26

AN UNDILATABLE LESION: WHEN PERSISTENCE PAID OFF

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Rational: A 72 year old male with previous history of hypertension, previous left anterior descendent (LAD) percutan coronary intervention (PCI), and uncontrolled type 2 diabetes mellitus, was presented at our emergency department with ongoing chest pain and progressively elevating necroenzymes. Echocardiography showed good ejection fraction (56%) and inferior wall and inferoseptal hypokinesia.

Technical resolution: We brought him to our catheterization laboratory, where we did a transradial coronarography, and saw non significant LAD in stent restenosis, and at the distal RCA a calcified multiplex stenosis. With a 6 Fr Left Amplatz guide using Sion Blue ES and BHW guidewires, we performed several predialtations with semicompliant (SC) and noncompliant (NC) balloons. Next as further lesion preparation we used 3.0 mm Wolverine Cutting balloon at the distal part of RCA. After that starting from the crux we implanted 4 drug eluting stents (DES) till the proximal part of the RCA. Unfortunately there was a 50% recoil of the proximal stent despite of high pressure postdilatation. Because of that we planned a next session using intravascular lythotripsy (IVL). One month later we tried the IVL, but despite of several predialtations the Sockwave balloon did not get trough the lesion. We decided to wait another 3 months hoping, that the stents will be endothelialized and with that the IVL could be performed, but the recoil got worse. With that in mind we decided to rotablate the proximal stent with a 1.25 mm burr, after that the IVL was performed succesfully. And a new properly expanded DES was implanted, which we controlled with IVUS.

Clinical implications: Proper lesion preparation - if possible with imaging guidence - is a key to a successful intervention. If there is a significant recoil due to calcification IVL could be useful solution.

Perspectives: As a bail-out strategy stentablation could be a possibility but from literature we know that with stentablation the midterm outcomes are poor, but those studys were conducted with small patient groups, so there should be some investigations with more patients involved.