Japanese Doll's

ICSM @ TCTAP 2023

Dr.Menaka Mahendran Cardiology fellow Hospital Serdang 7TH MAY 2023

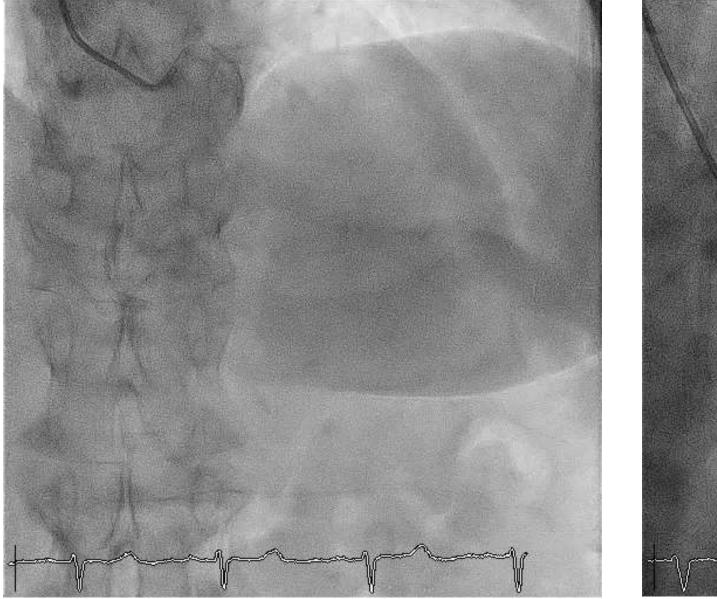
History

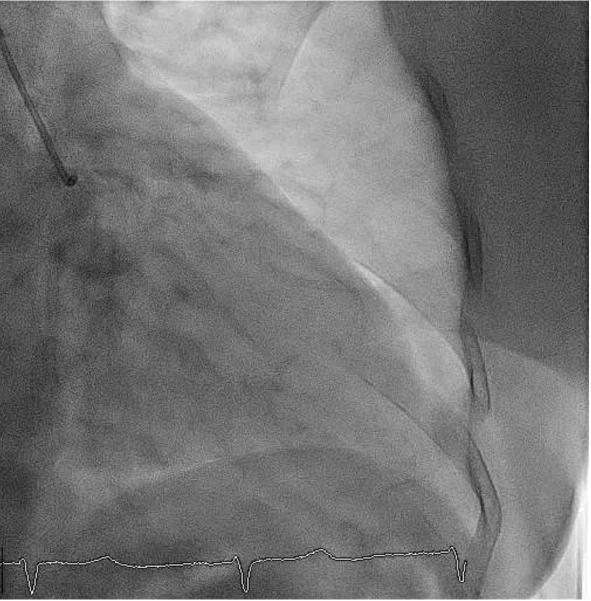
- 70 year old lady
- Past medical history:
 - 1)Hypertension
 - 2)Diabetes mellitus
 - 3) Ischemic Heart Disease
- PCI to mid RCA in 2008
 Stented with PROKINETIK (BMS) 2.5 mm x 20mm

- History of admission for unstable angina 1 month ago.
- ECG: ST depression at II,aVF,V4-V6

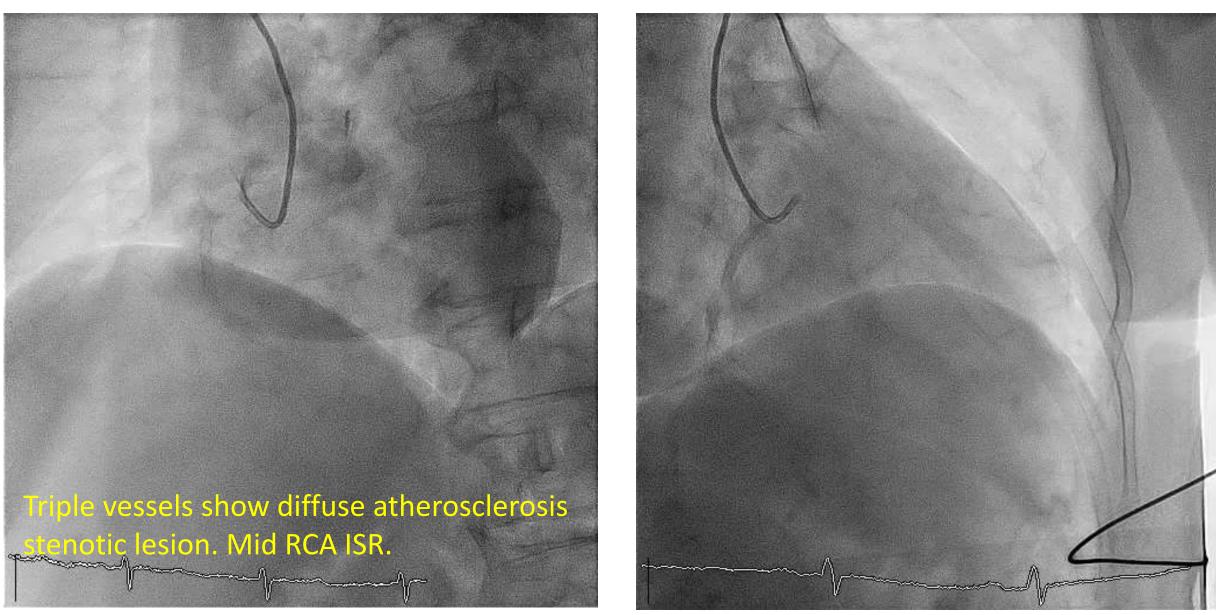


Diagnostic Angiogram (Left)





Diagnostic Angiogram (Right)



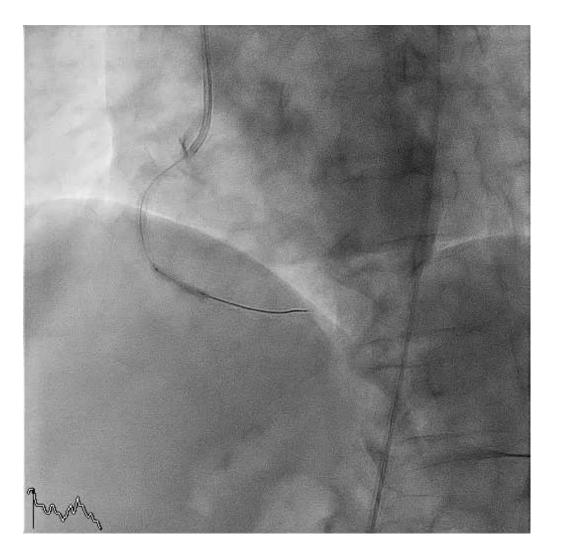
Diagnosis

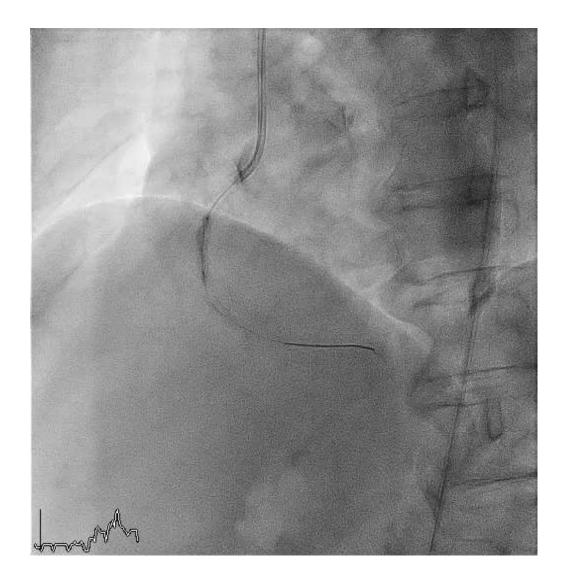
- The diagnosis is triple vessel disease with syntax score of **29**.
- The patient refused bypass surgery when discussed on table.

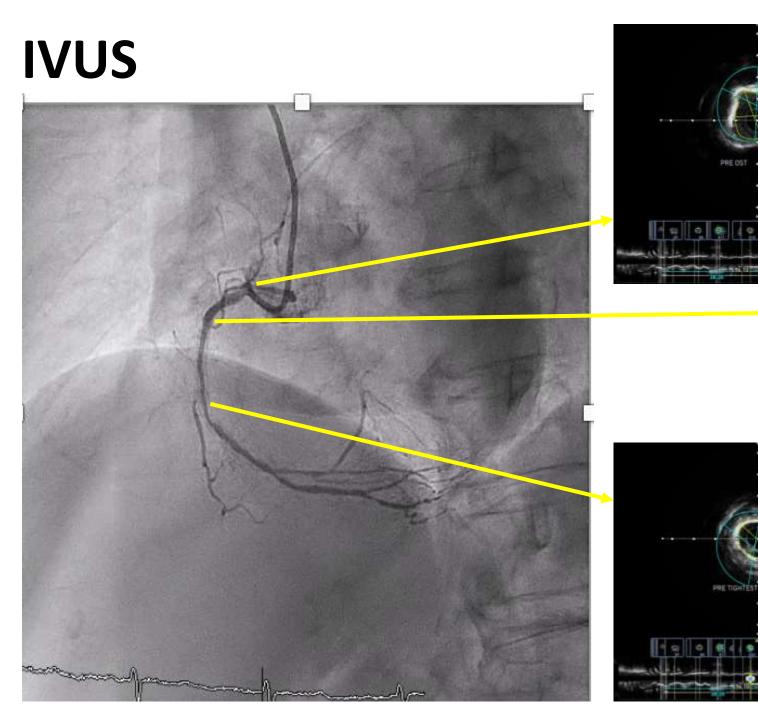
Strategy

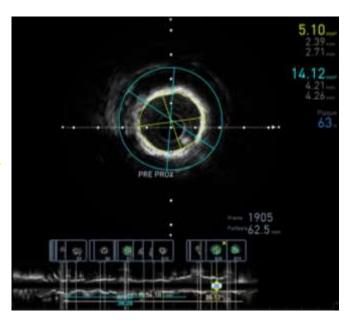
- IVUS
- Non compliant balloon
- May use atherectomy
- 2 DCB

Predilate distal to proximal stent NC balloon 2.0x15mm (12 atm)









3.20

10.12 3.43 3.68

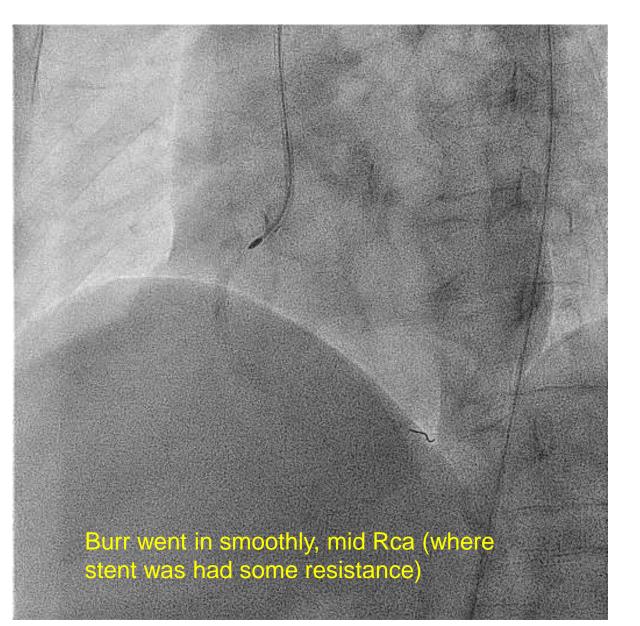
2.54

9.77 3.46 3.59

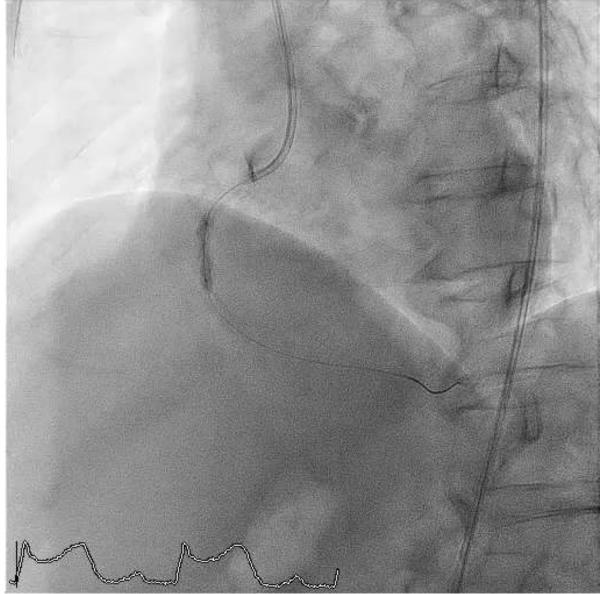
- 2082

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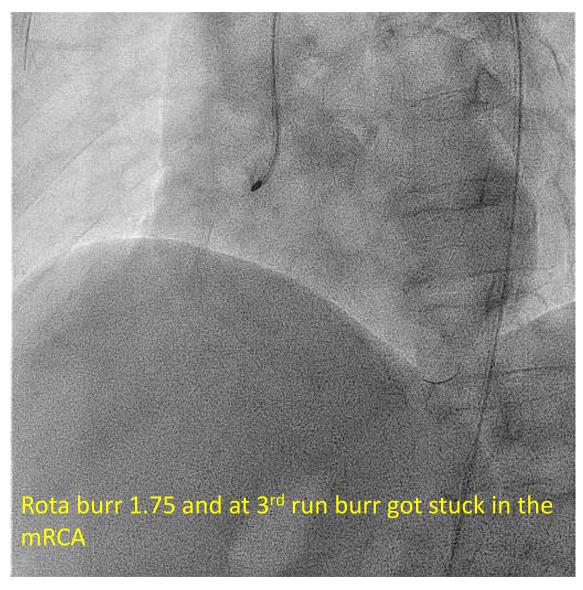
Rotablation for calcified plaque



NC 3.5x15mm unable to expand fully with high pressure



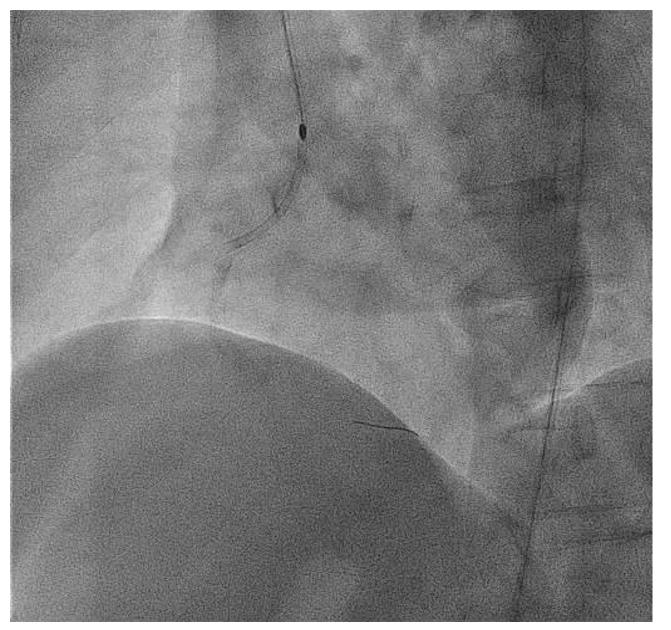
In view that balloon was unable to fully expand with high pressure at p-mrca, further Rota planned.



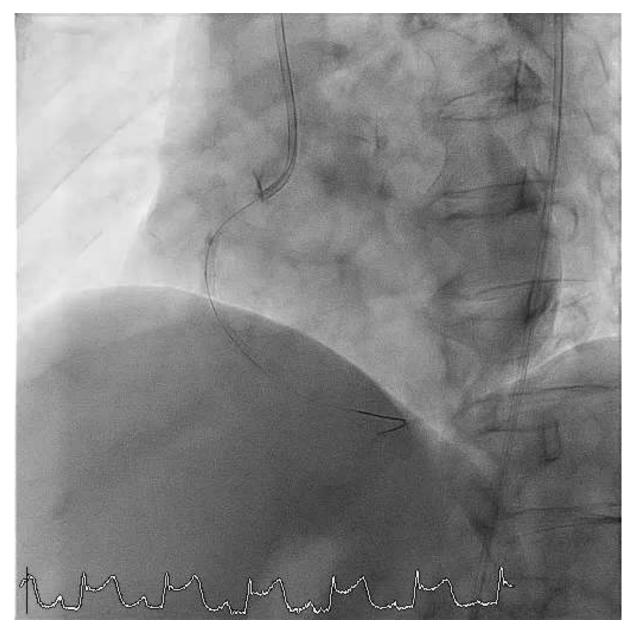
On Cardiac Monitor

ST elevation seen in the inferior leads and patient started complaining of chest pain.

Deep Seeding guide and extracted the burr

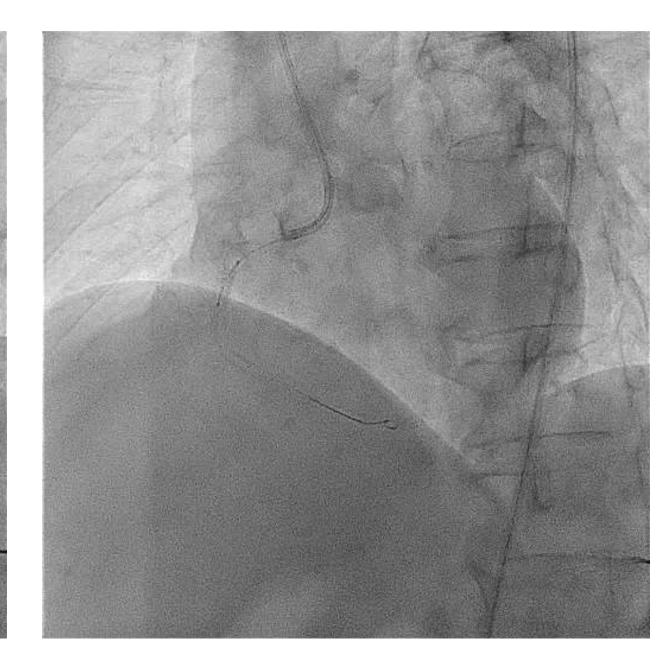


Flow after Rota extracted

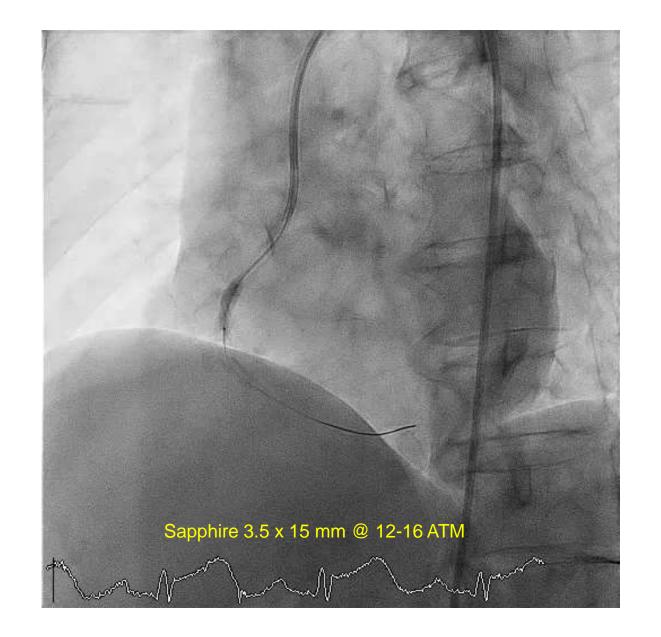


Angiogram with IVL

IVL 3.5 mm @ mid-ostium RCA 8 pulses, mid-prox RCA @ 6 ATM, distal RCA @ 4 ATM



Further predilate after IVL

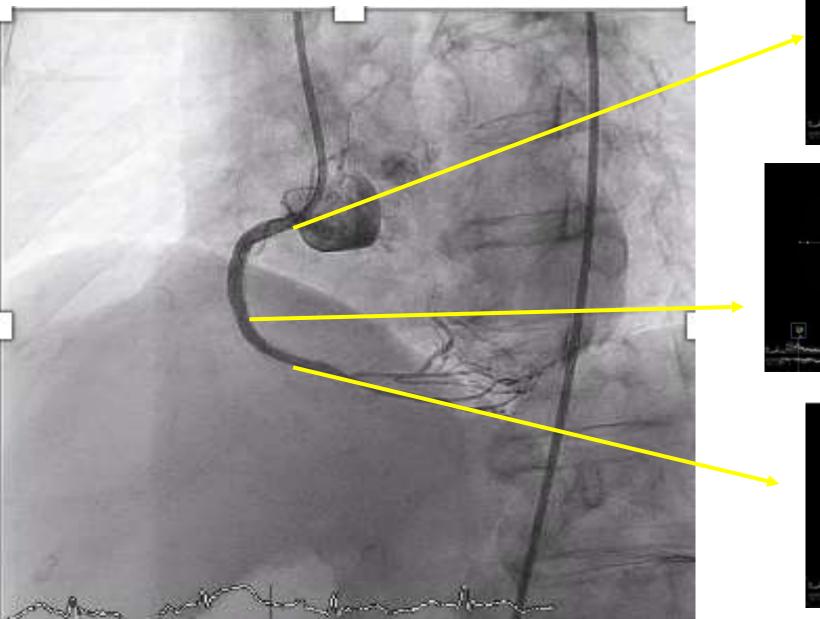


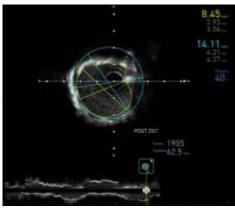
Angiogram with stent balloon expanded (pre and mid)

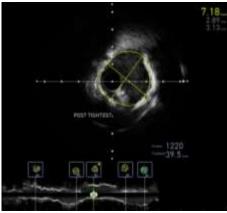
d-mRCA with Supraflex Cruz 3.5 x 36 mm with Guideplus @ 11 ATM

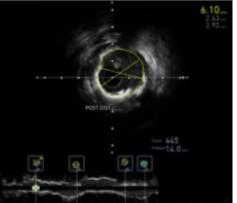
mid-ostium RCA with DES SUpraflex Cruz 4.0 x 20 mm @ 11 ATM flare at 16 ATM Postdilated with Wilma 4.0 x 15 mm @ 12-22 ATM flare @ 24-26 ATM

Final IVUS

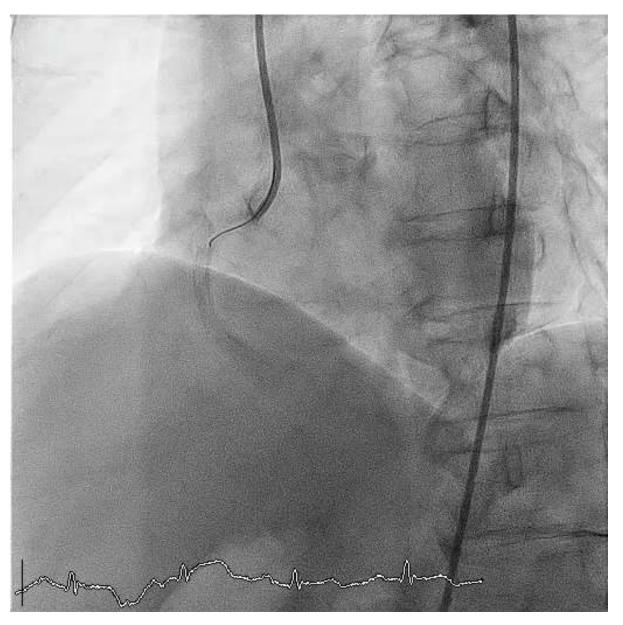


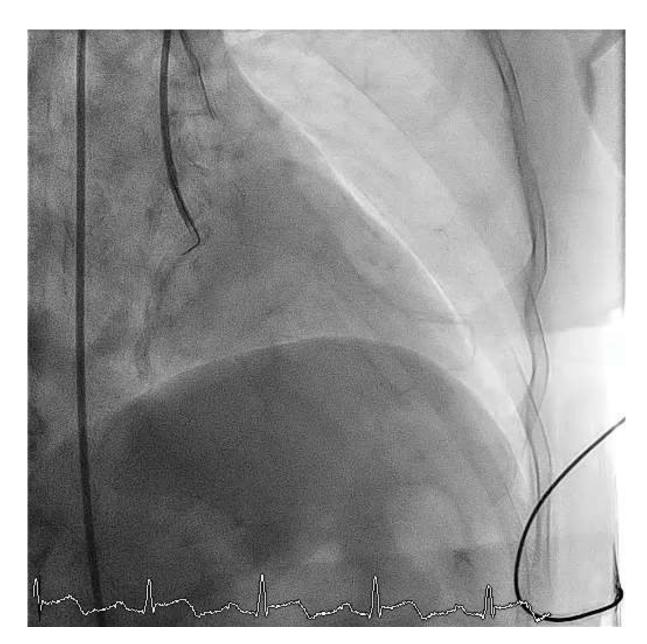






Final Angiogram



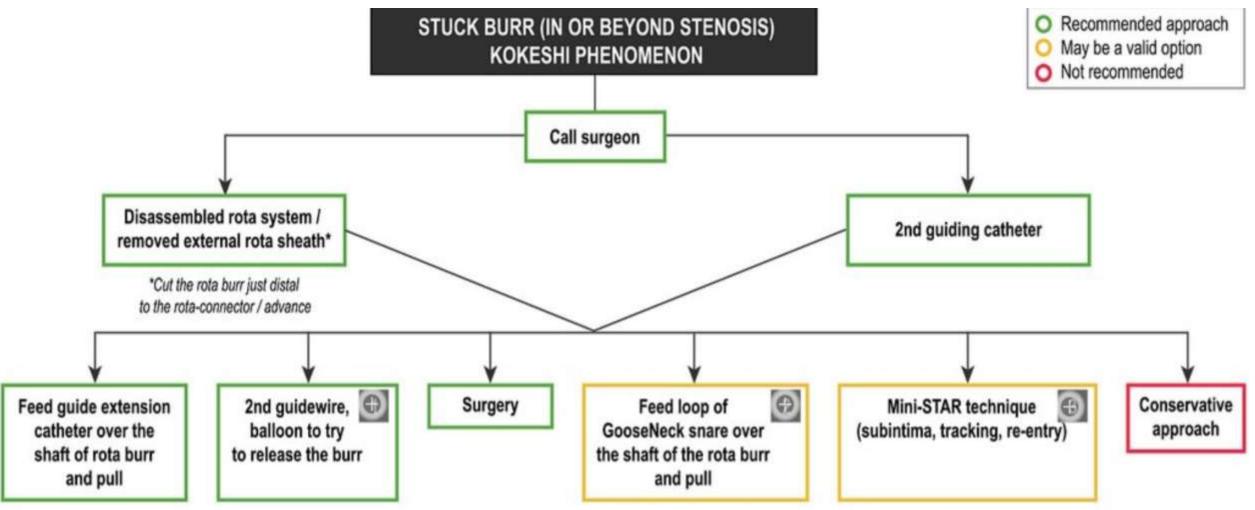


Discussion

- Kokeshi phenomenon is a stuck rota burr in a heavily calcified coronary artery during <u>rotablation</u>.
- named after a Japanese wooden doll, which has a large head-to-body ratio.



Algorithm



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Conclusion and take home message

- Entrapment of a Rota burr is a rare but serious complication
- Calcification is the enemy.
- Always make sure your equiptments are functioning before proceeding with case.

References

- Coronary stuck burr (in or beyond the stenosis): Kokeshi phenomenon. (n.d.). Www.pcronline.com. Retrieved April 24, 2023, from https://www.pcronline.com/Cases-resourcesimages/Complications/Implant-loss/Coronary-emboliseddevices/Rotablator/Stuck-burr
- *Case study: Entrapment of rota burr*. (n.d.). Www.pcronline.com. Retrieved April 24, 2023, from https://www.pcronline.com/Casesresources-images/Complications/Implant-loss/Coronary-emboliseddevices/Rotablator/Stuck-burr/Case-library/Case-study-Entrapmentof-rota-burr