A case of successful recovery of a trapped Rotablator using Conquest Pro 12g guide wire.

Setsuo Kumazaki, M.D
Shinshu University Graduate School of Medicine, Japan
Case 64/M

**C.C.**: chest pain on effort

**Coronary risk factors**: hypertension, current smoking


**Clinical diagnosis**: Unstable angina pectoris
Laboratory findings

**Blood tests**: BUN/Cr 36/9.74mg/dl, LDL-C 47mg/dl, HDL-C 62mg/dl, HbA1c 4.6%, BNP 306pg/ml

**ECG**: Sinus rhythm, LVH pattern

**Chest X-ray**: CTR 51%, mild congestion

**UCG**: LVDd/Ds 57/39mm, IVS/PW 1.1/1.5mm, LVEF 58%, LV diffuse mild hypokinesis
First PCI to RCA in February 23, 2010

Pre PCI image
First PCI to RCA in February 23, 2010

The RCA had previously been implanted two bare metal stents before CABG.
Stent to RCA distal

Xience V 3.0-18mm

Cypher 3.0-18mm

Especially the Cypher stent did not fully extended
Final angiogram post first PCI

Because we could not deliver the high pressure balloon to Cypher stent site, we did not enforce post stent dilatation.
Clinical course

- Follow up CAG was performed in September 2010. There were no progression of stenosis stent sites.
- However, the patient was hospitalized for recurrent chest pain in December 2010.
- Progress ISR (Cypher stent site) was suspected, we underwent re-PCI.
Second PCI to RCA#3(ISR) in December 10, 2010

Pre PCI image
POBA to RCA

Hiryu 3.0-10mm
Therapeutic process 1

- We tried to observe the lesion using intravascular ultrasound (VISIWAVE; Terumo) after POBA. IVUS catheter but did not pass the lesion. So we thought Rotablator indications for treatment. Then, we tried to ablate the narrowings, using a 1.5mm burr of the Rotablator with 200,000 RPM. The 1.5mm burr was cross the lision.
IVUS catheter was not passed

VISIWAVE ; Terumo
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Rotablator (1.5mm burr)

1.5mm burr was passed through the lesion
Trapped Rotablator (1.75mm burr)

The 1.75mm burr became stuck in the distal RCA
Therapeutic process 2

• The burr is no longer full rotation. The patient complained of chest pain, ST elevation showed in lead of II, III, aVF. Guiding catheter is pulled to the front, the burr did not move. Next time, the Guiding catheter was deep inserted into the right coronary artery, also did not move the burr. Then we inserted another guide wire (Conquest Pro 12g) into the RCA.
The image of inserted Conquest Pro 12g

The tip of the Conquest Pro 12g

Conquest Pro guide wire did not trough the lesion completely
Angiogram after the 1.75mm burr was recovered

The 1.75mm burr was able to recover from RCA. Thereafter, the patient's chest pain improved.
In the final angiography, RCA flow was good, also showed no evidence of coronary dissection.
Summary

- We reported here a case of successful recovery of a trapped rotablator using Conquest Pro 12g guide wire.

- By inserting one more stiff guide wire like Conquest Pro 12g, it was possible to safely recover the trapped rotablator without underwent open-heart surgery.