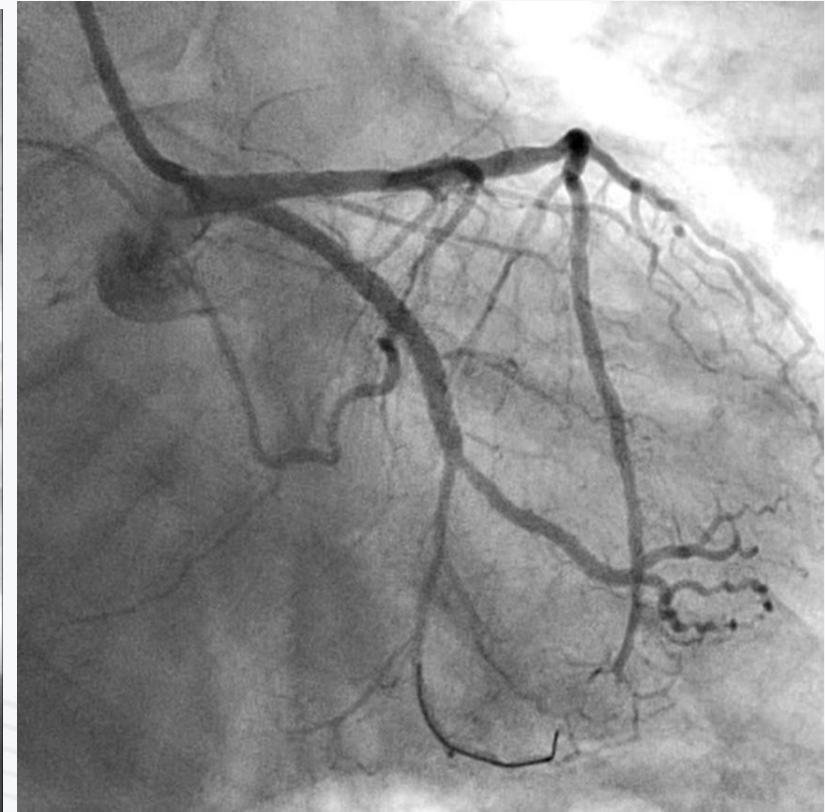
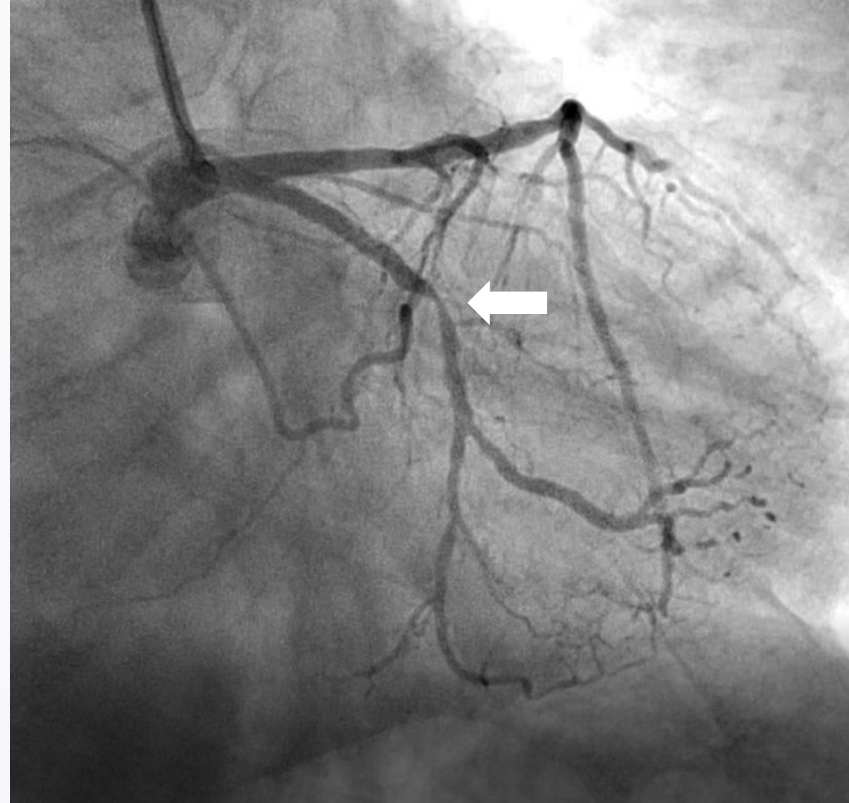


Stent Migration During Jailed Side Branch Wire Removal

KIM HEE WON
CHA Bundang Medical Center,
CHA University

- **62-year-old man visited OPD (2021.04)**
- **Recurrent chest pain**
- **Past history**
 - **HTN, DM, hyperlipidemia**
 - **15PY Smoking hx**
 - **2019.12 NSTEMI: pLCX (Xience S 2.75 x 23 mm)**

- **Coronary angiography (2019.12)**

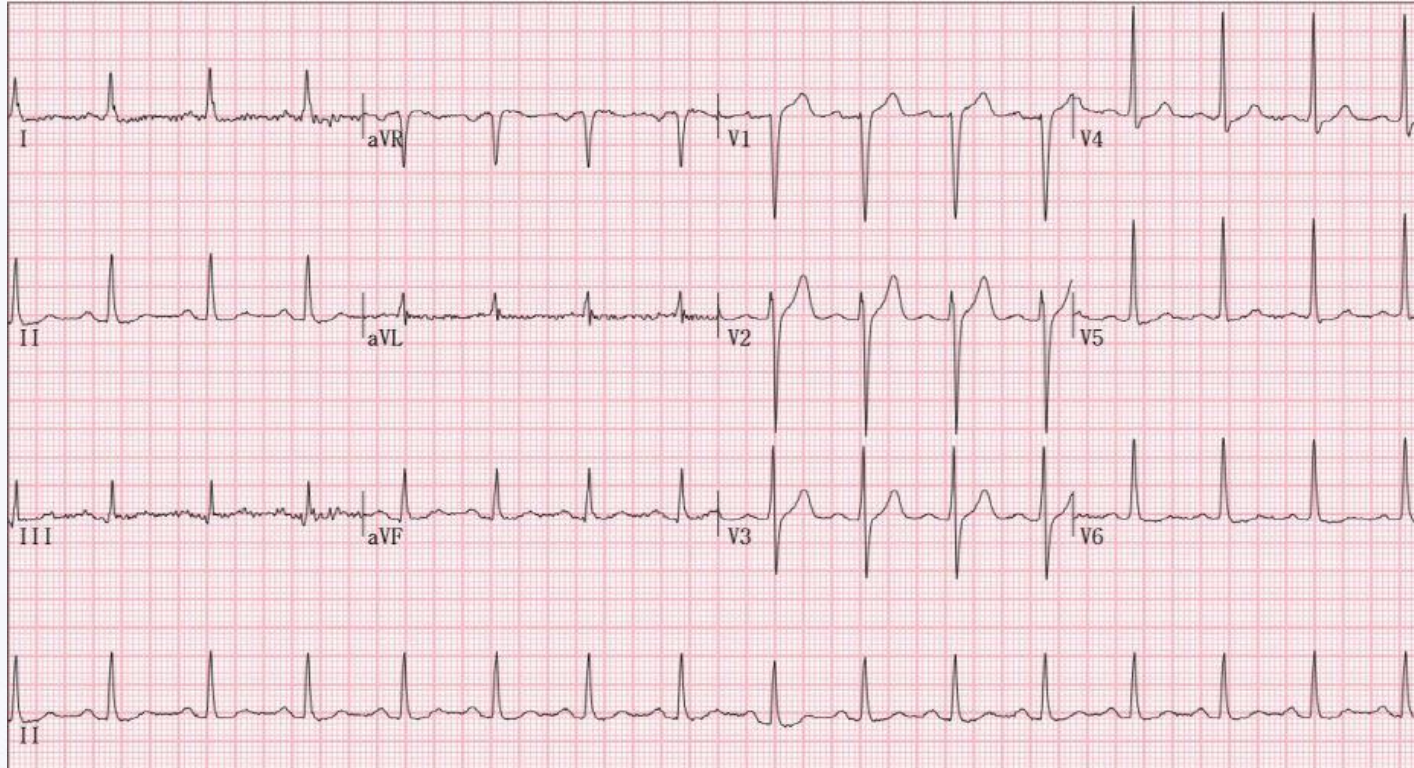


Significant stenosis at pLCx

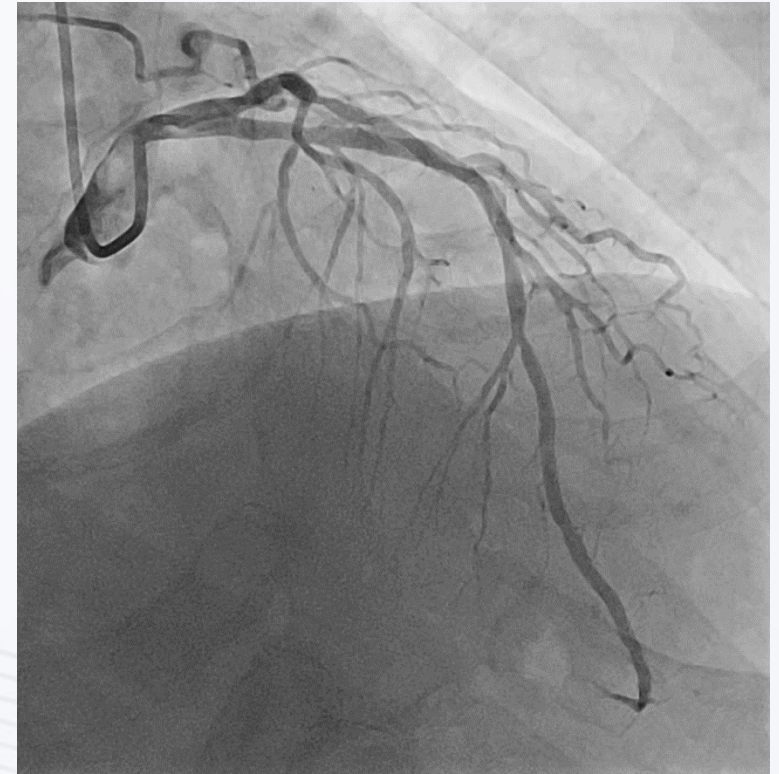
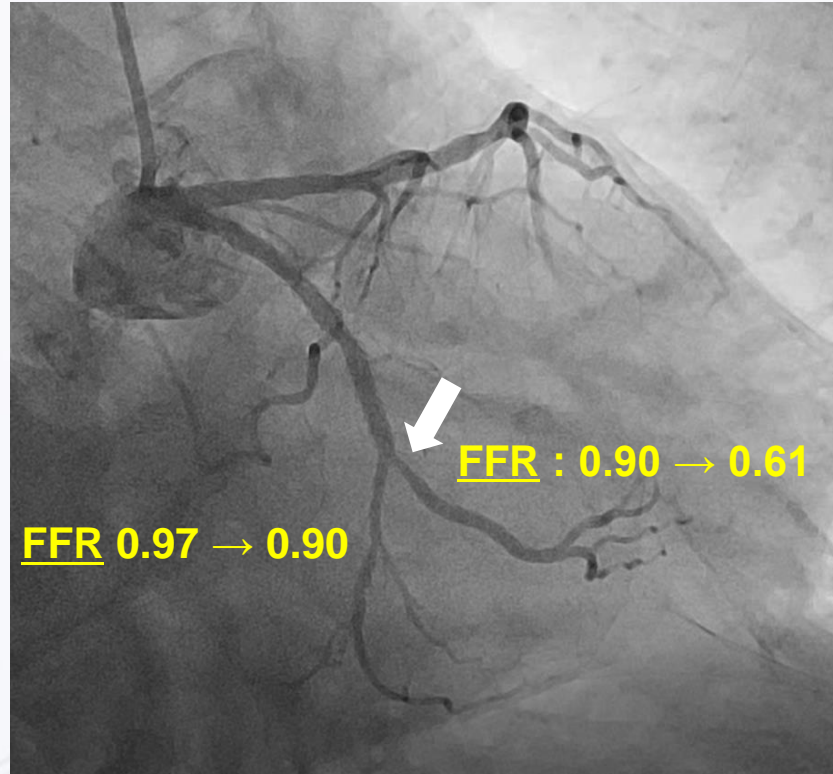
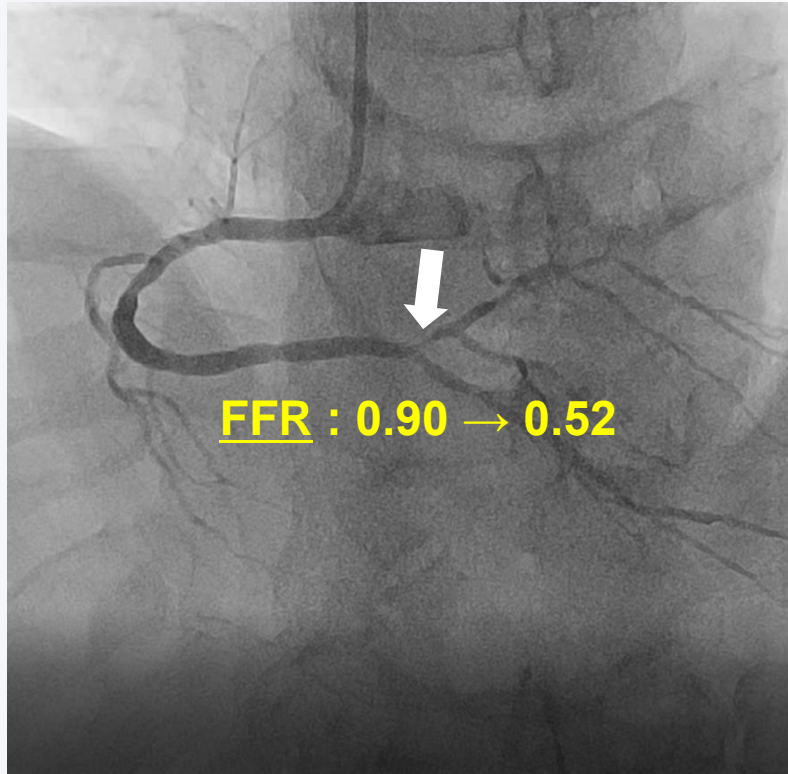
Xience S 2.75 x 23 mm at pLCx

2021.04

- Recurrent chest pain with frequent use of NTG
- ECG and cardiac enzymes: no interval change



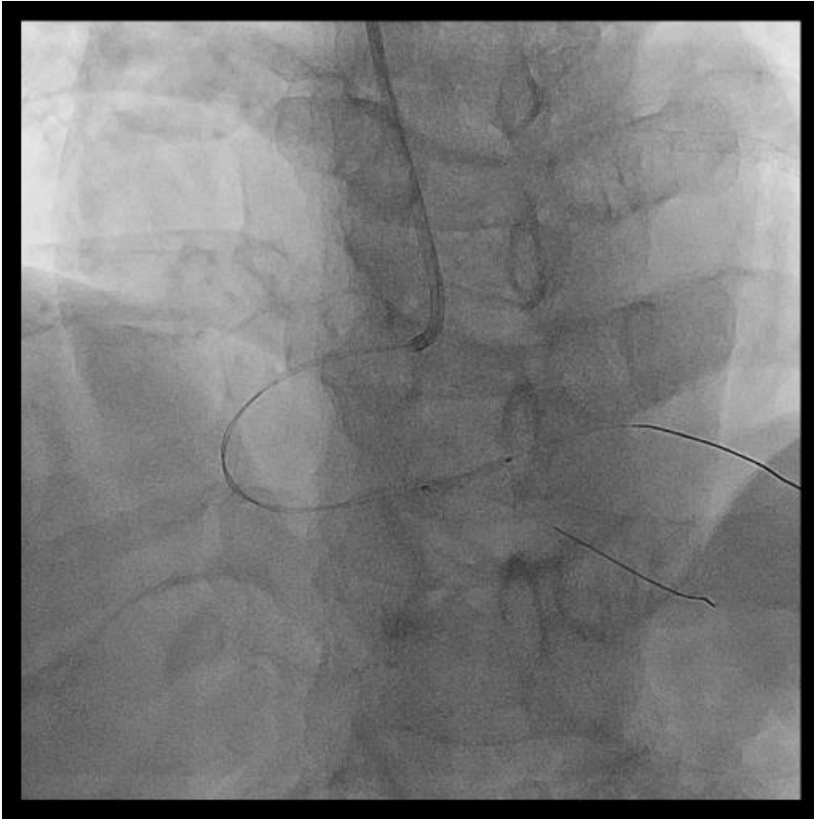
→ elective f/u coronary angiography



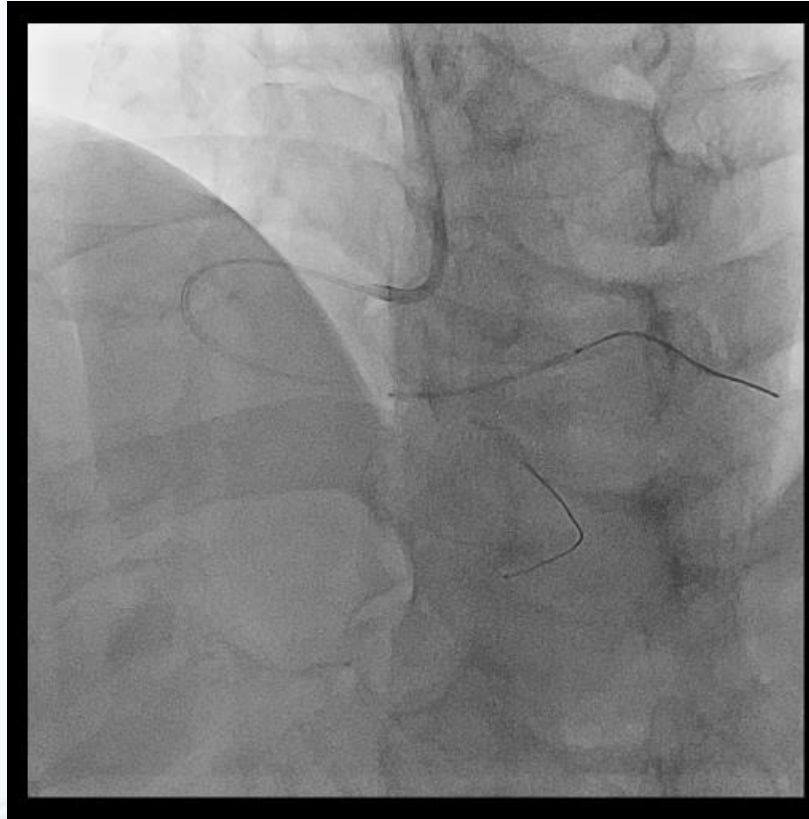
**Significant stenosis
At PL br. of RCA**

**Patent stent at pLCx Aggravated
bifurcation lesion at dLCx and
OM br.**

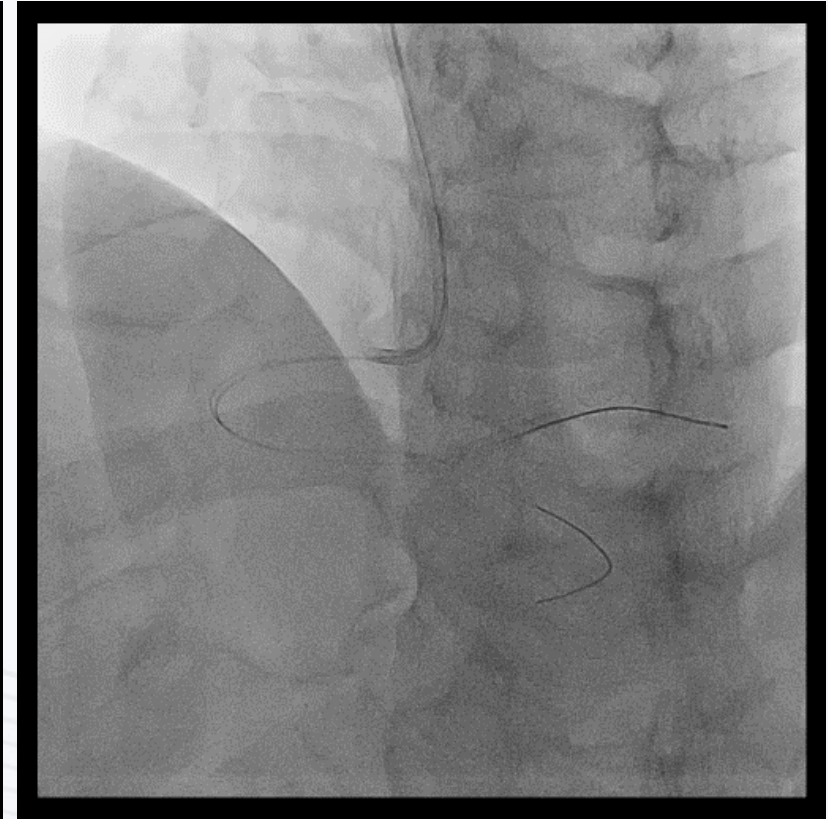
- **RCA PCI – Rt. TRA, JR 5-4**



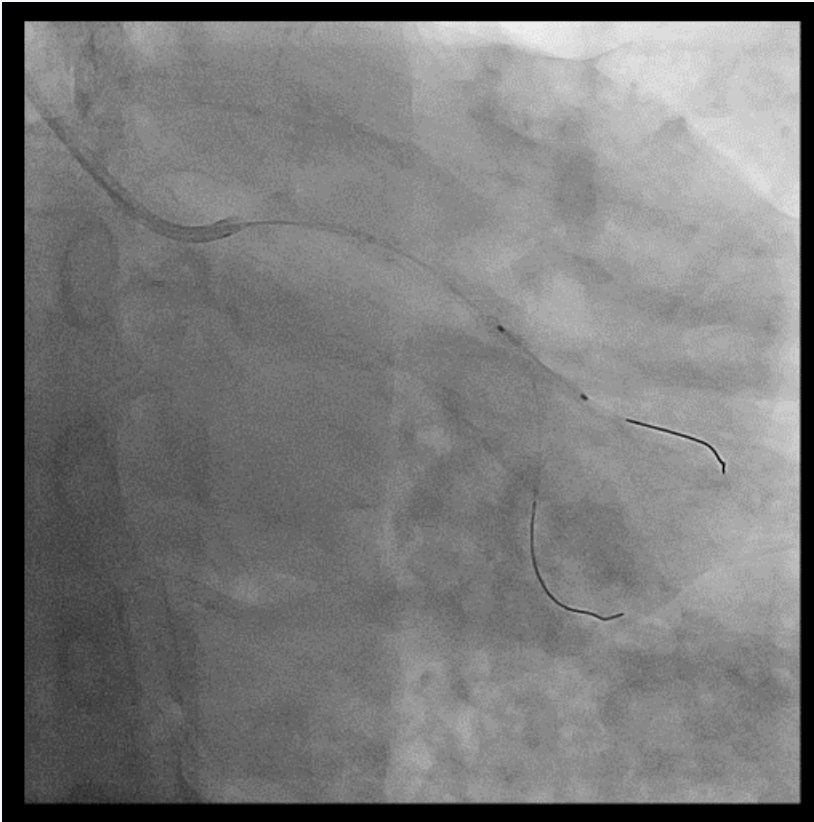
**BMW wire in PL br. of RCA
Sion blue wire
in PDA br. of RCA 2 x 15
POBA**



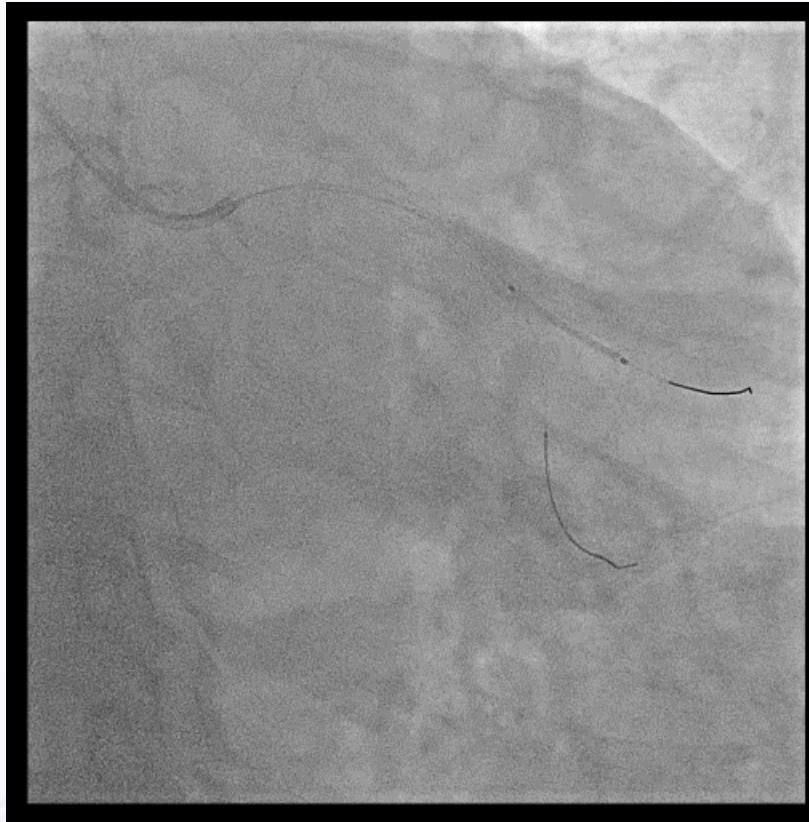
Synergy 2.5 x 24 mm at dRCA



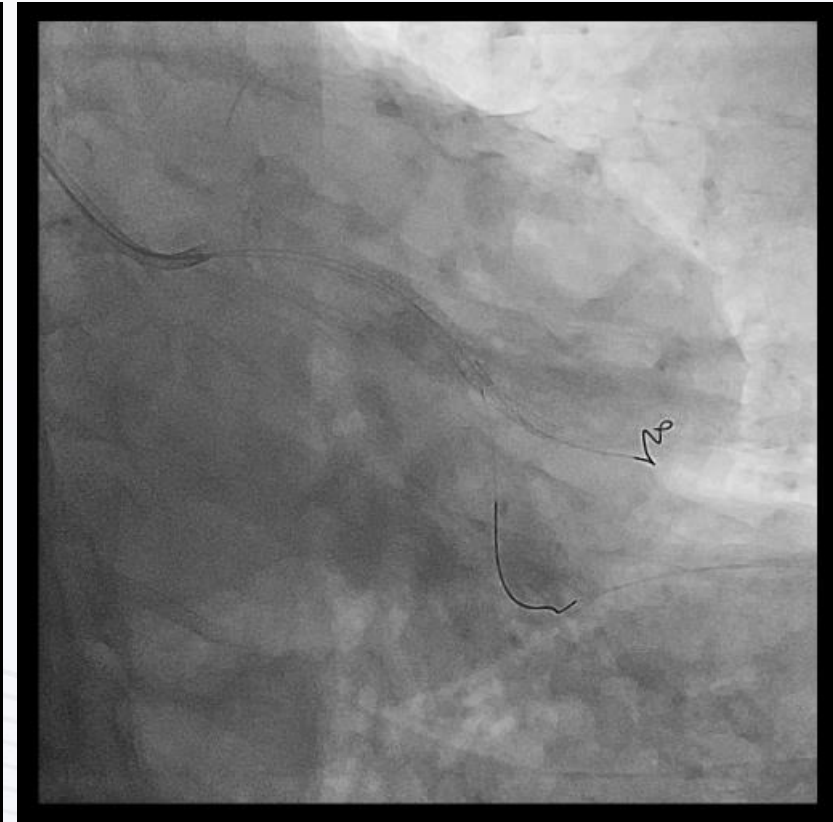
- **OM branch of LCx – JL 5-4**



**BMW wire in dLCx proper
Sion blue wire in OM br.
2 x 15 mm POBA**



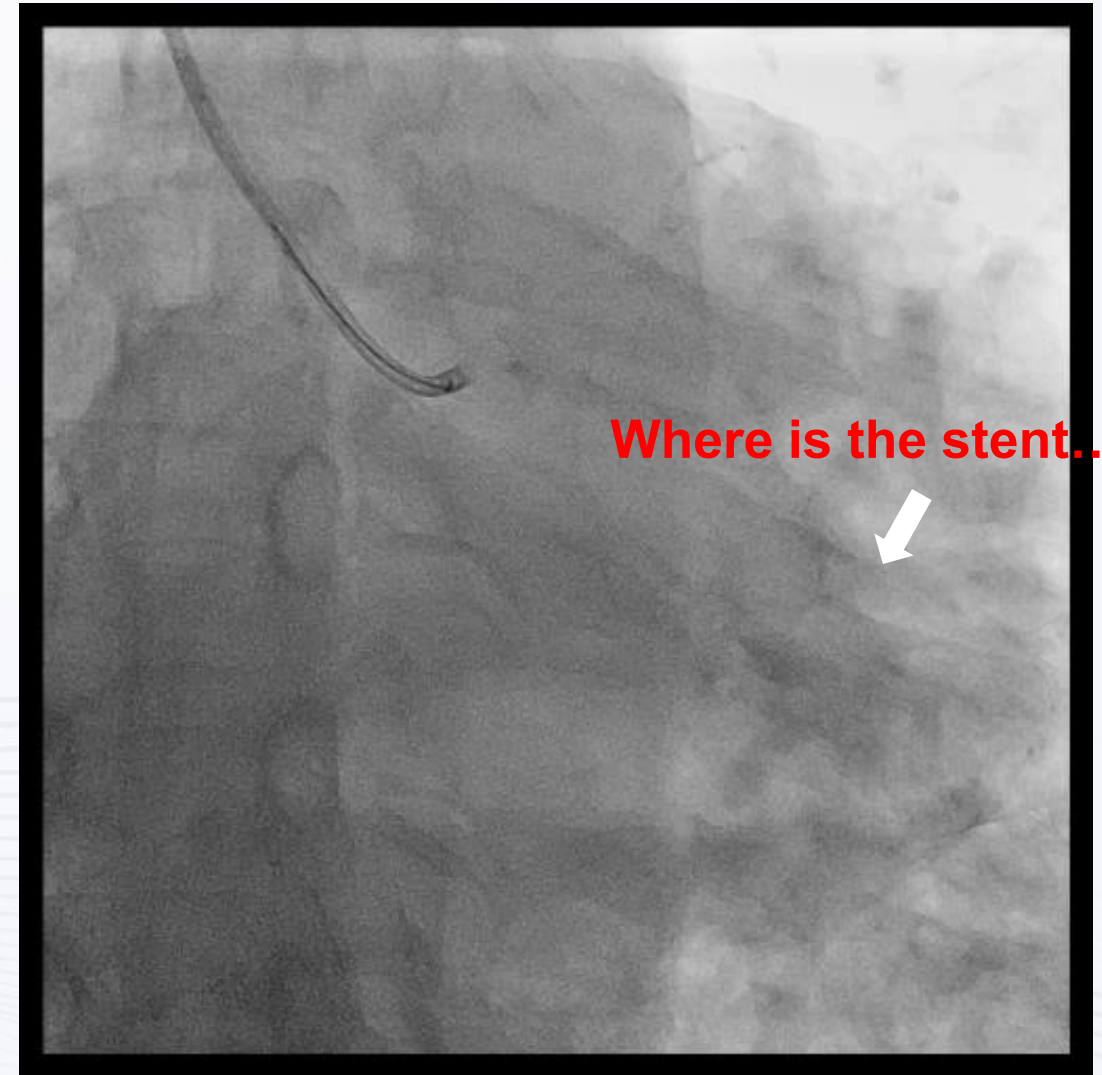
**Synergy 2.5 x 16 mm at OM
br. (14 atm)
Overlapping with previous
stent at pLCx**



- During the extraction of the side branch wire (BMW), severe resistance occurred.
- After pulling the wire out, angiography was shown like this.
- All wires were gone
- Previously deployed stent was also migrated proximally resulting haziness at previous proximal stent area

Next plan...?

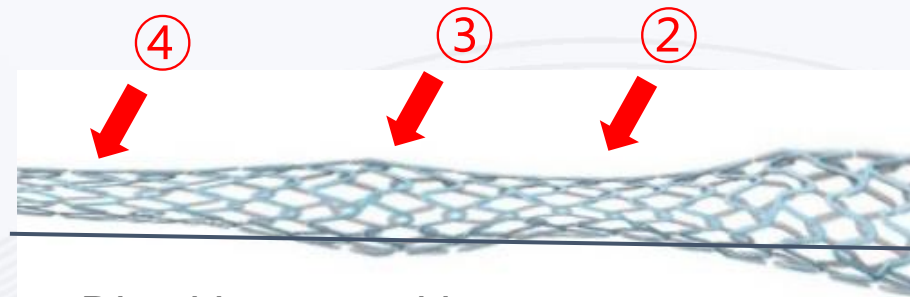
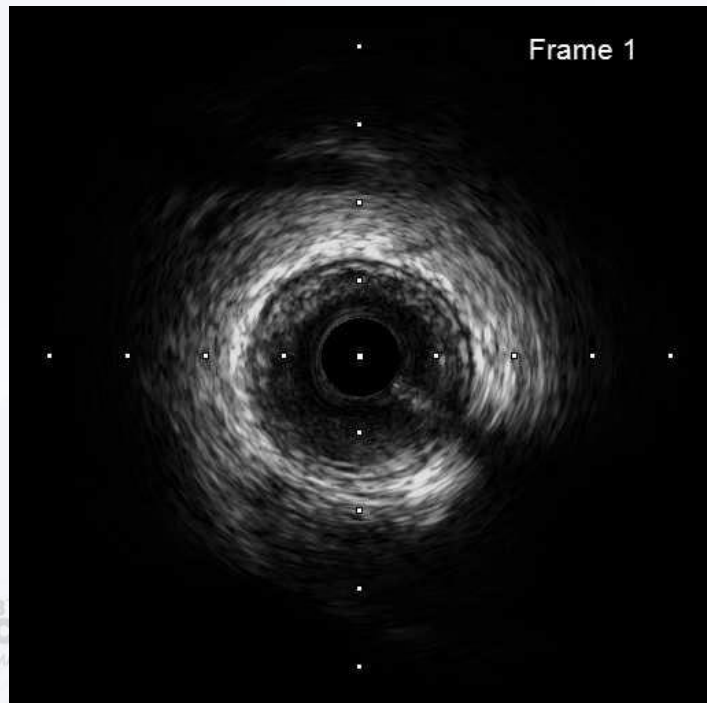
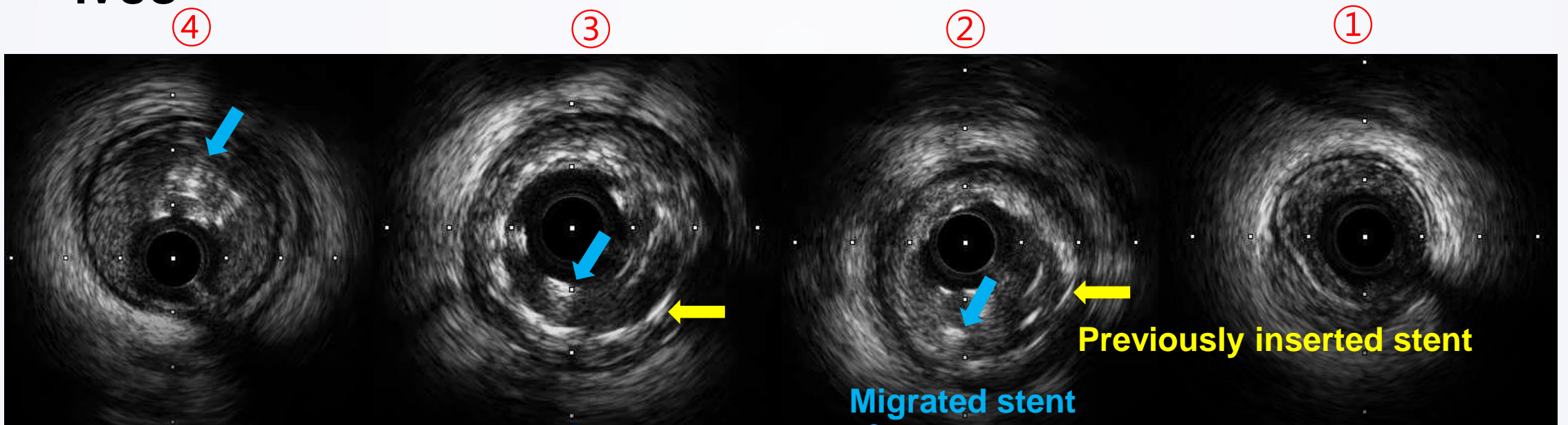
- 1) Stent extraction → Possible injury at LM or LCx os
- 2) Stent compression
- 3) Other options?



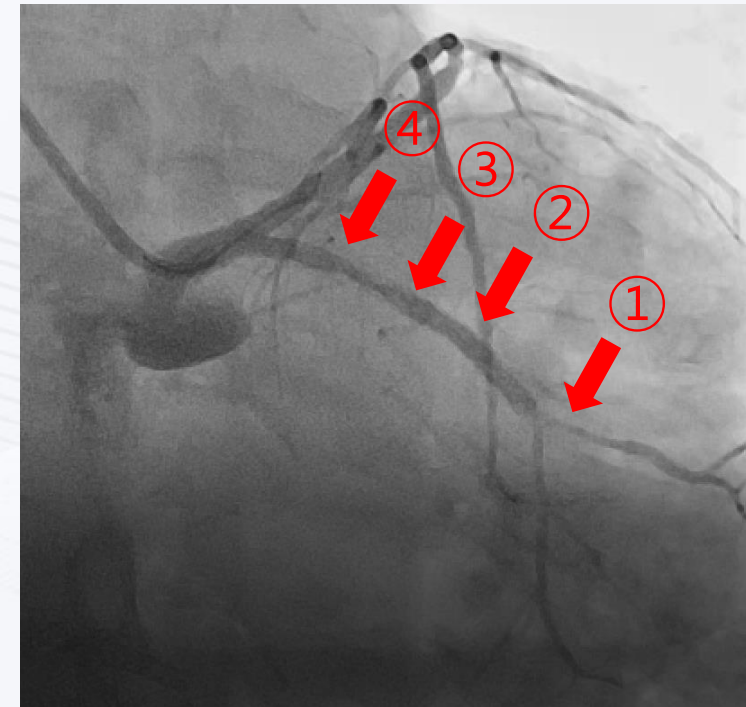


- We immediately tried to reinsert the wire in to the OM br. with Sion blue
- But 2.0 x 15 mm balloon and IVUS could not pass the proximal stent area
- We used 1.5 x 15 mm balloon for POBA allowing IVUS to pass

• IVUS

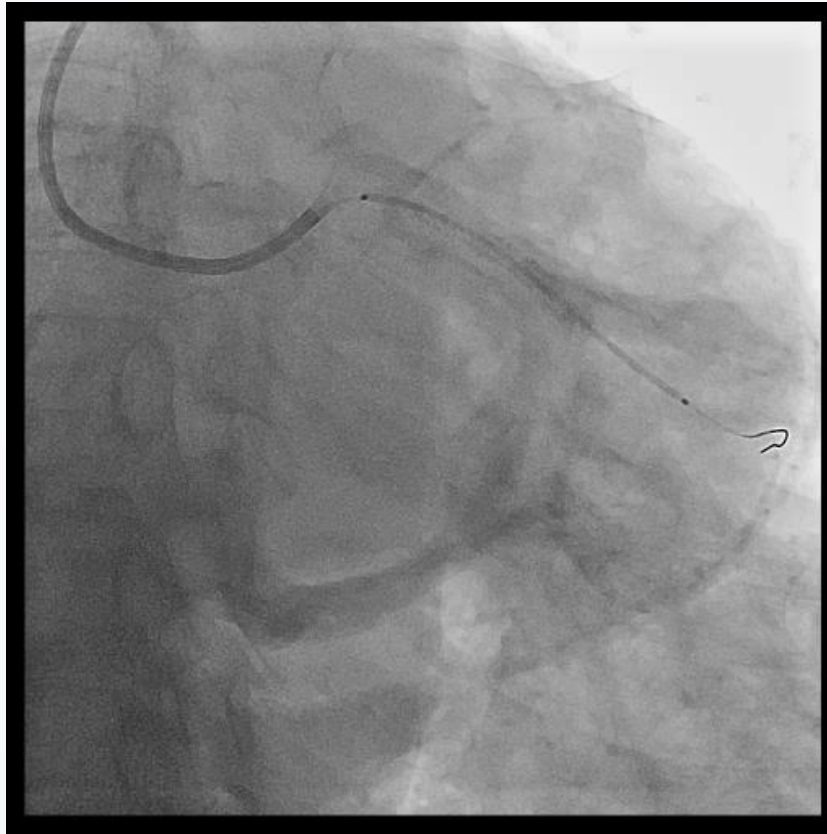


- Distal intramural hematoma
- Broken stent inside the previously inserted stent
- Wire placed in and out of the stent throughout the LCx

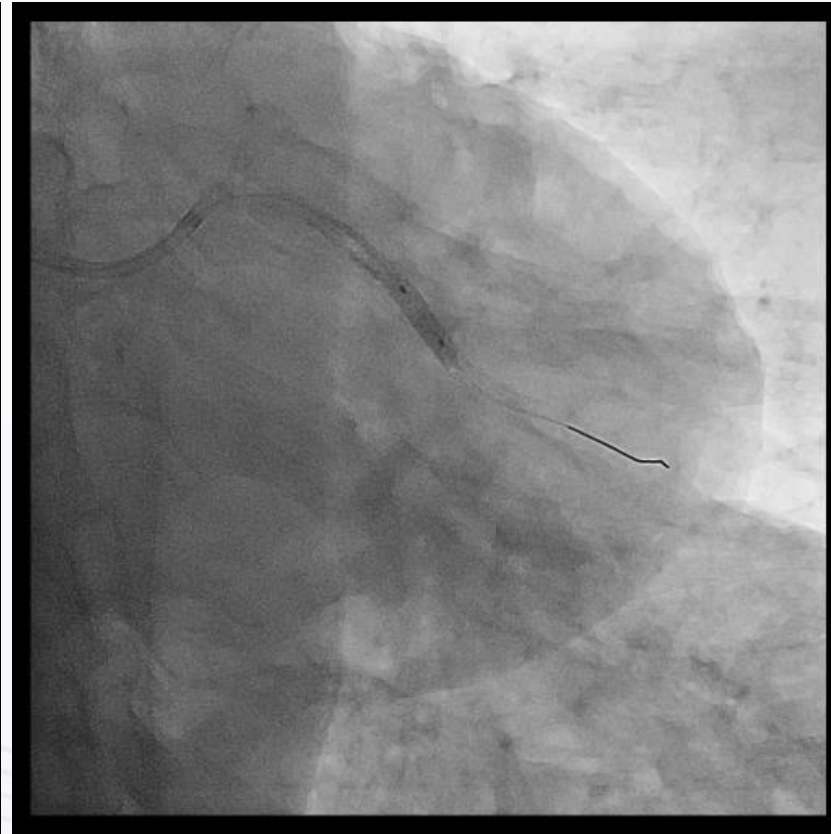




**High pressure balloon
3.0 x 10 mm NC
for jailed stent compression**



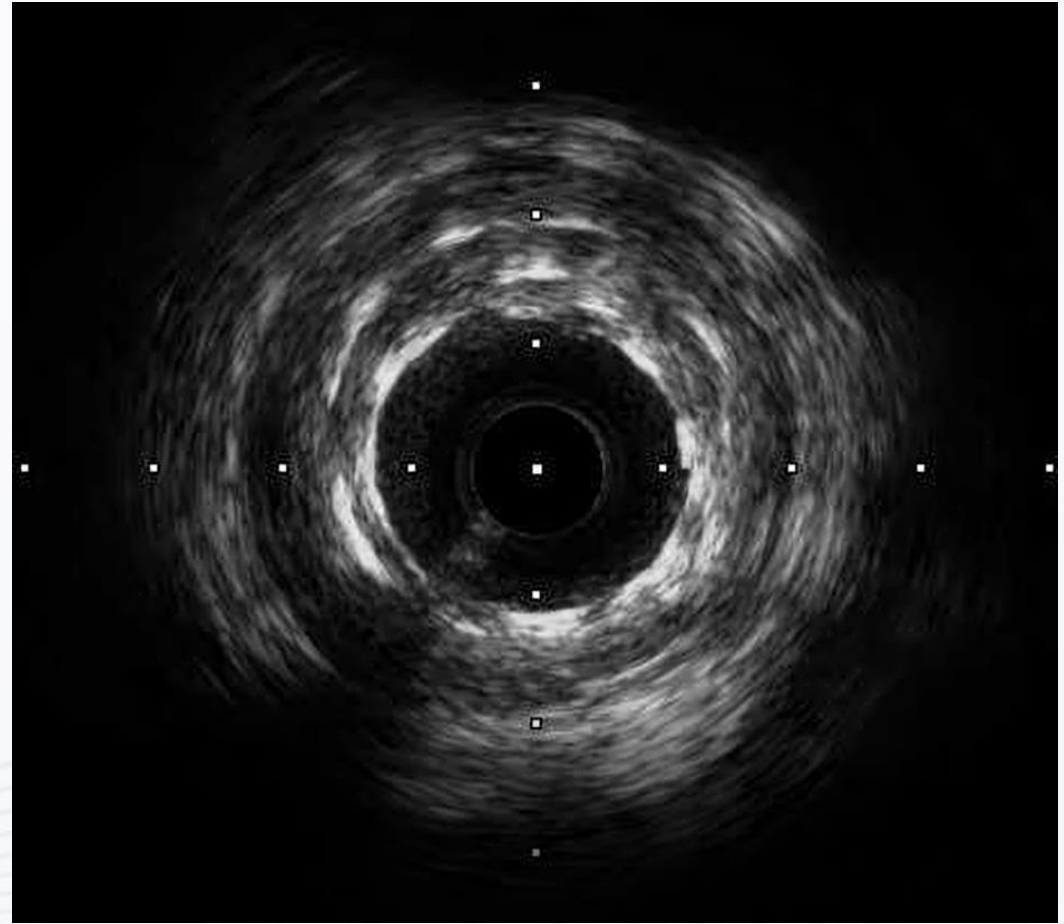
**Long stent of Synergy
2.5 x 48 mm
from proximal LCx to OM br.**



**High pressure balloon
3.0 x 10 mm NC**



Final angiography



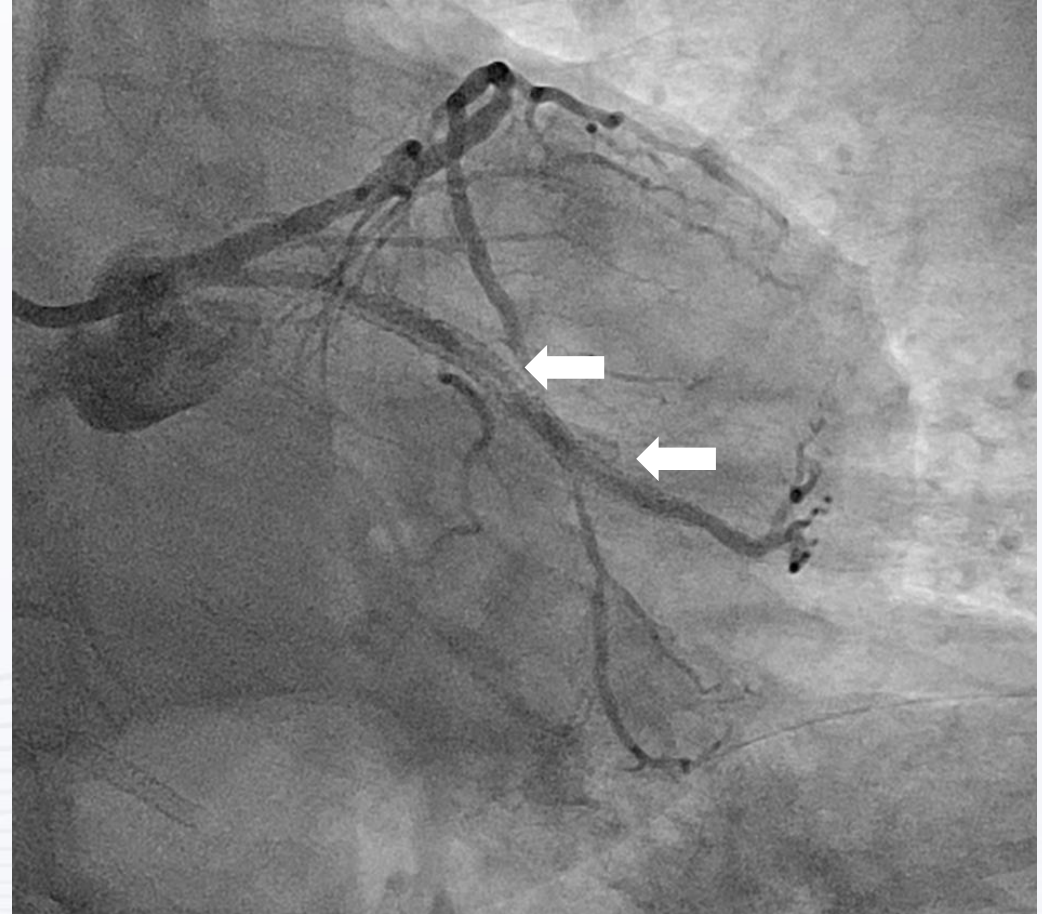
Final IVUS

Happy ending...?

- 1 year f/u angiography



Patent stent at PL br. of RCA

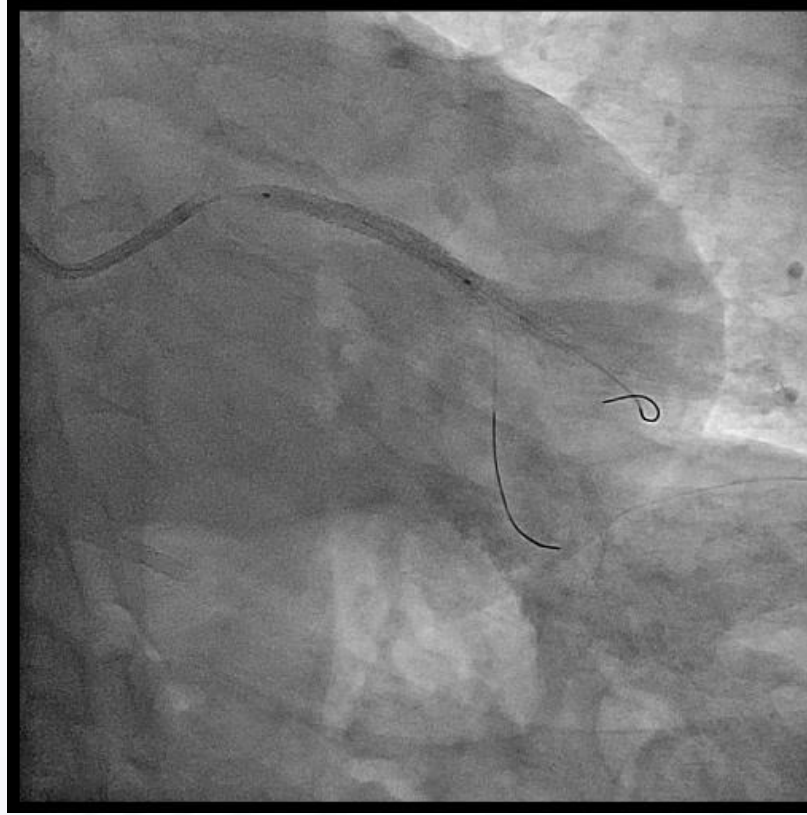


ISR at proximal to OM br. of LCx

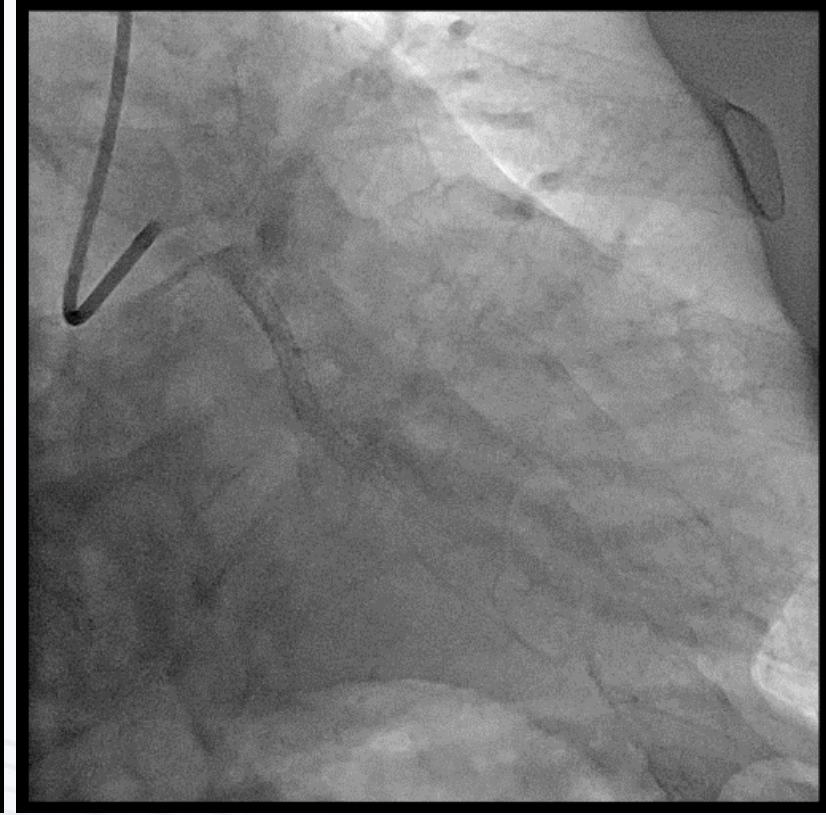
- **LCx**



**PTCA with 3.0 x 15 mm
scoring balloon**



3.0 x 30mm DEB

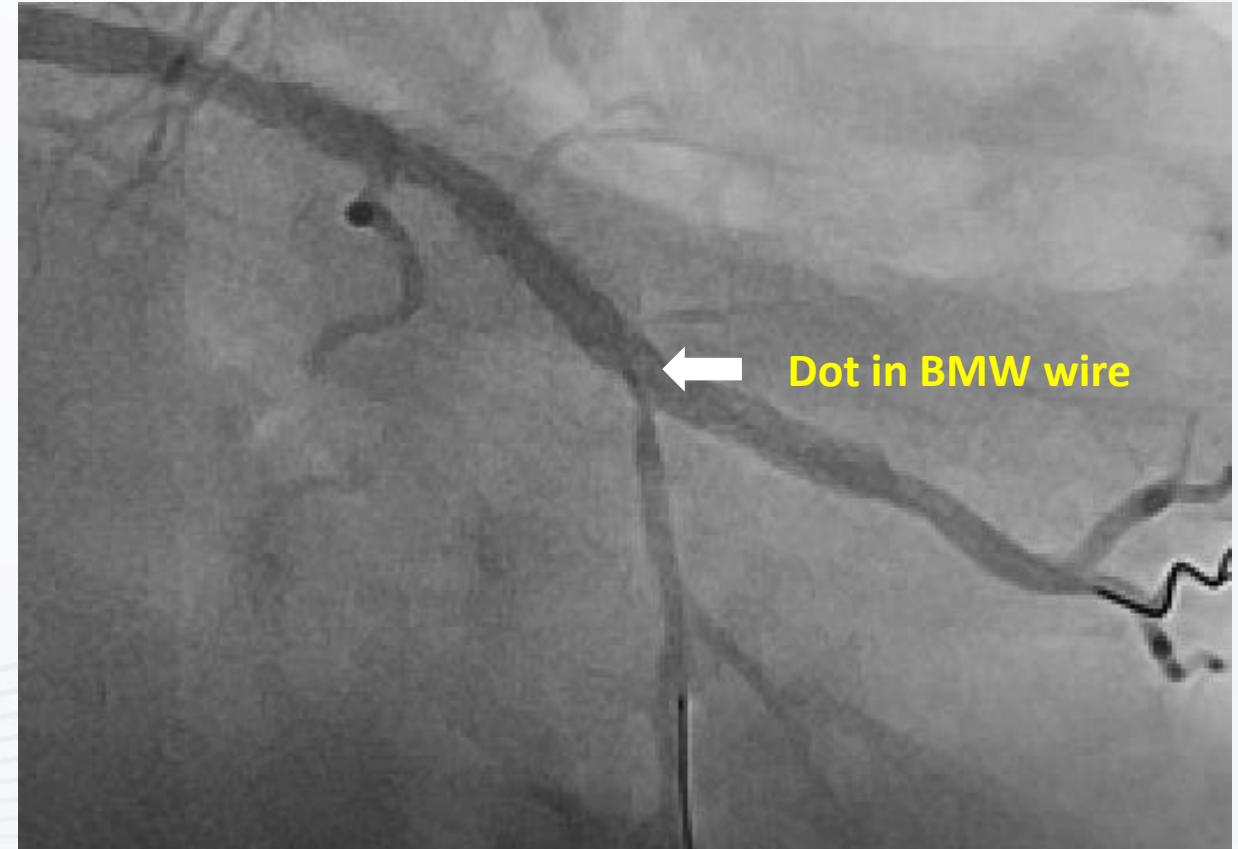


Final angiography

The patient is in a good condition without any symptoms so far

Discussion point: Why did the stent migrated?

1. The wire might have been damaged during RCA intervention
2. Dot (connection between the core and the shaft) in BMW wire might have anchored the stent



The dot was positioned right at the overlapping area of the two stents which could cause resistance

Conclusion

1. **Carefully choose the type of the side branch wire and carefully manipulate the coiled wire**
2. **If your stent migrated, extract the damaged stent if possible**