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A case of bail out from the filter wire entrapment by the stent jail

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A 60's man with hypertension came to our hospital emergently due to sudden onset chest pain, and the ECG showed ST elevation in the anterior leads. An emergent coronary angiography was conducted, and proximal LAD was occluded. An emergent PCI was continuously conducted. We aspirated thrombus and pre-dilated by 2.0mm balloon. IVUS showed massive attenuated plaque, so we were afraid of distal embolism and crossed 5.0mm Filtrap. After that, we deployed 3.5mm BES and Filtrap was entrapped because we had mounted the stent on the first guide wire by mistake. We tried to make space between the stent and vessel wall. First, we tried to pass Corsair but could not pass. Then we advanced 1.5mm balloon with the leopard crawl technique and successfully advanced to the stent distal. Subsequently we advanced the retrieval catheter with seating guide catheter deeply, we could retrieve Filtrap finally. After retrieval IVUS showed minor fracture of stent proximal edge. Because we had crossed the first guide wire to the diagonal branch before Filtrap retrieval, we could smoothly repair with NC balloon and a short stent. He discharged on 13 days after admission without postoperative complications.

Residual devices are uncommon complication that frequency was reported 0.2-0.8%. A filter wire entrapment has the risk of the stent dislodgement because of its structure if the wire was simply pulled off forcefully. In this case, we could remove Filtrap without the stent dislodgement by the balloon dilatation between the stent and the intima.