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A case of Rotablator in STEMI with very advanced age

Background:Rotation atherectomy is relatively contraindicated in high thrombotic state such as ST-elevation myocardial infarction (STEMI) because of the risk of platelet activation by the rotablator.Case:A 99-year-old male with STEMI was transferred to the hospital. Since chest pain and ST segment elevation were still persistent, we performed emergency coronary angiography despite his age. We confirmed total occlusion in the mid left anterior descending artery (LAD). Although a thrombus aspiration catheter could not pass the distal of LAD, reperfusion was obtained. Then, a long lesion with severe calcification was disclosed. Although we tried to deliver different-sizes of compliant balloons to the mid LAD lesion, they could not reach the lesion. Next, we changed to a larger guiding catheter to perform debulking with a rotablator. A 1.25-mm rotation atherectomy burr was carefully advanced within the LAD and an ablation was performed in the mid LAD with a non-pecking motion at 190,000 rpm several times. After that, we didn't perform further atherectomy for distal residual LAD lesion, because there should be a risk for the development of coronary perforation due to the lesion morphology. Finally we deployed a stent (2.25/15 mm) to the distal LAD lesion using a 4Fr Kiwami straight catheter.Conclusion:We hereby report a very advanced aged case with STEMI who underwent rotation atherectomy.