C061

A STEMI case of neoatherosclerosis in stent treated with rotaablation

A 58 year-old female patient was visited to emergency room. She suffered severe chest pain for 4 hours. She was received PCI before 14 years ago at other university's hospital. She had diabetes, hypertension and hyperlipidemia.ECG showed ST elevation in II, III and aVF (fig. 1) and Cardiac enzyme was elevated (peak CK-MB = 55 mg/dL , Troponin-T = 1.36 mg/dL). Left coronary angiography showed intermediate lesion at LM and proximal LAD, and patent stent (unknown) at proximal LAD, but showed near total stenosis and small sized vessel at middle LCX (fig. 2). Right coronary angiography showed near total in-stent restenosis (unknown stent) and severe calcified at proximal to middle RCA, and TIMI 2 flow (fig. 3). By right radial approach, AL6-0.75 guiding catheter was engaged at right coronary. Runthrough wire was not passed at proximal RCA and then changed Field XT wire and was passed to distal RCA. 1.2*6 mm ikazuchi balloon was not passed, rota wiring supported by 1.25*15 mm OTW ryujin balloon and 1.5 mm sized burr rotablation with several times (fig. 4).
She was treated by 1.2*6 mm, 1.5*20 mm and 2.5*20 mm were ballooning from dRCA to pRCA, furthermore, was treated by 3.0*15 mm balloon, and then 3.0*34 mm and 3.5*34 mm endeavor resolute integrity stenting up to 14 atms at mRCA to RCA Ostium (overlapping). We procedure by additional 2.5*30 mm Sequent drug eluting ballooning at distal RCA and then finished procedure (fig. 5). The patient does not complain chest pain for 3 months after discharge.