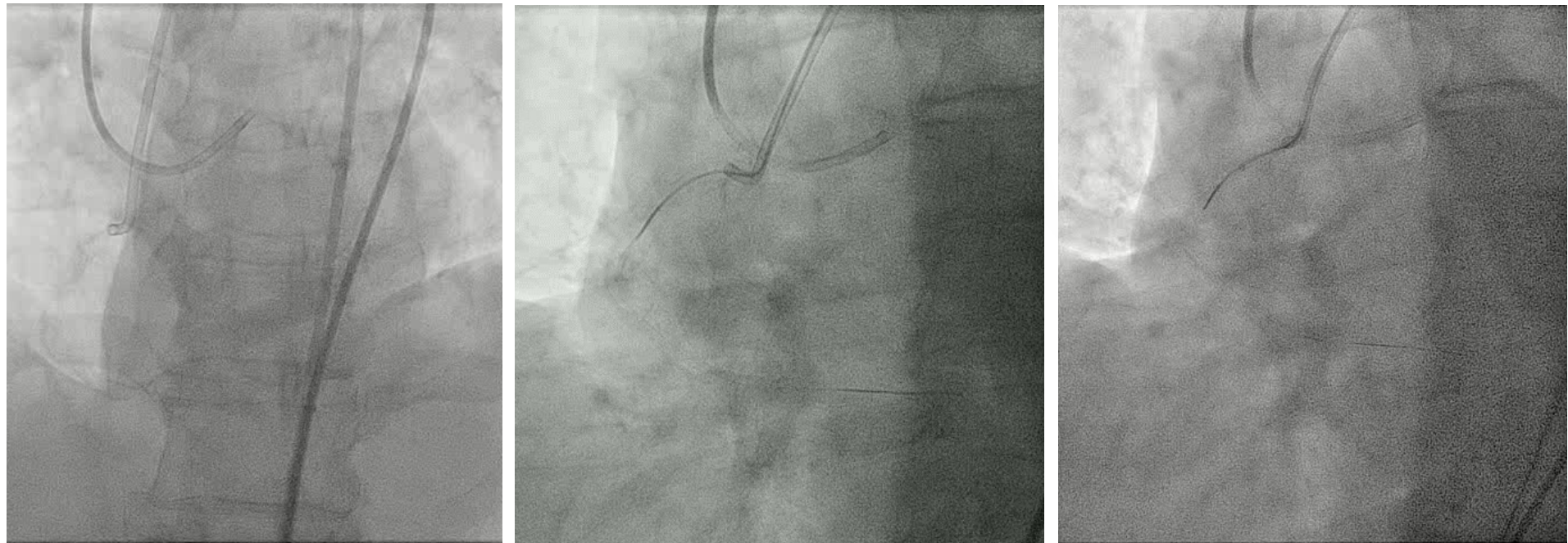
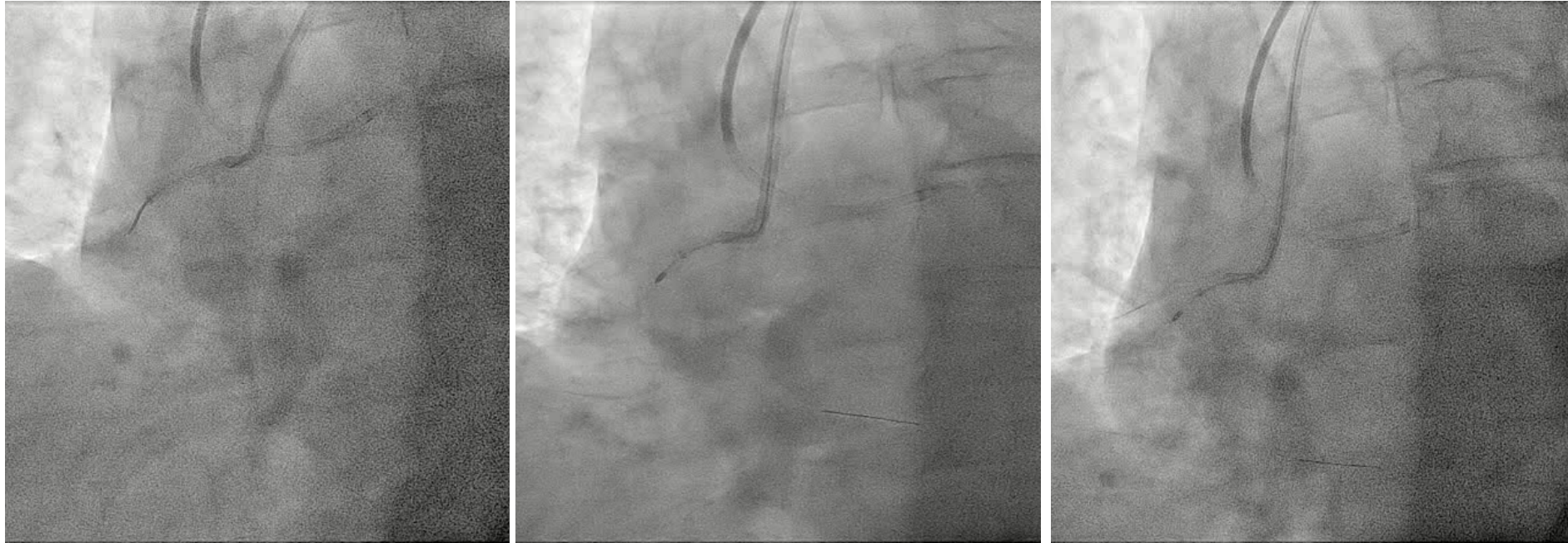


# ***EXTRACTION OF A BROKEN ROTABLATOR BURR-CATHETER DURING CTO RECANALISATION***

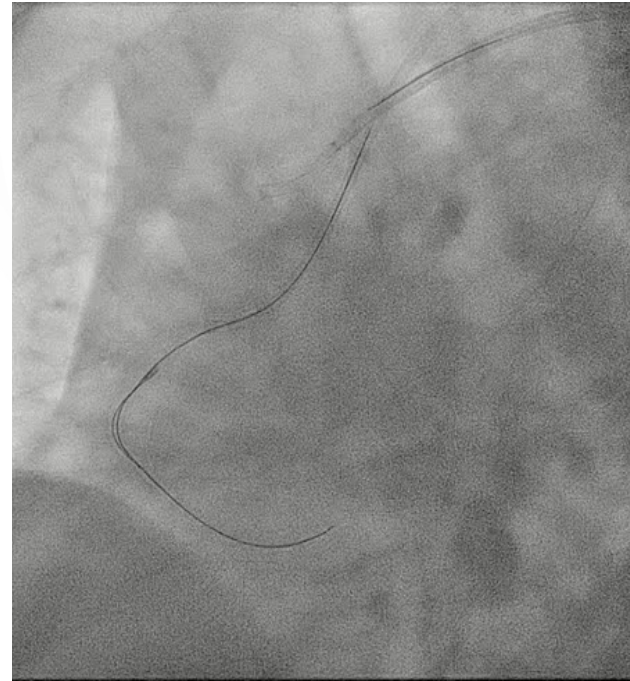
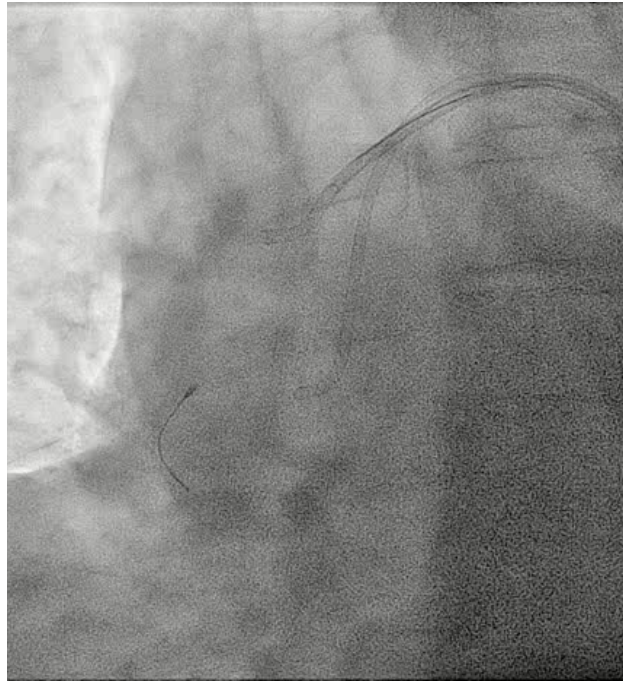
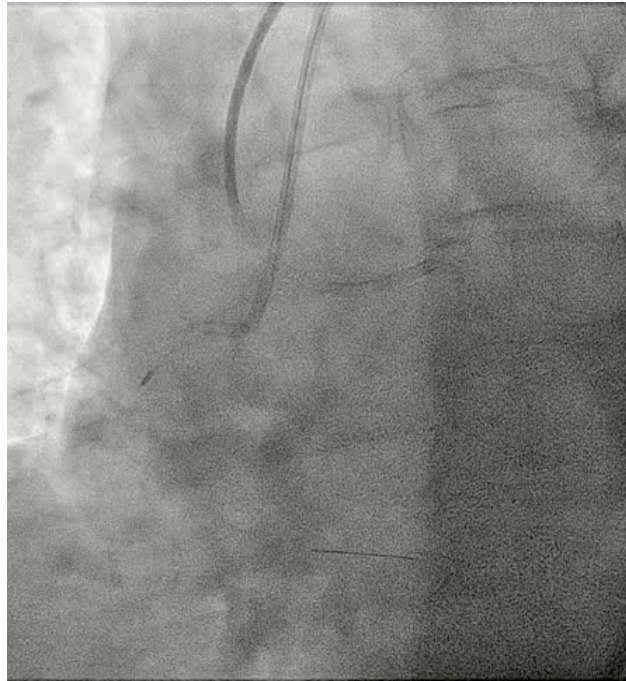
***Assistant Prof. (PD) Dr. med. Massimiliano Fusaro  
Interventional Cardiologist-Technische Universität München(TUM)***



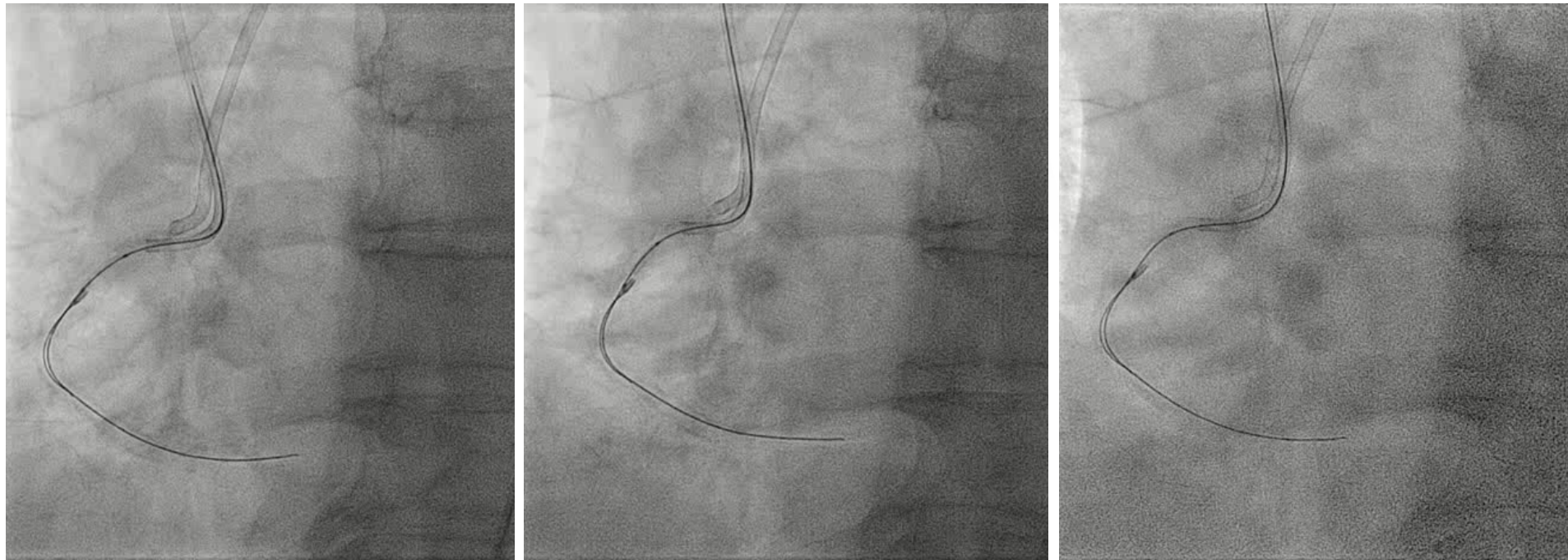
Heavily calcified total occlusion of RCA (J-score 1); Wire crossing with the first attempt (Pilot 200) but the microcatheter (Turnpike LP) did not cross the lesion despite Trap-Liner support.



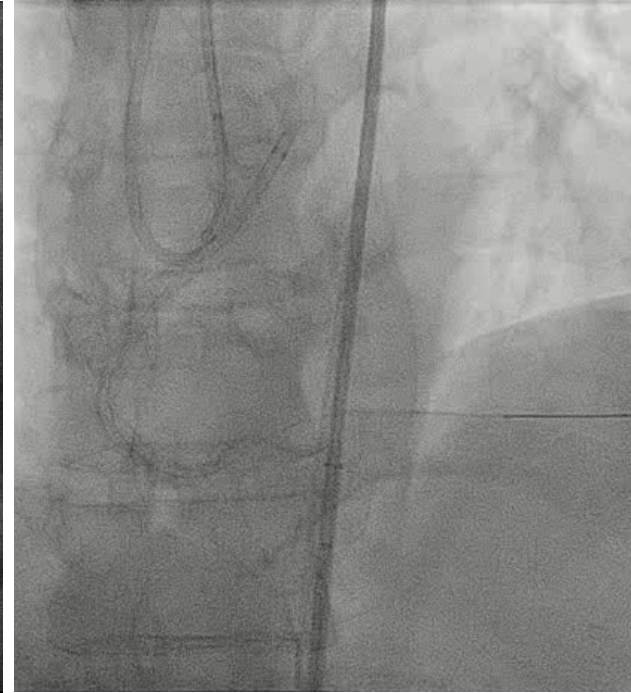
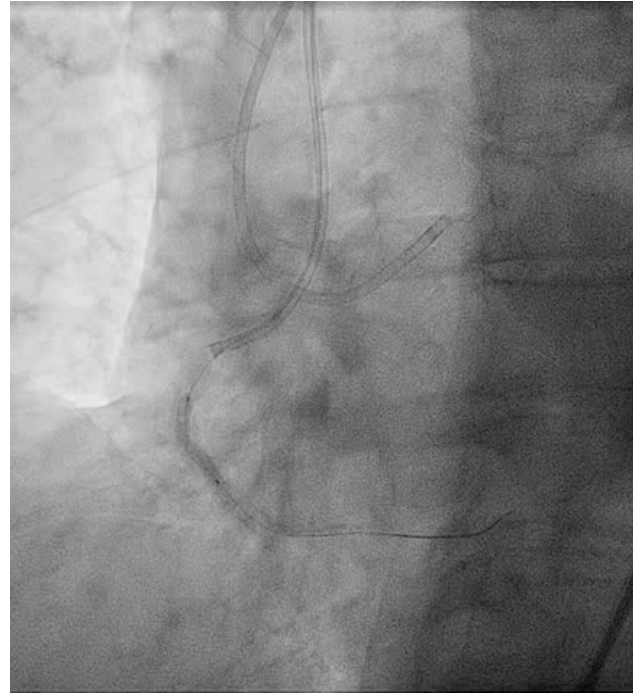
CTO wire was exchanged with the Rota-floppy and a 1.5 mm burr was used. Unfortunately, the burr remained stick in the plaque. Many attempts to remove conducted to rupture of the shaft.



The burr is entrapped but still on the rotawire, a ping-pong technique with a second JR4; 7Fr allowed to cross the CTO with a GAIA 3 in subintimal fashion parallel to the entrapped burr.



Because of the impossibility to exchange the GAIA 3 with a microcatheter, many different CTO balloons were used to move the burr from calcium and from the wall, thus allowing to remove both the rotawire and the burr.



The angioplasty was completed with Ultra High Pressure Balloons and 2 DES were implanted (3,5x28 and 4,0x32mm) with a good immediate angiographic result.