### Underexpanded ISR Challenging and Optimal Treatment

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### Underexpanded Stent is Bad !! Very Long Story

Antonio Colombo et al. Circulation. 1995 (24 years ago);91:1676–1688





### General Mechanism of ISR after DES Implantation

14

#### 21%

# Clinical Challenge: Severely Under-expanded Stent particularly due to Underlying Severe Calcification

4%

8%

20

%IH area at the MLA site (%)

40

75%

13%

80

60

100

Kang et al. Circ Cardiovasc Interv 2011;4:9-14

Stent



# Case 1. M/69 YO

- This patient was admitted at Asan Medical Center 1 month after PCI due to NSTEMI at other hospital.
- He complained effort-related chest pain.
- Risk factors

DM, Hypertension, Hyperlipidemia

Echo

Normal ejection fraction with LAD territory wall motion abnormality



#### The Review of Previous PCI at Other Hospital





#### The Review of Previous PCI at Other Hospital



#### After Pre-Balloon





#### Stent Implantation: BMS 3.5 (24)



## **Never Stent on Undilatable Lesion**



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### Additional High Pressure Balloon





### Finish Procedure





### **PCI** Report



Conclusion> Suboptimal stenting due to stent underexpansion associated with heavy calcification













#### Large Vessel (>4mm) with Severely Underexpanded Stent









## Rotablation: 1.5 and 1.75 burr



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### Additional High Pressure and Stenting



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# Final CAG and IVUS









## Case 2: Intravascular Lithotripsy





**Courtesy of Ziad Ali** 



## Summary

- Before stent implantation, pre-lesion modification is very important, particularly in severely calcified stenosis.
- If lesion modification is not adequately performed, stent implantation should be avoid.
- For severely underexpanded stent due to underlying calcification, if aggressive balloon dilatation using high pressure balloon did not work, stent ablation using rotablator or calcium destruction using shock wave device would be the treatment of choice.
- Operators should be avoid the potential complications of such devices.





