

# Heavily Calcific BTK Lesion – Unavoidable But Manageable in Daily Practice

Kokura Memorial Hospital

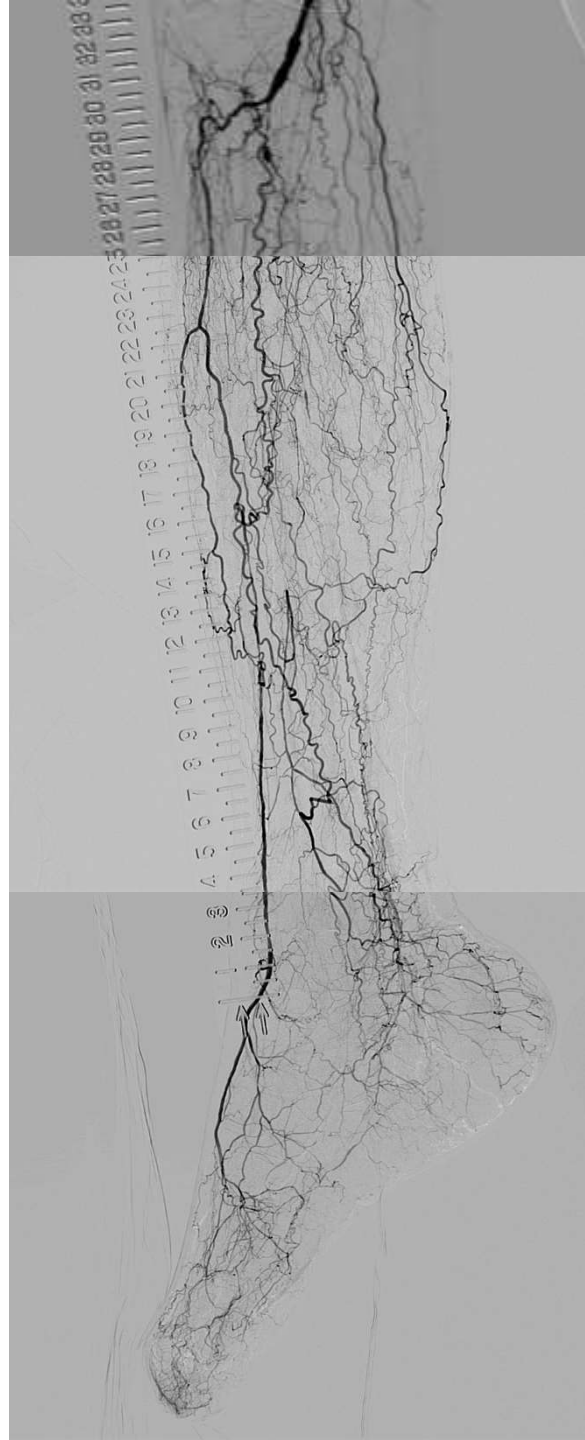
Yoshimitsu Soga

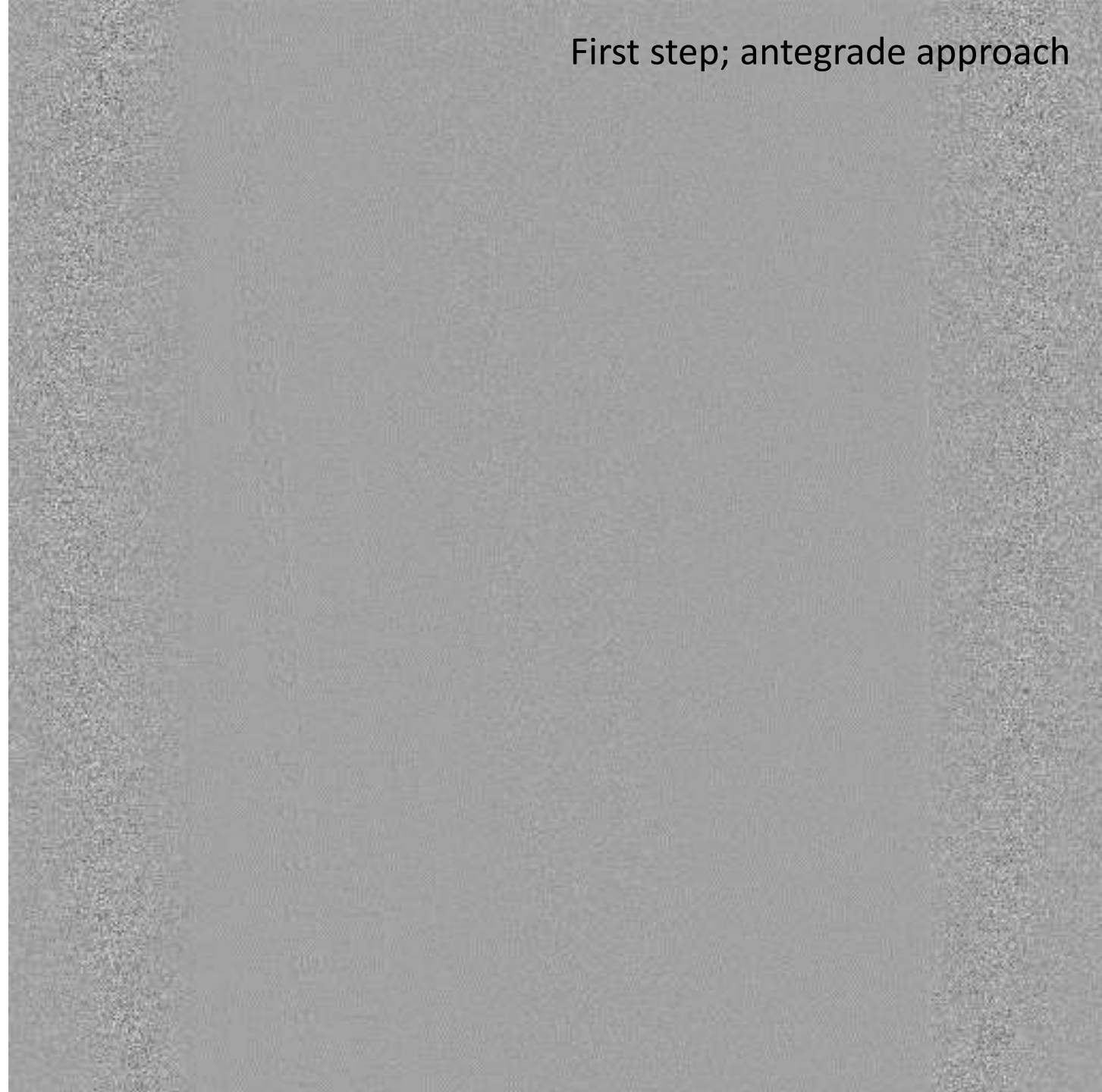
**67 y.o. Female**

R-5

Hemodialysis, DM

Target : ATA





First step; antegrade approach





Even if you can pass GW  
successfully,  
Calcium rock is still big problem.







# To cross the calcified lesion

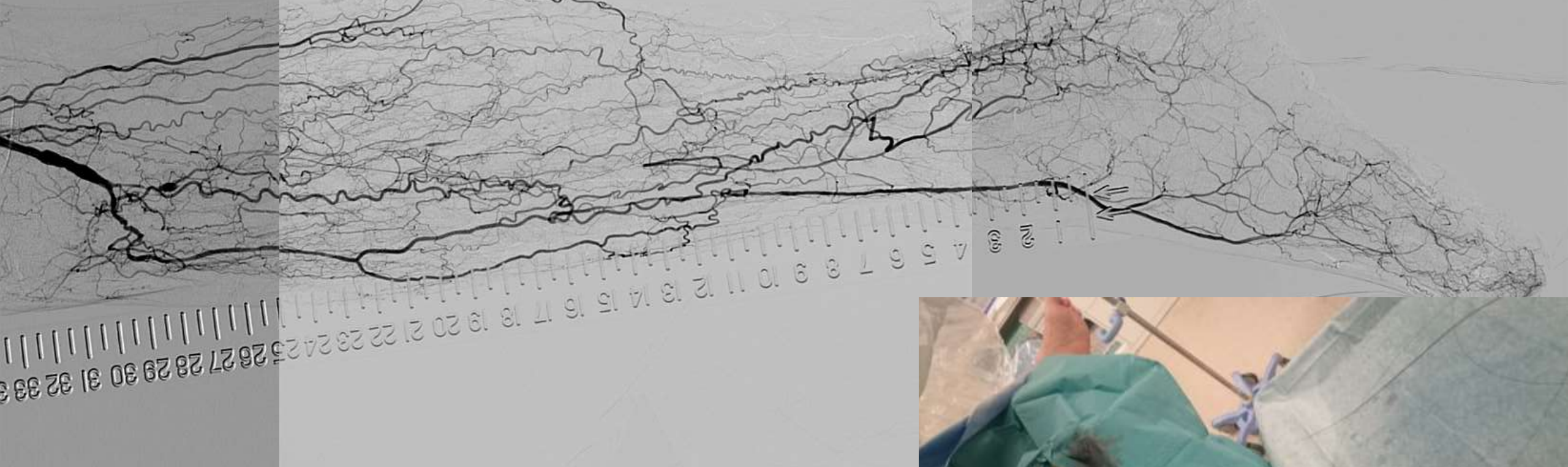
1. Deep engage
2. Extension cath like Guidezilla or Guideliner
3. Change to more supportive guidewire
4. Others



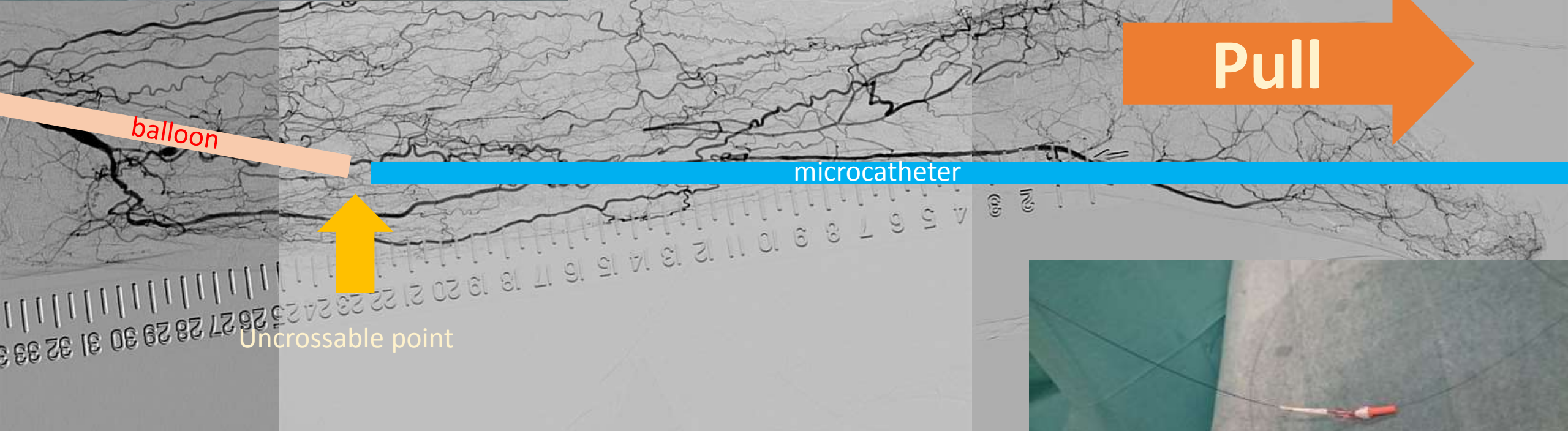
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**Present state; Pull-through situation**



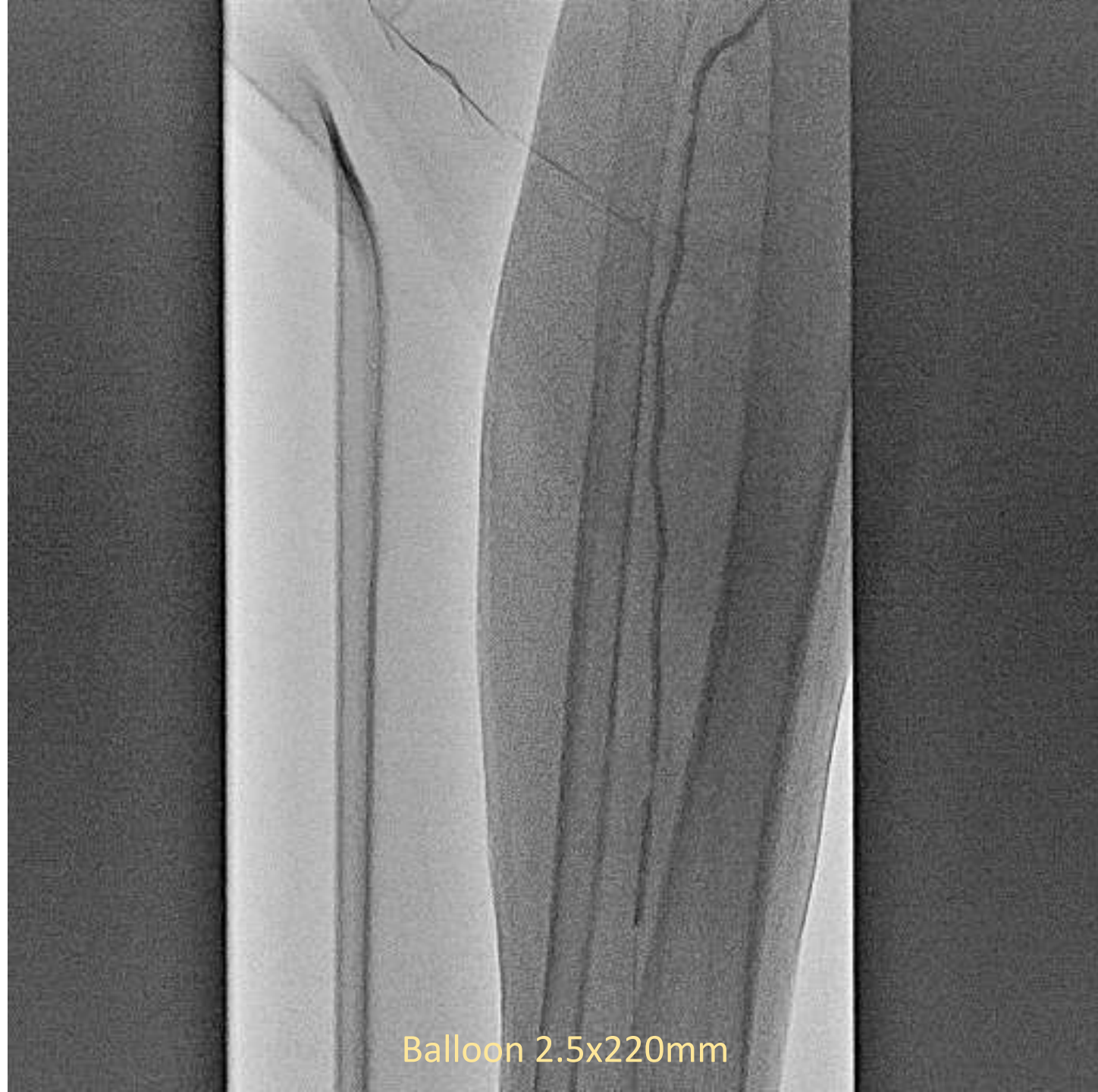
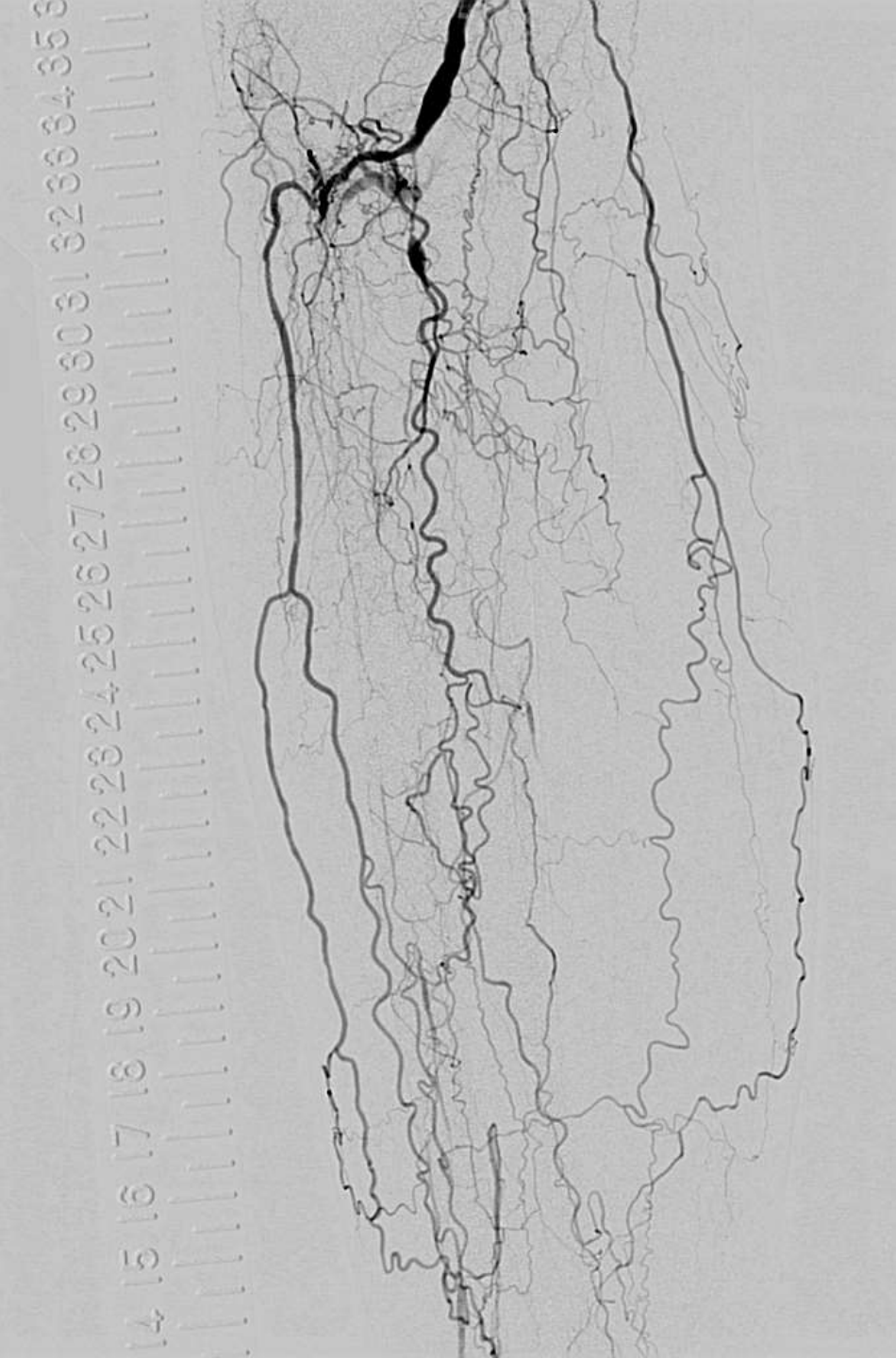
**Pull-through situation**







Balloon 1.5x20mm



This story does NOT end.

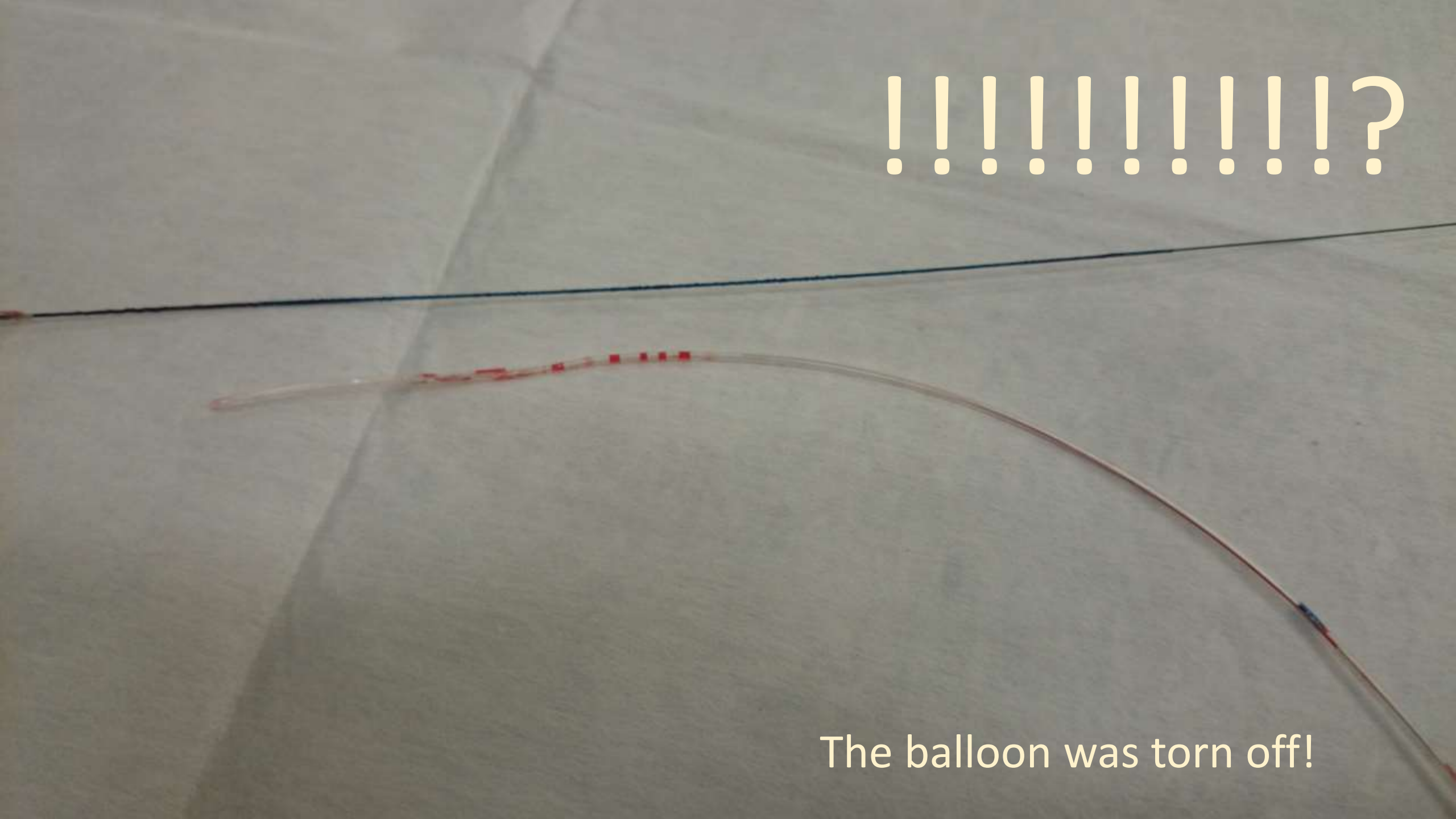


CANNOT REMOVE THE BALLOON

Pull it, FORCIBLY...

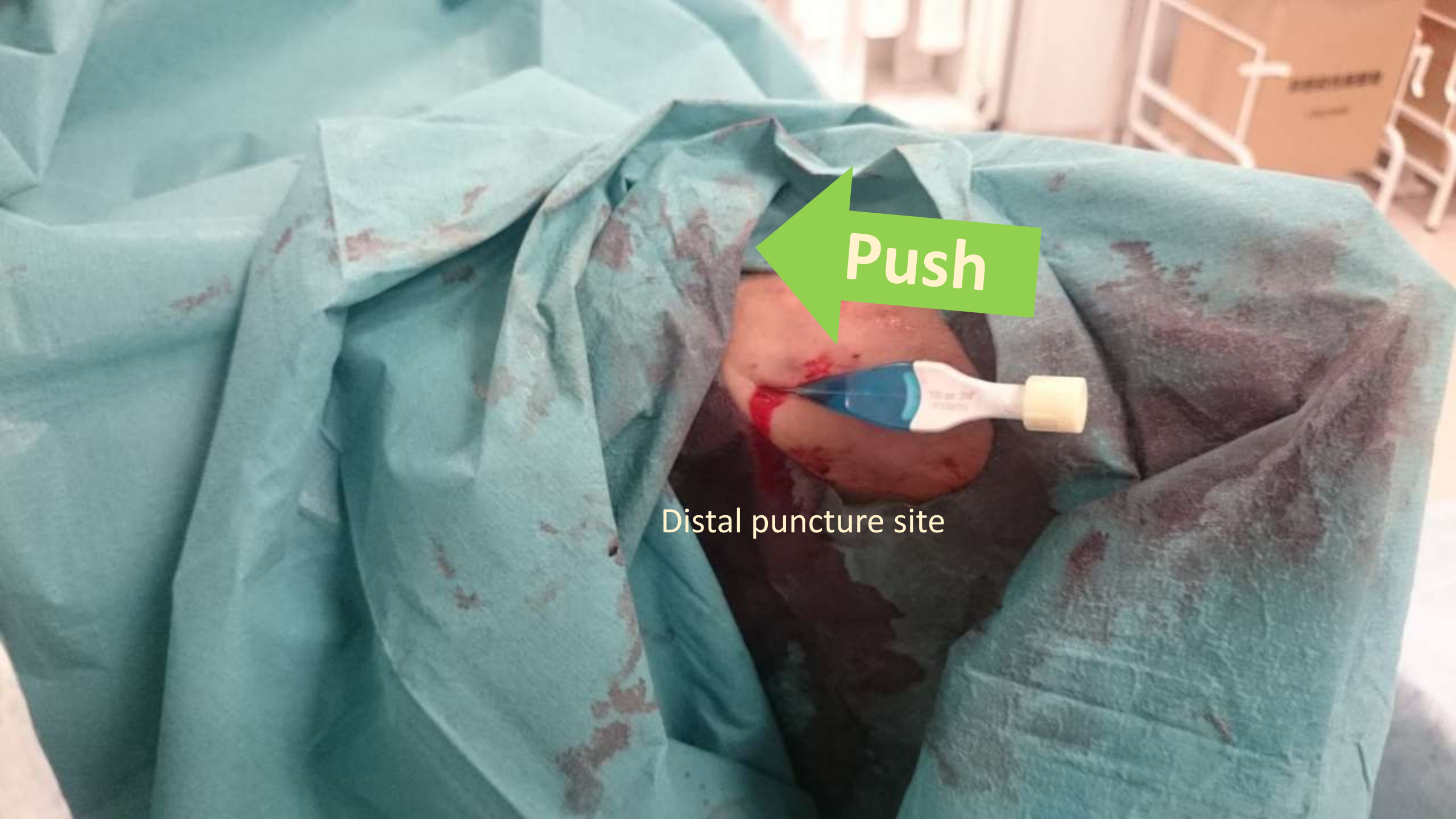
BOOM!

!!!!!!!?



The balloon was torn off!

Pushed microcatheter, retrogradely.



Push

Distal puncture site



We can find the remaining balloon catheter!

rescued balloon

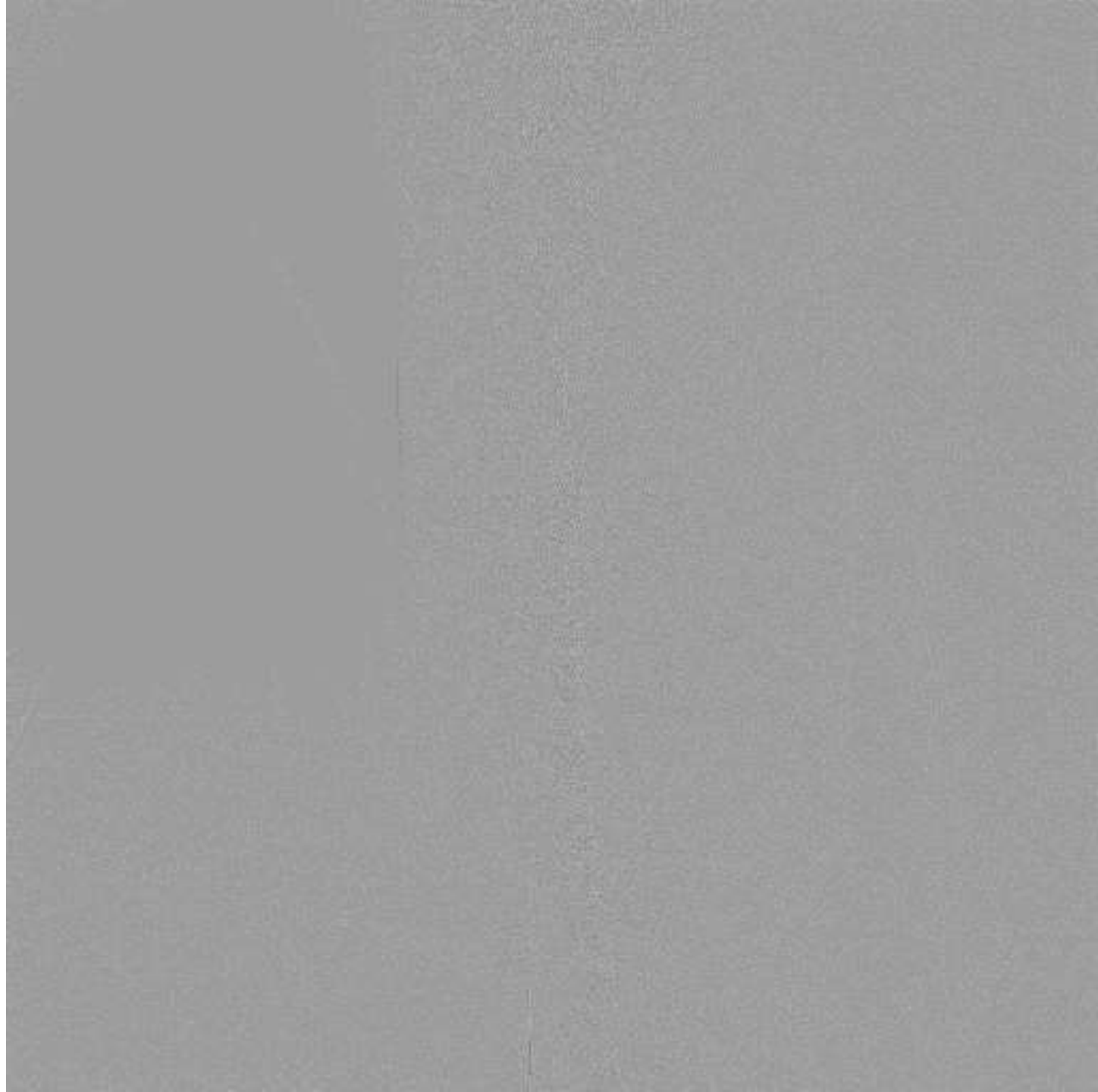
Torn-off balloon

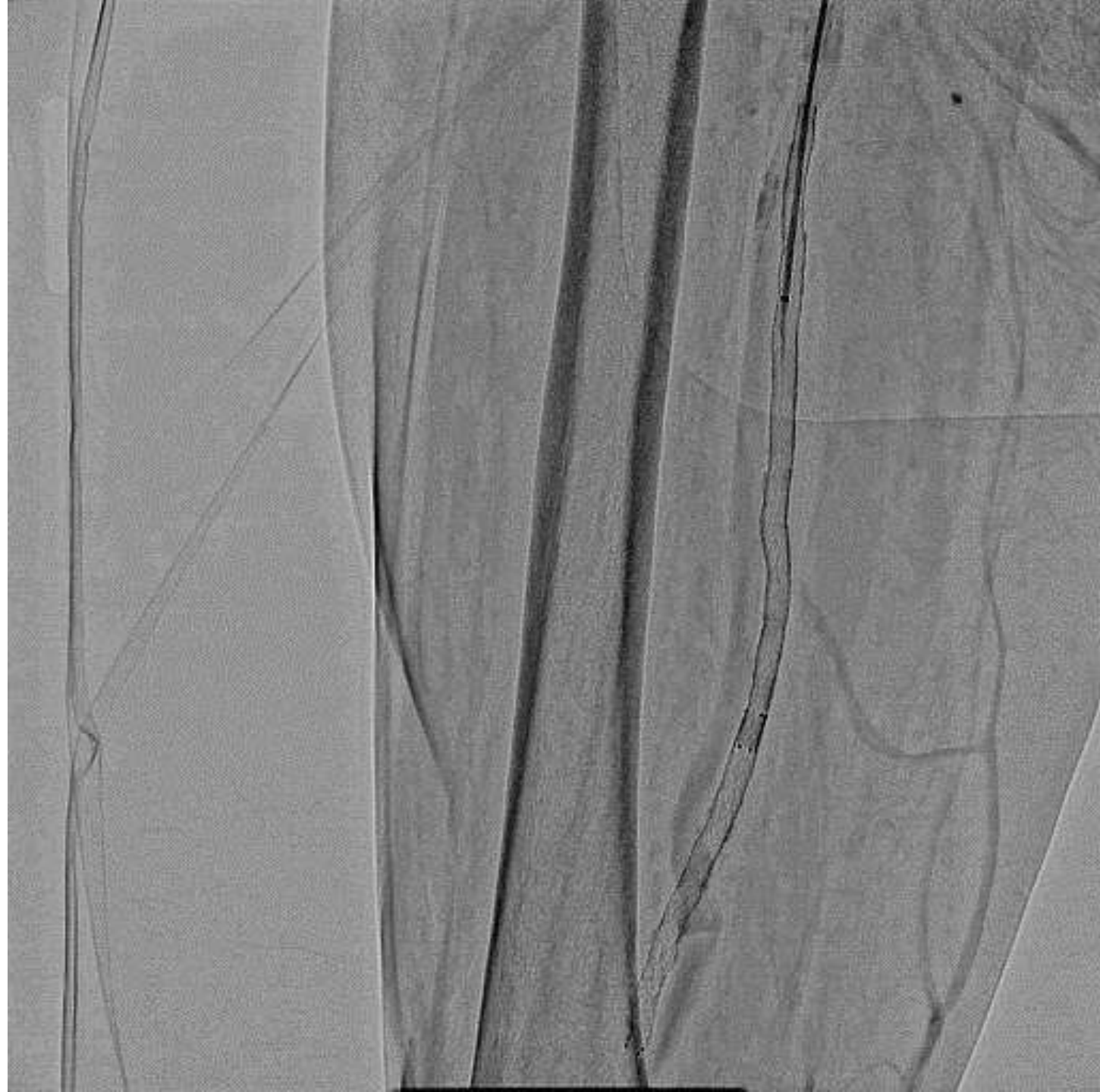




Again,  
Not learning from the previous  
experience...





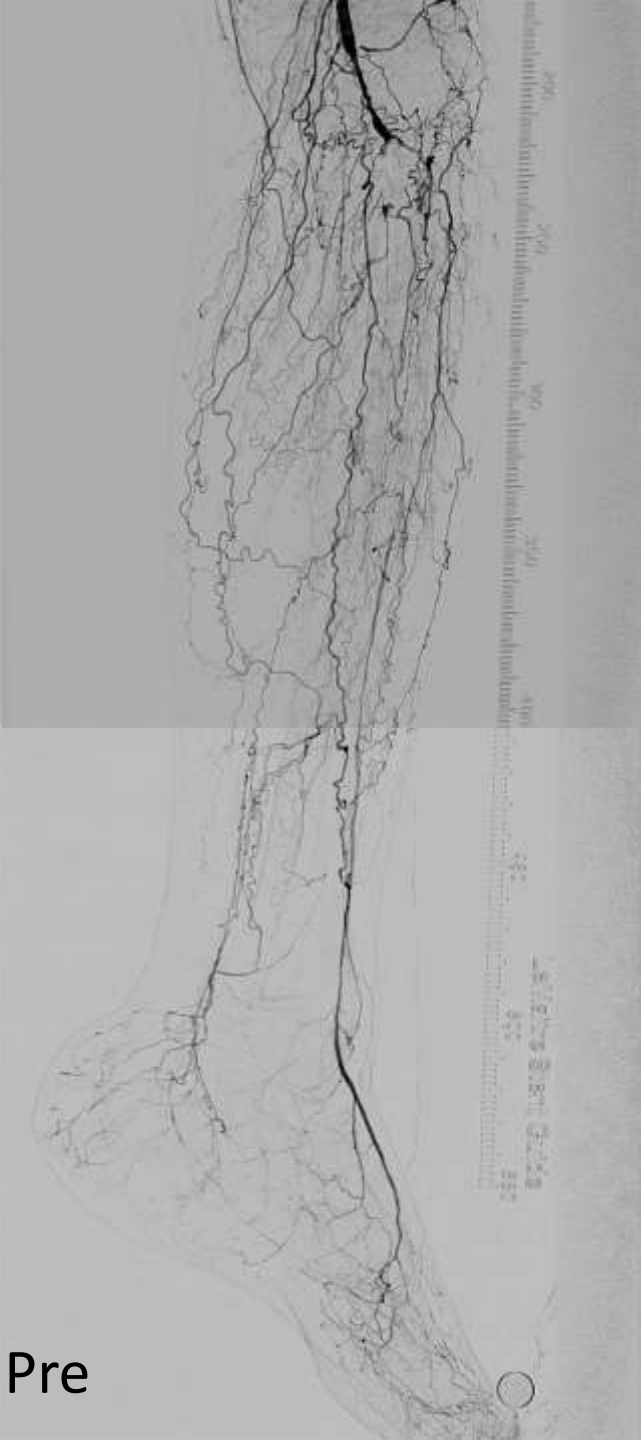
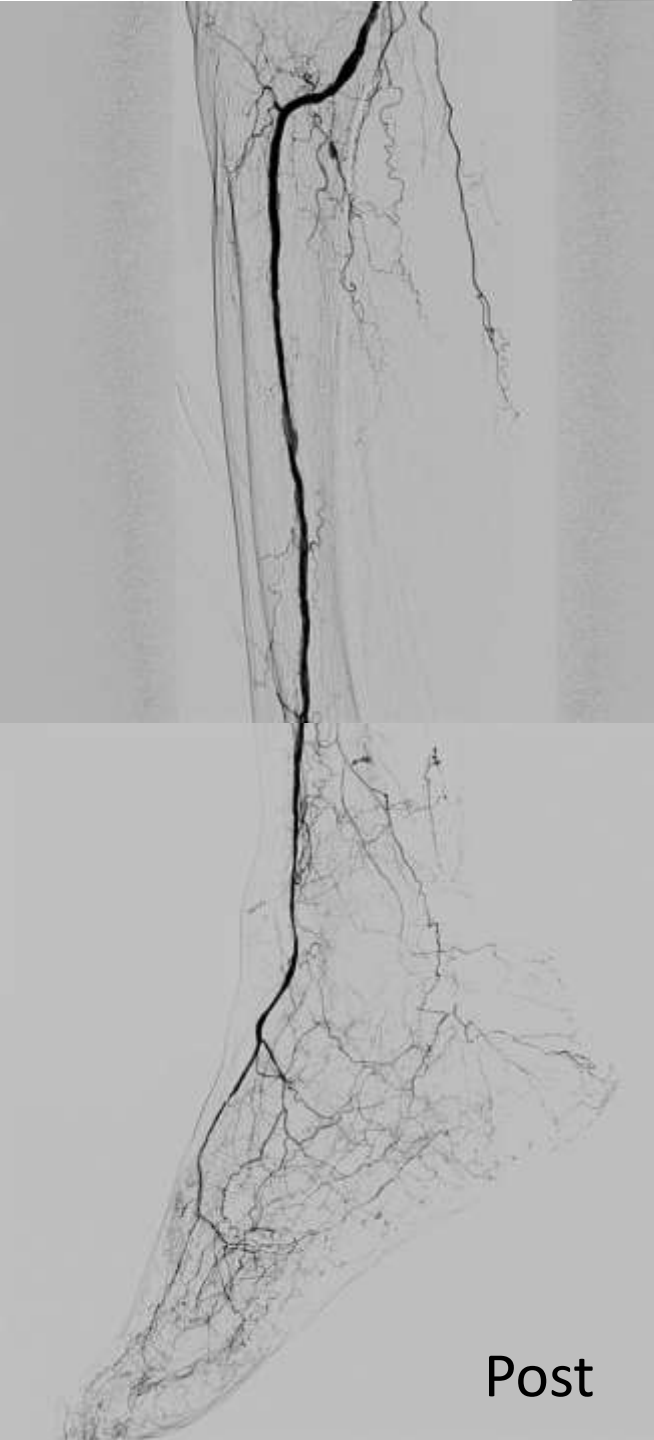
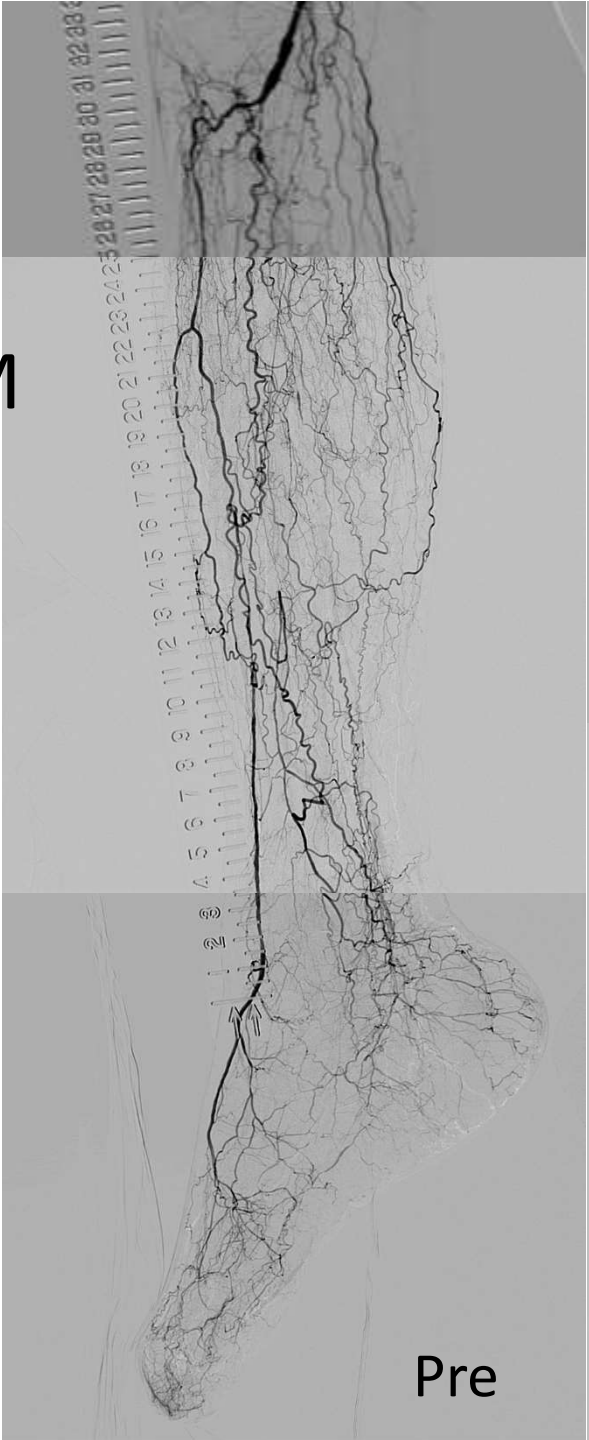


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Thank you for you attention.