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A case of misjudgment that TORNUS Pro microcatheter was as if entrapped and demorished in moderately calcified CTO lesion

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TORNUS and TORNUS Pro (ASAHI Intecc) are useful and indispensable devices in CTO-PCI of moderately calcified CAD. I experienced one case that I could not easily remove TORNUS Pro (TP) which was entrapped in the moderately calcified m-LAD CTO lesion, because I simply misjudged that TP had been already irreversibly damaged. I always recognized reasonable tension when I pull up TORNUS, but I could not feel any resistance and tension at that time. Therefore, I did never pull nor rotate TP anymore, because I (mis) judged that the structure of TP was damaged. Finally, I prefer parallel wire technique and advanced ASAHI Cofianza Pro to the distal true lumen successfully. Then I dilated several balloons both in the CTO-site and around the tip of the captured TP catheter. After that, I could retrieve TP with a guide wire without any friction. As a result of further analysis of retrieved TP, any abnormal findings were not proved. So I came to conclude this to be a phenomenon to come from the false judgment of the operator. The main causes come from too much elastic characteristics of TP compared with TORNUS. As a result of further analysis, TP showed elastic deformation level as twice as TORNUS (approximately 20cm). Therefore, when I performed pulling back TP within 15cm, I did not feel any resistance that should have occurred in TORNUS. That is the reason why I misunderstood that when TP was entrapped. I will present an experience of my misjudgment case in order to share with every operator to use TORNUS Pro more safely and effectively in daily practice.