

Guidezilla Catheter Guided Rotablation of Angulated Left Circumflex Ostium Lesion

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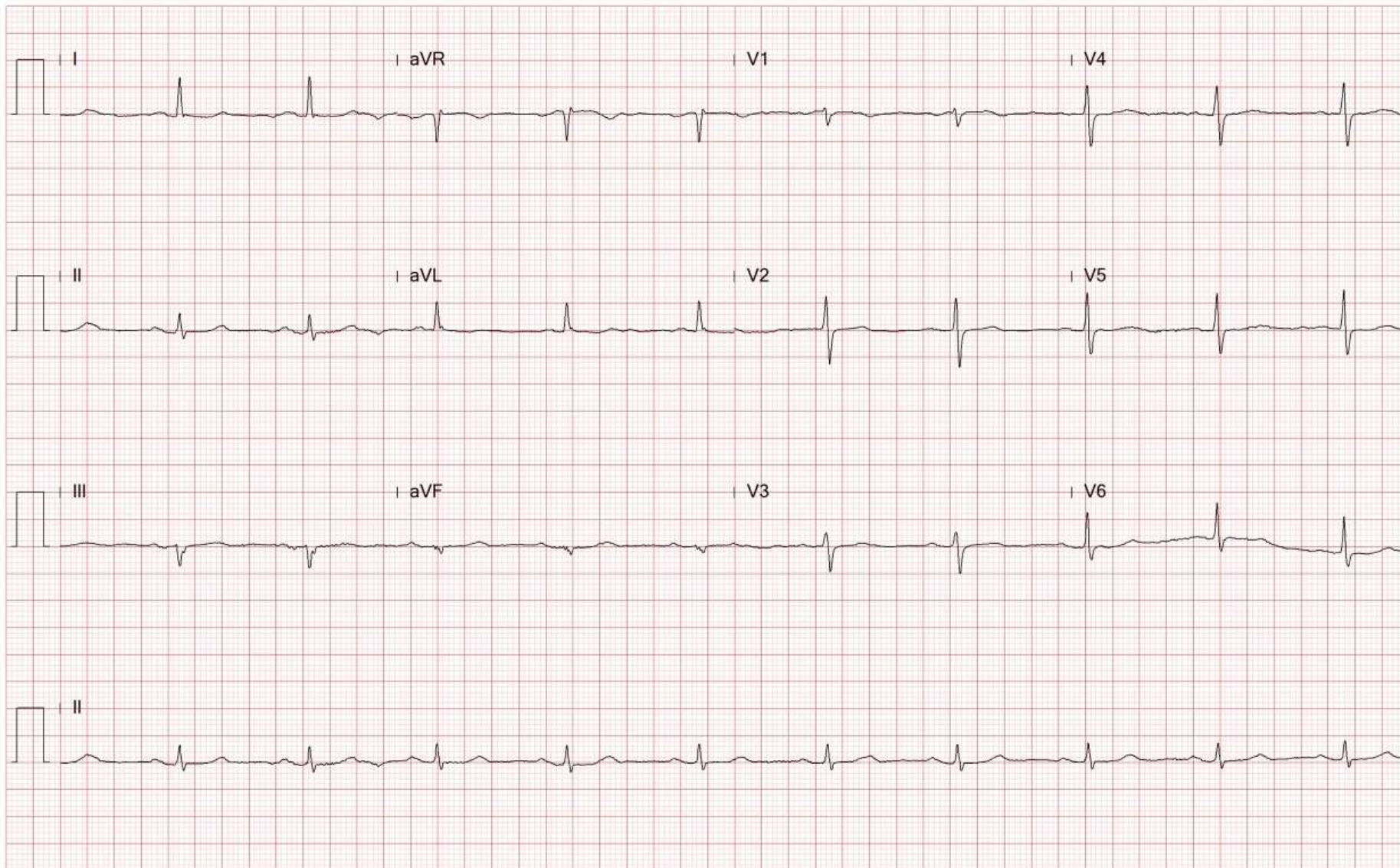
Brief History

- 75-year-old woman
- Had diabetes, hypertension & chronic kidney disease
- Had multivessel CAD with previous PCI of LAD & LCX
- Presented to ER with recurrent angina symptoms & elevated cardiac enzymes

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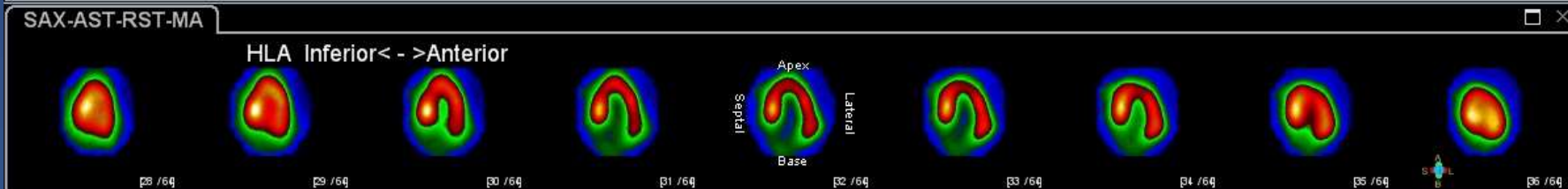
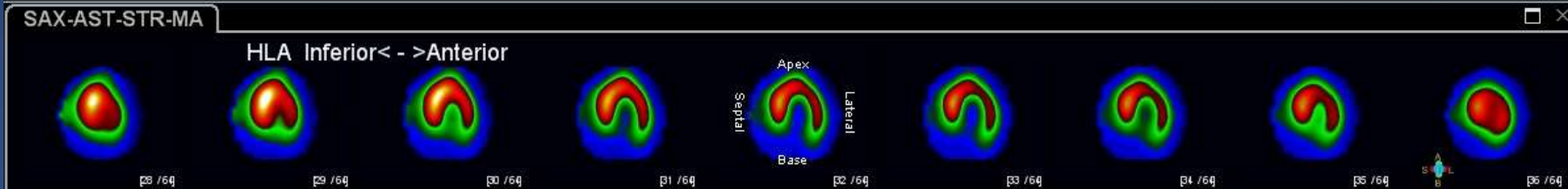
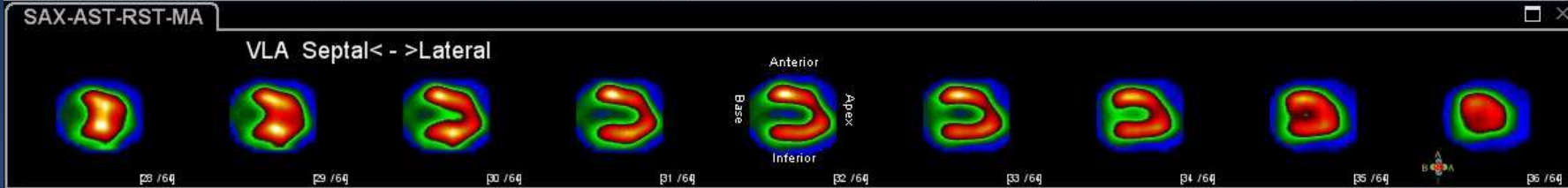
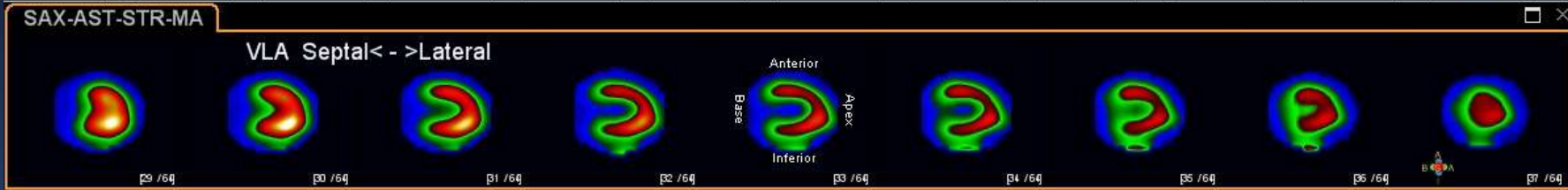
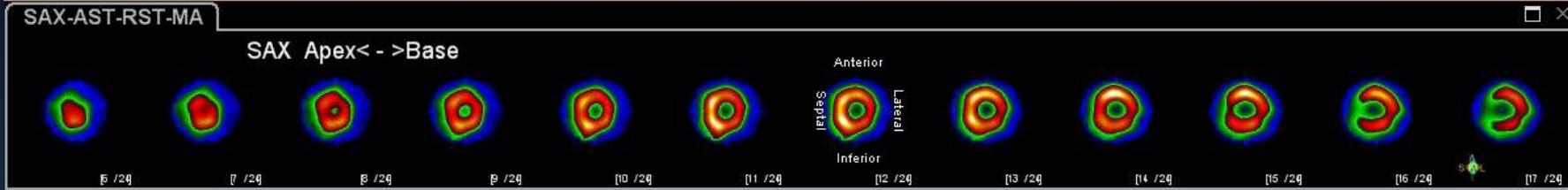
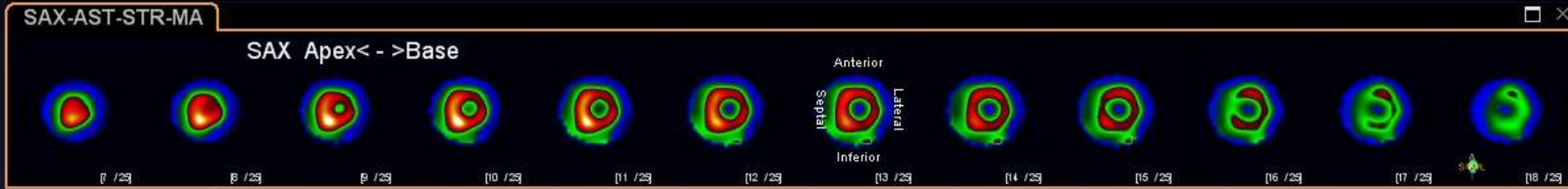
Age: 75 Years
Sex: F

Vent rate: 62 BPM
PR int: 194 ms
QRS dur: 97 ms
QT/QTc: 414 / 419 ms
P-R-T axes: 24 -4 56

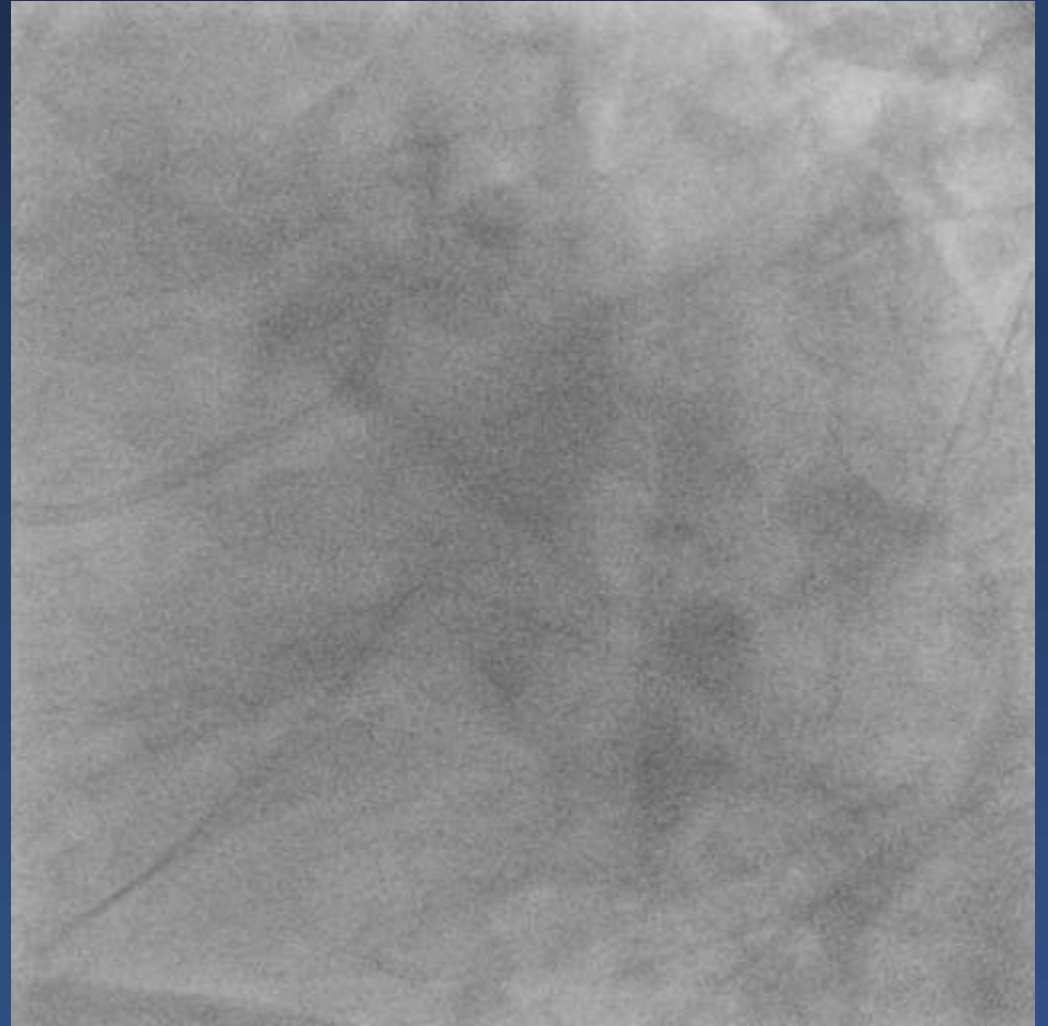
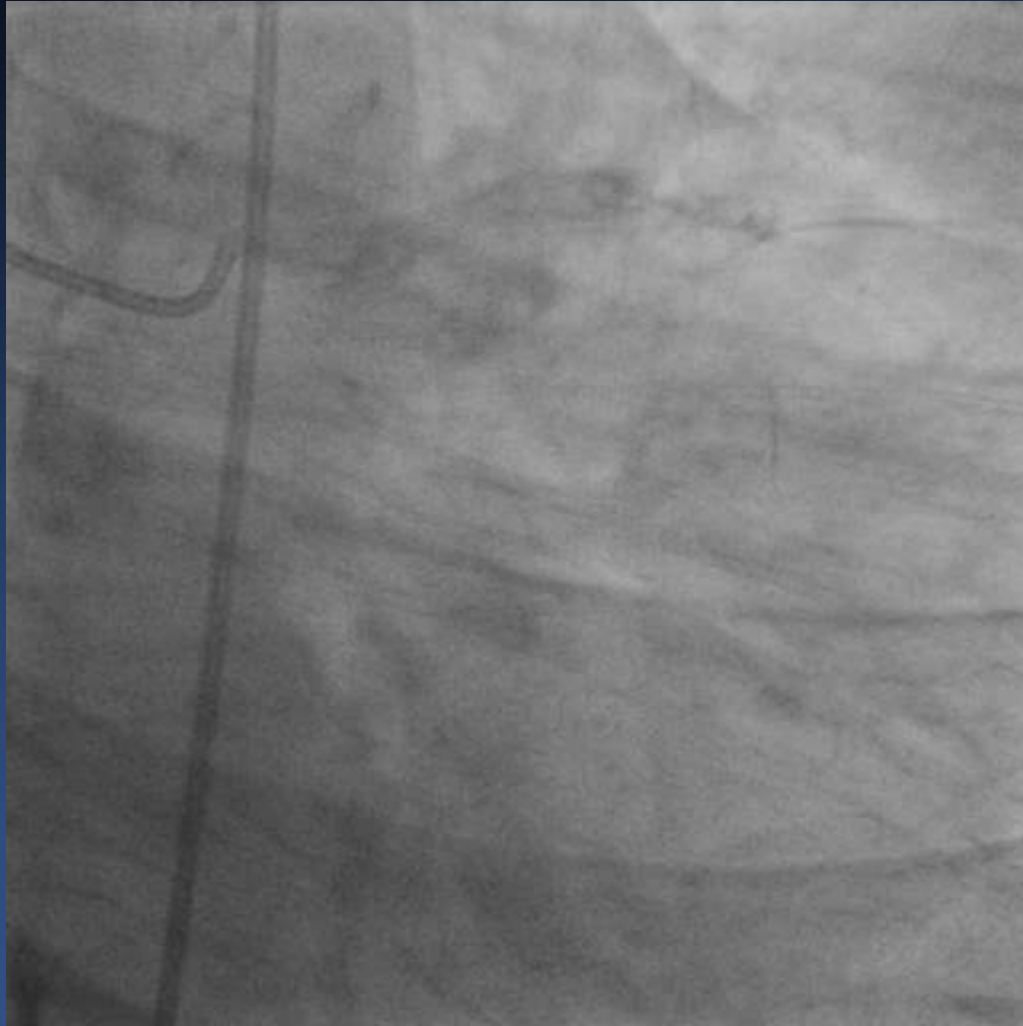


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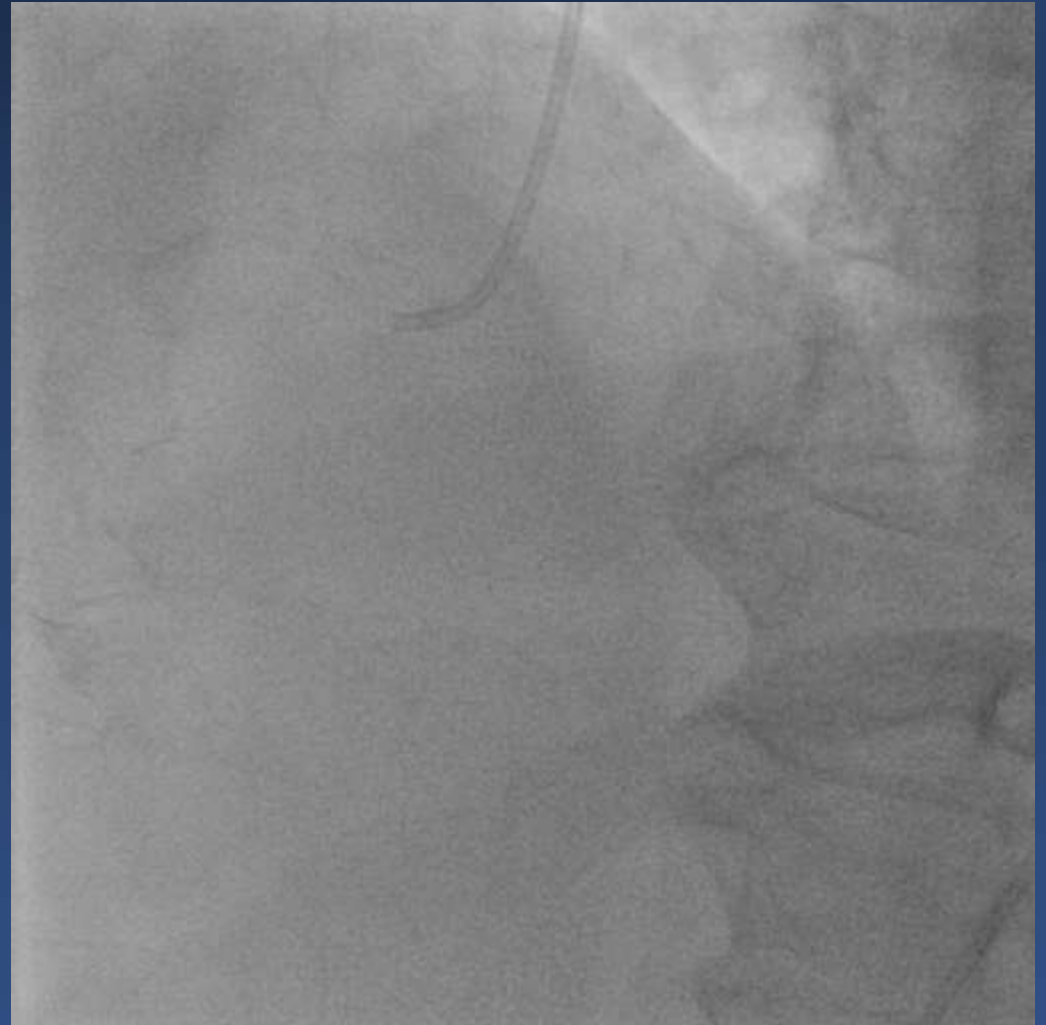
25mm/s 10mm/mV 0.050-40Hz



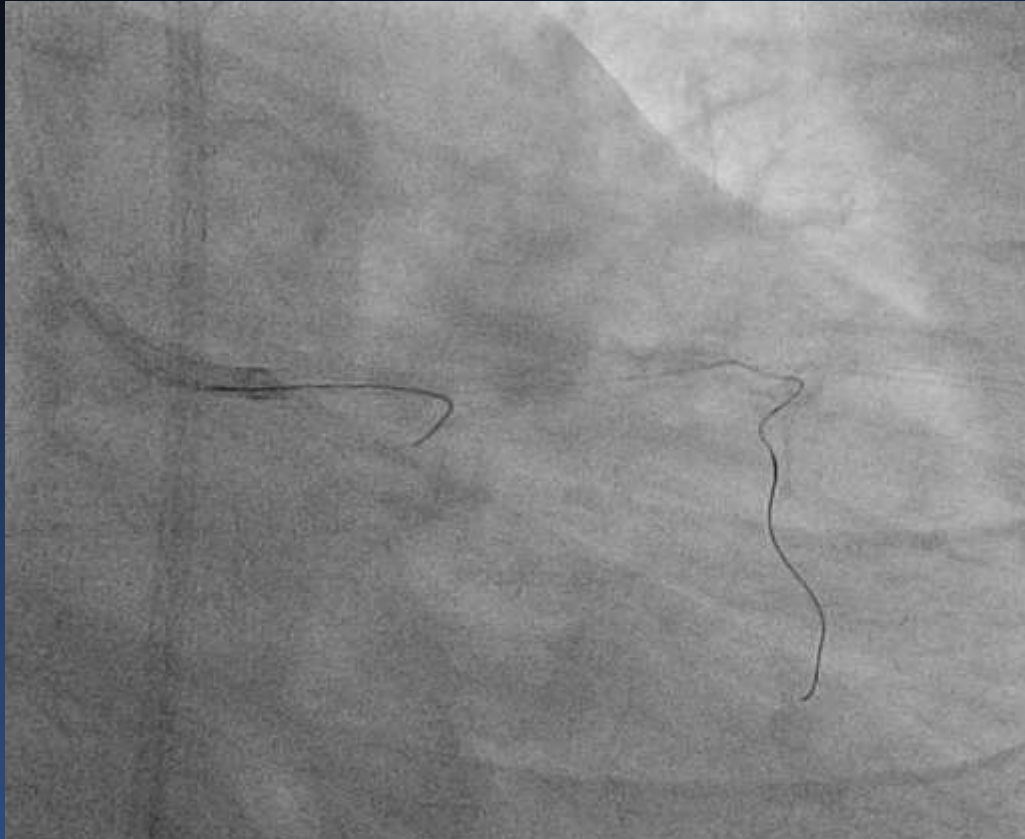
CAG



CAG



PCI via femoral artery approach, 8F EBU 3.5

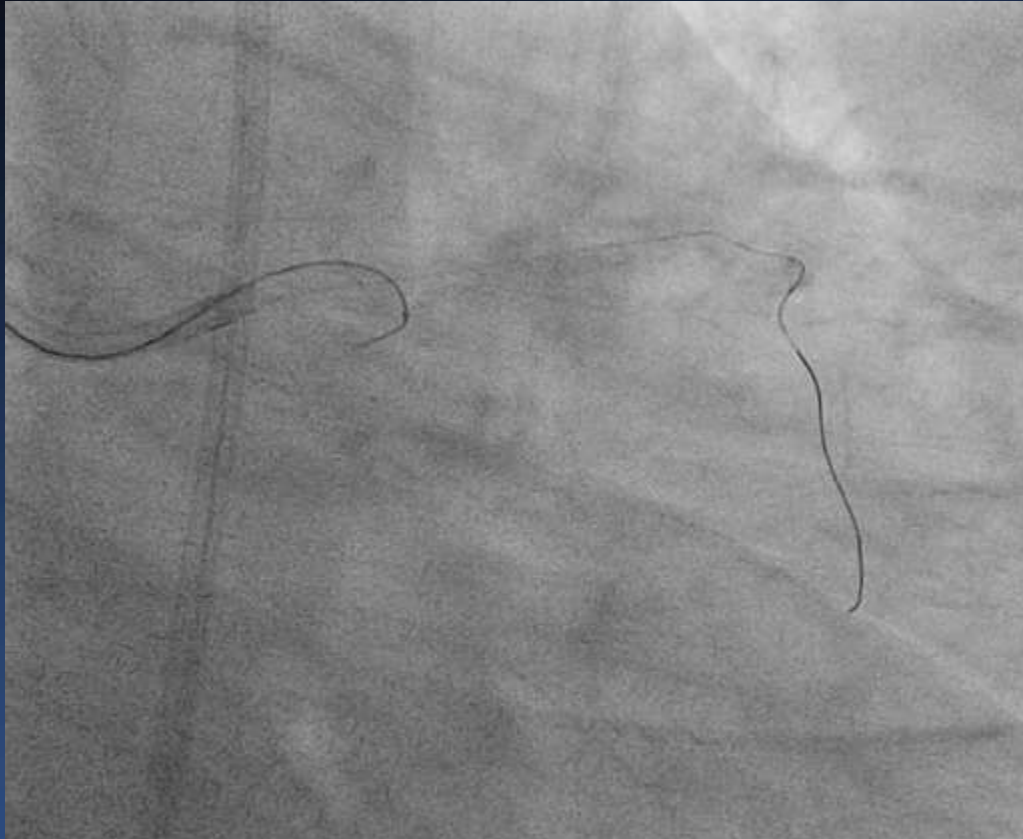


Pilot-50 failed to cross the lesion

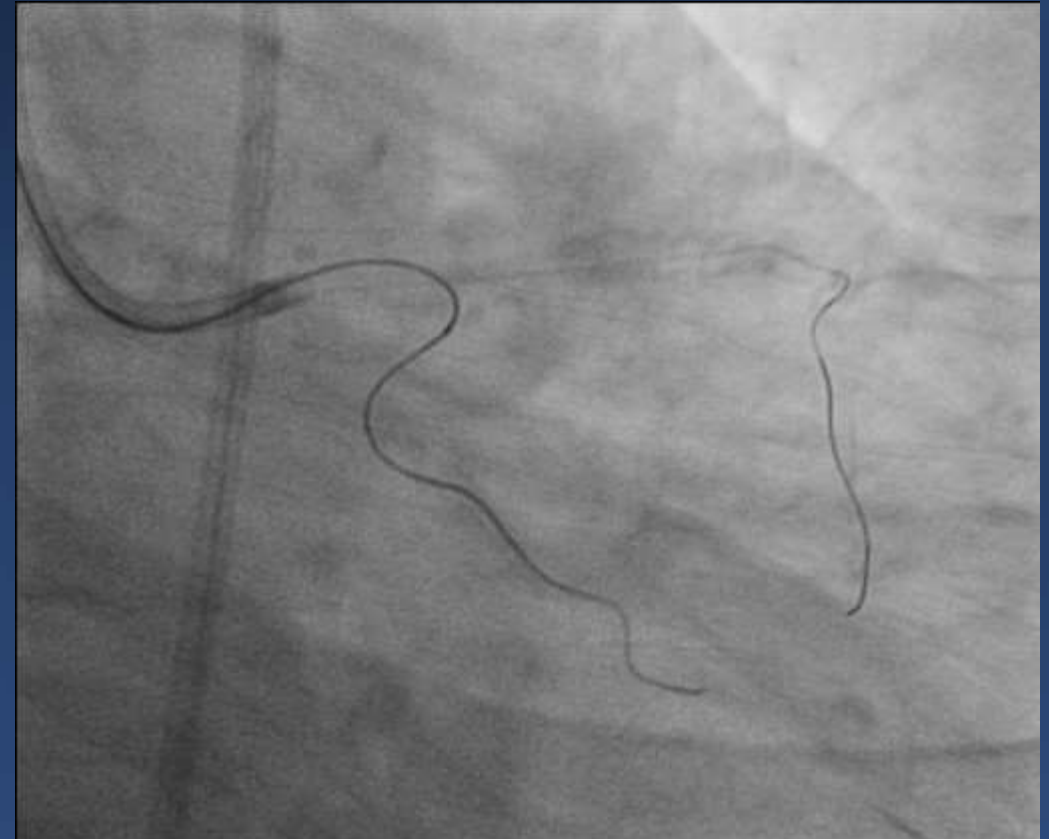


With the support of Crusade double lumen catheter, Fielder XTR & Pilot-200 failed to cross the lesion

PCI



Finecross microcatheter and Fielder XTA



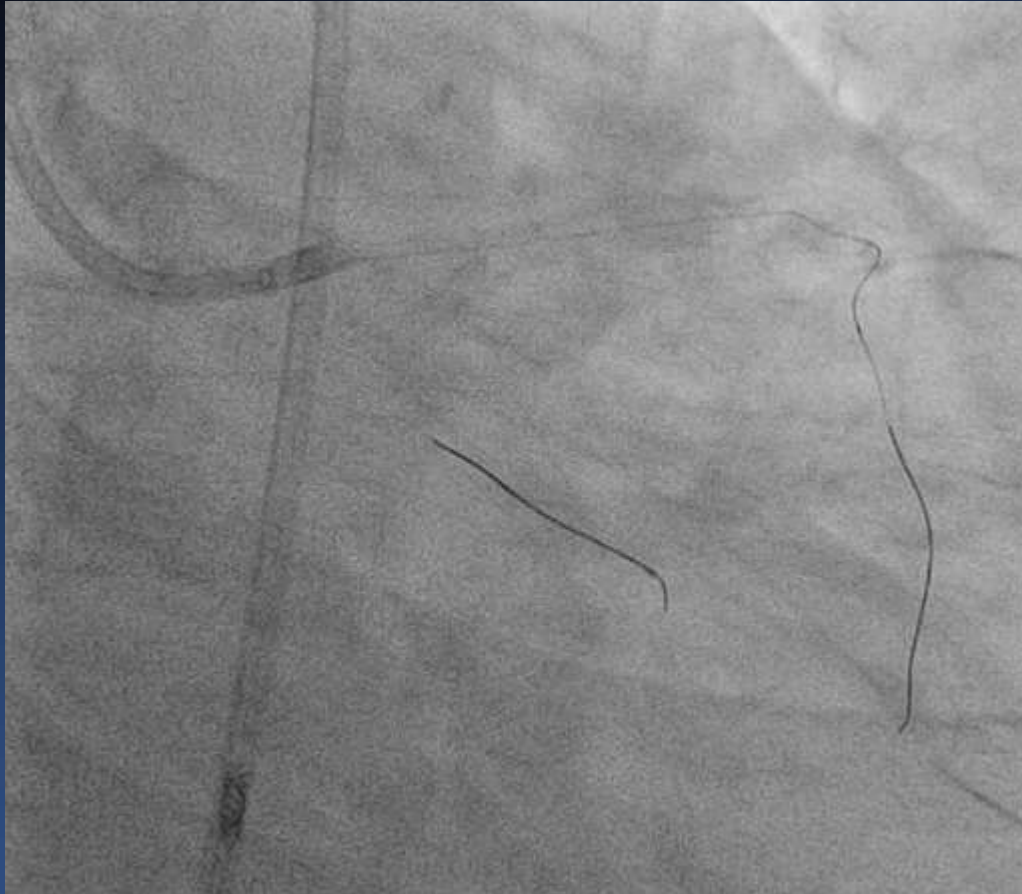
Fielder XTA successfully crossed the lesion

PCI



Small balloons (1.2mm & 1.0mm)
failed to advance

Prepare for Rotablation

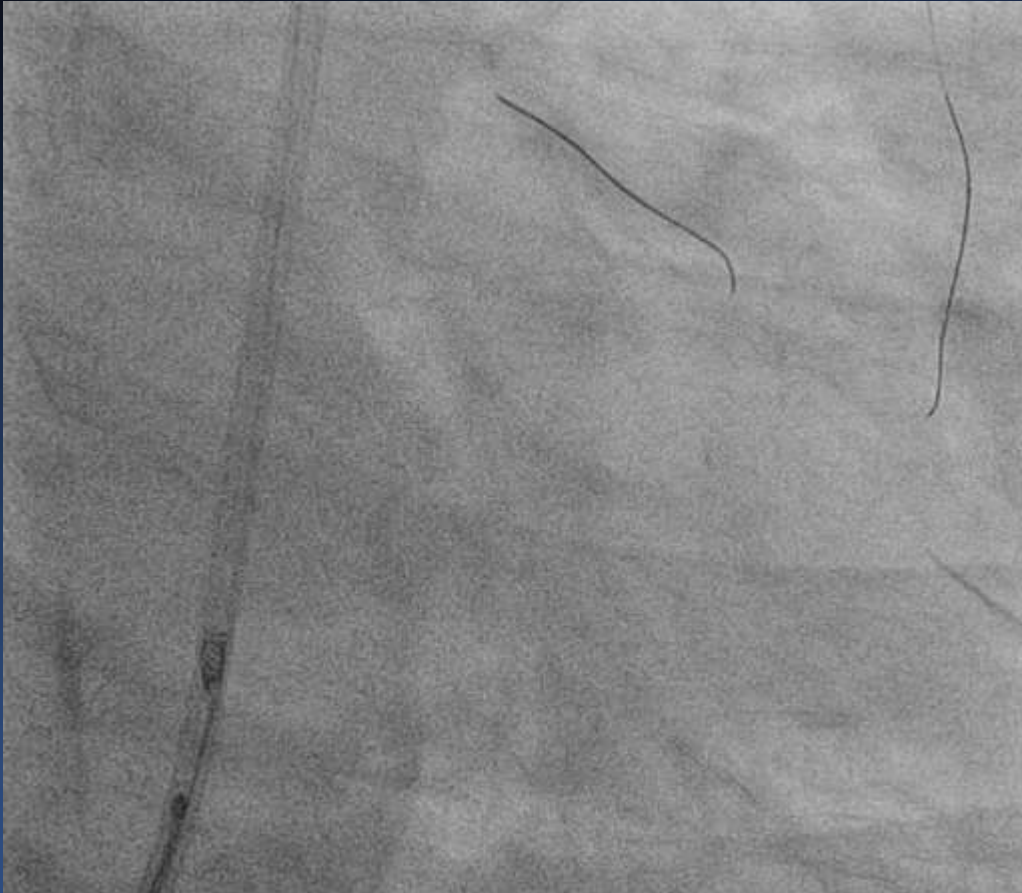


Advance Finecross microcatheter for wire exchange



Exchange Fielxder XTA with floppy Rotawire

Rotablation with 1.25mm Rota burr & 7F Guidezilla

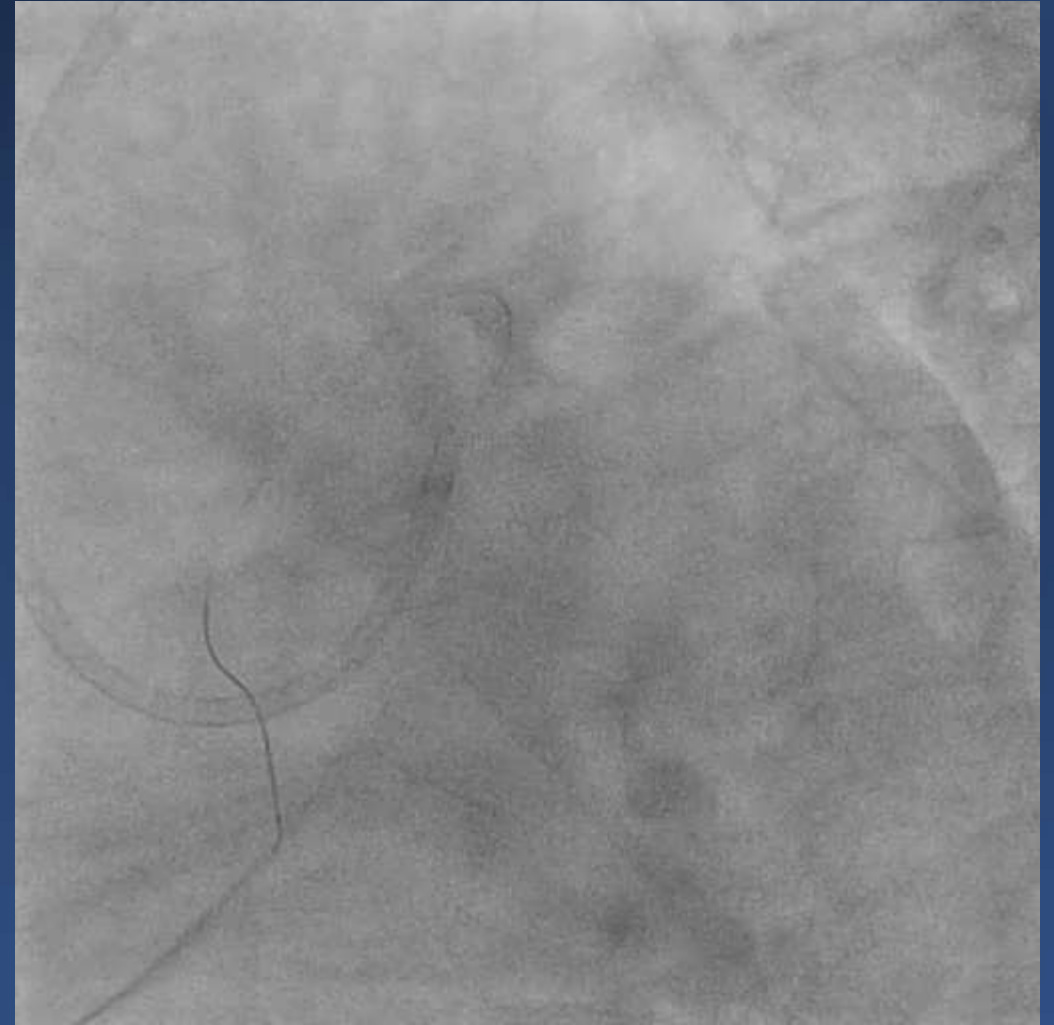
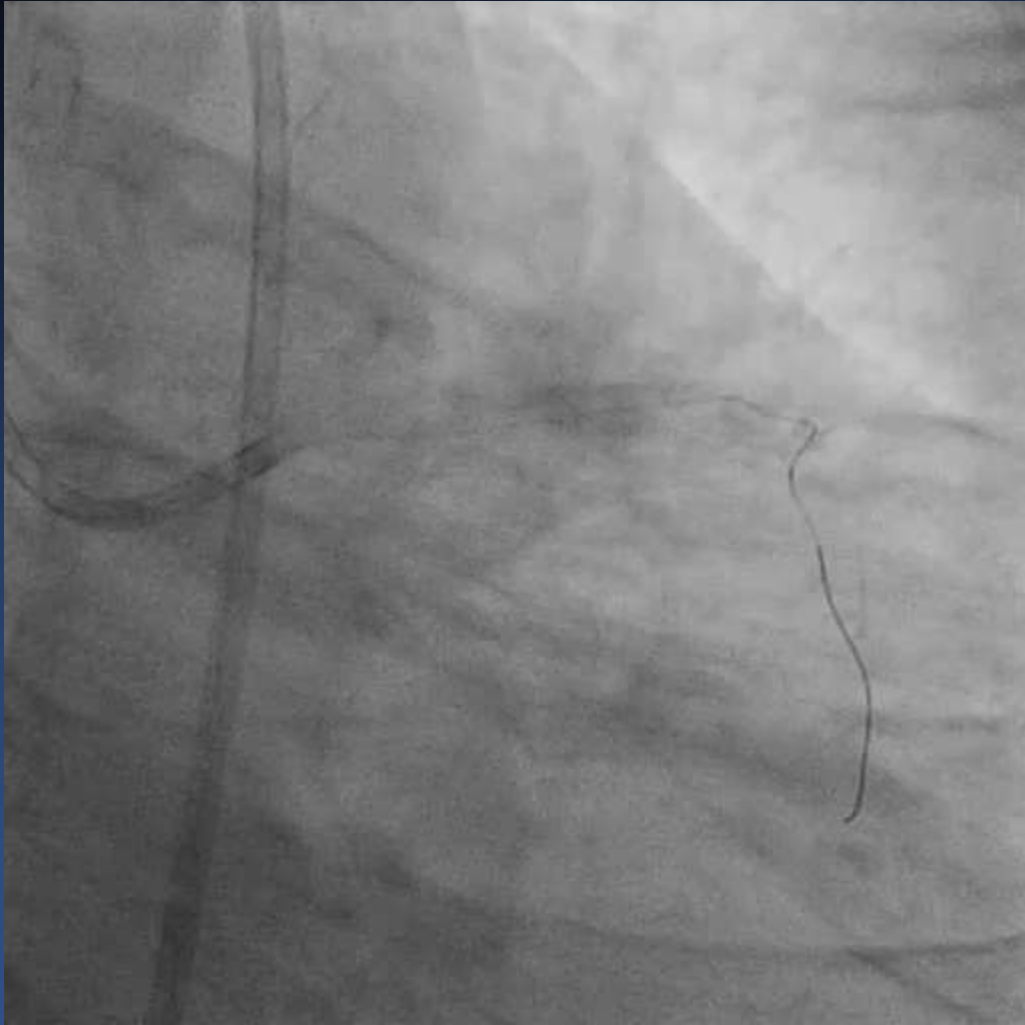


Carefully advance 1.25mm Rota burr into 7F Guidezilla catheter



After few run of rotablation at 180,000rpm

Angiographic result after rotablation



Pre-dilatation

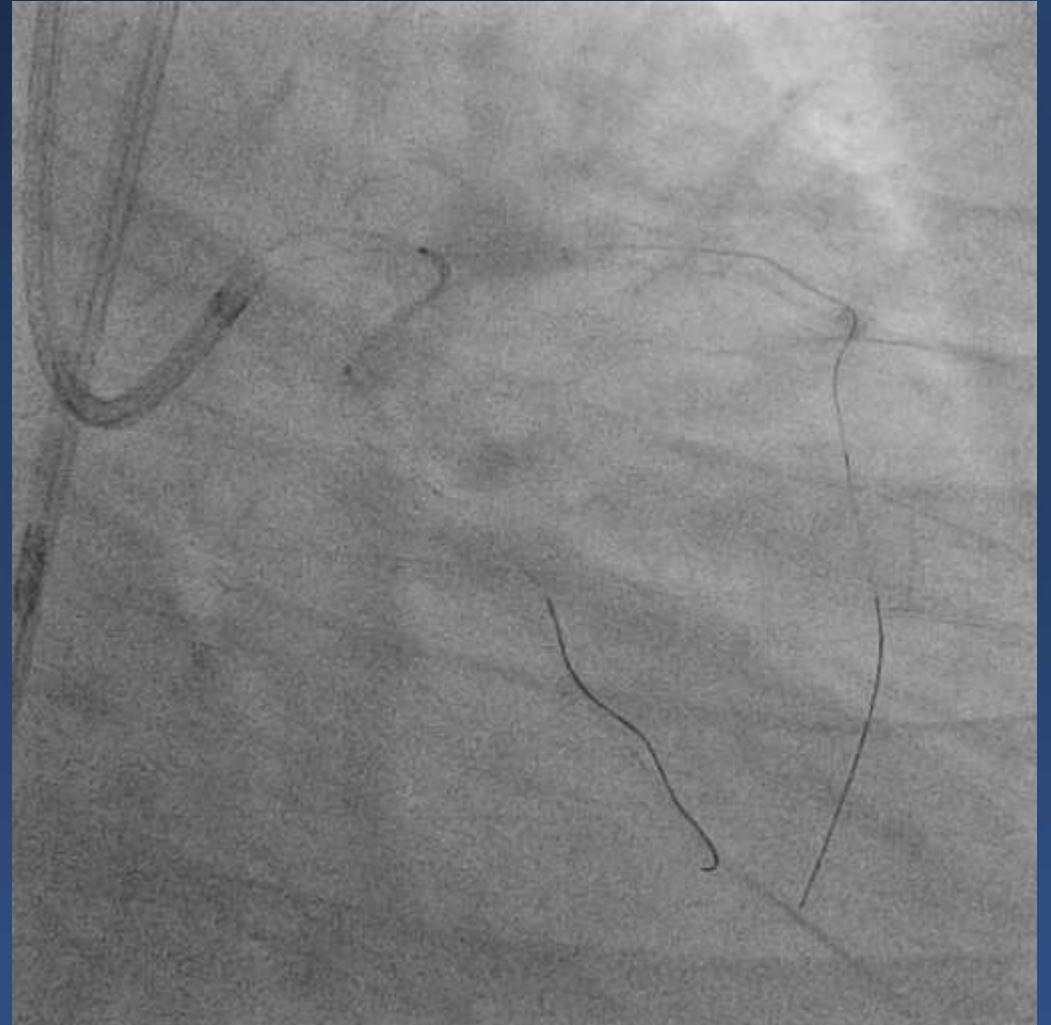
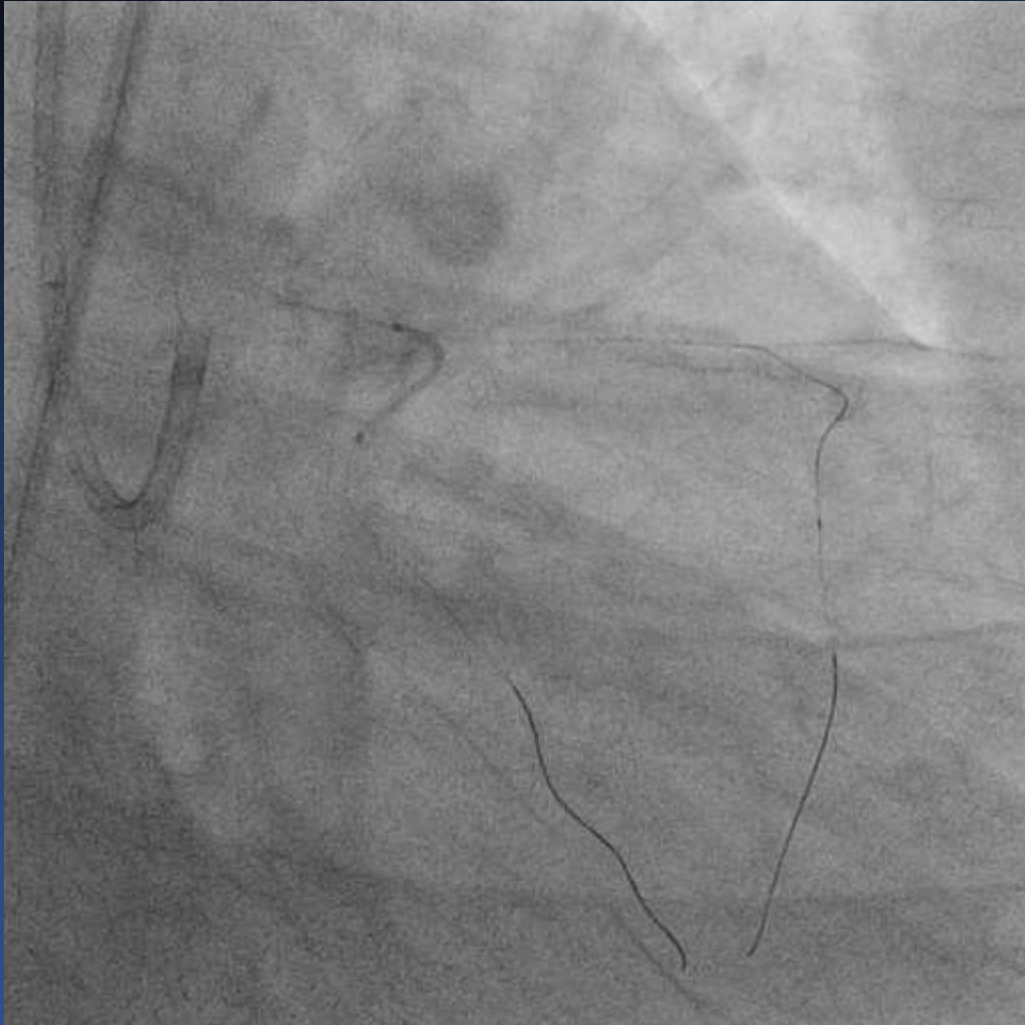


Predilated with 2.0/15mm Non-compliant balloon



Angiography result after POBA

Stenting



Final angiography



Discussion Points

- Rotablation as option of choice in this case
- Floppy vs. extrasupport Rotawire
- Buddy-wire in LAD during rotablation

Conclusion/Take-home Message

- Rotablation remains one of best option for device-uncrossable lesion.
- PCI for ostial LCX is challenging because of angulation, and high restenotic rate.
- For angulated device-uncrossable ostial LCX lesion, rotablation may be associated with high complication rate.
- Rotablation of angulated ostial & tortous lesions can be done with the support of mother-child catheter such as Guidezilla.