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A 72-year-old female presented with general fatigue and sinus arrest and ST-segment elevation of leads II, III, and aVF in the electrocardiogram. The urgent coronary angiogram showed complete occlusion of proximal right coronary artery (RCA). Therefore, we proceeded with percutaneous coronary intervention (PCI) for this lesion. A 6 Fr JR 4 guide catheter was used to engage the ostium of RCA. A Runthrough NS wire (Terumo) was used to cross the lesion in RCA. We decided to use Guidezilla (Boston Scientific) due to long and severe calcified lesion, but the handy shaft of Guidezilla was broken when we implanted the stent in the distal site of the lesion. Thus, we used GuideLiner (Japan Lifeline) instead of Guidezilla. However, during stenting for proximal site of the lesion, GuideLiner was disconnected between the collar and the shaft. We removed the stent before ballooning and carried 2.0mm TREK (Abbott Vascular) to the just distal site of the broken GuideLiner in RCA. Thereafter, we inflated TREK and draw the both broken GuideLiner and TREK. We could successfully retrieve the broken Guideliner in the guiding catheter. At that time, we could not retrieve the Guideliner to the outside of the body, but we successfully implanted the stents at the proximal site of the lesion through the broken Guideliner in the guiding catheter. After the successful PCI, we could retrieve the broken GuidLiner to the outside of the body by removing the PCI system together without any complications.