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Successful dislodged coronary stent retrieval using forcep

A 55-year-old man presented to outpatient department with dyspnea. The electrocardiogram (ECG) showed sinus rhythm, Q wave in V1 and V2 leads and ST segment depression in V4, V5 and V6 leads. We decided to perform coronary angiography (CAG). The CAG showed severe stenosis in LMA and the middle LAD. After 2.0 x 15mm balloon dilatation, a stent 2.75 x 28mm was deployed over the middle LAD. The procedure of LMA was attempted. Predilatation was performed using 2.0 x 15mm balloon. A stent 4.0 x 24 mm did not cross calcified lesion. During the stent pullback to the guiding catheter the stent was longitudinally crushed and it slipped out leaving an approximately 20 mm from proximal part of the balloon. We attempted to remove it. The stent, along with balloon and catheter, were pulled back together into the sheath. We could not get the stent into the sheath the entire assembly. Unfortunately, balloon with sheath was removed. Then, stent was remained along wire. We changed to 7Fr sheath. An attempt to remove the stent by snaring and by double wire technique. However failed. By manipulating forcep, the free stent which was then trapped, removed by pulling the forcep and the sheath, as a unit, from radial artery. We suggest retrieval by forcep could be considered mean of transradial retrieval of peripherally dislodged stents.