

C039

### Coronary Stent dislodge

This is a 63 y/o man, with history of 1. Right UVJ stone with hydroureter, s/p transurethral ureterotomy and lithotomy + R't D-J insertion 2. Chronic renal failure 3. Hx of UGI bleeding 4. s/p appendectomy for 40 years. 5. CAD-SVD, s/p PCI x1 at CSMUH 3-4 yrs ago.

He was admitted to our ward for CAG survey due to intermittent left anterior compressive pain with cold sweating since 18:30 on 2017/03/04, s/p NTG 4# with only partial relief. Thus he came to our ER for help. At our ER, EKG showed no ST-T change nor elevation of cardiac enzyme.

Due to previous past history of CAD-SVD, s/p PCI at CSMUH 3-4 years ago, unstable angina was impressed with. Under the impression of unstable angina, he was admitted for further evaluation and management. The PCI result showed CAD with TVD, LAD-P to -M s/p IVUS guided successfully POBA+DESx1, LAD-d2 s/p POBA, LCX-OM3 s/p successfully POBA+DESx1. RCA-D: diffuse lesions up to 70-80% stenosis.

Staged PCI was arranged and performed on 2017/05/17. However, the stent dislodged while we tried to advance a Ultimaster 3.5x38mm DES to RCA-D.

(while pull back into Guidezilla 6Gr). The dislodged stent was retrieved by Snare successfully, with whole system out. Then, we re-engaged with SAL 1.5/6 Gr and Sion blue GW to distal. With the support of Guidezilla 6Fr, the Synergy 3.5x38mm DES was deployed at RCA-D up to 14 Bar and a Synergy 3.5x32mm DES was deployed at RCA-M to -D up to 14 Bar. The final result of RCA was good with TIMI III flow.