

Severely calcified LAD-ACS case: treated successfully but needs a hard time without rotablator.

¹Komatsu Municipal Hospital

Ryusuke Yamamoto¹, Tetsuro Suematsu¹, Mutsuko Takata¹, Tomoya Kaneda¹, Toshinori Higashikata¹, Hidekazu Ino¹

A 72-year-old man presented with chest pain. ECG showed ST-segment depression in left-sided leads and the level of troponin T was elevated. Immediate coronary angiography revealed three vessel coronary artery disease with severely calcified lesions. Primary PCI was performed to the left anterior descending artery with diagnosis of NSTEMI-ACS. We chose Hyperion 7Fr SPB3.5 SH (ASAHI) as guiding catheter, but the backup force was insufficient. Neither SION blue wire nor SION wire (ASAHI) could cross the lesion with the help of Caravel micro catheter (ASAHI). At last SION black wire (ASAHI) crossed the lesion, but Caravel failed to cross it. SAPPHIRE2 Pro 1.0mm balloon catheter and SAPPHIRE2 1.0mm balloon catheter (Orbus Neich) crossed the lesion with support of 6Fr GuideLiner guide extension catheter (Japan Lifeline). However, one balloon ruptured during inflation, the other one had already ruptured only by crossing the lesion. We guessed that pointed calcified nodule protruded into the lumen. Rotablator was unavailable at our institute, so we used Tornus catheter (ASAHI) for ablation of the calcified plaque. Although Tornus crossed the lesion, some balloons ruptured. We used eight balloons in the end. At last we could deploy a stent (3.0x38mm) and final angiography revealed optimal result.