C077
Rotablation of in vivo coronary stent

76-year-old man
Persistence of chest distress with subordinary activity for 2 months
Coronary stenting complicated with complete heart block post permanent pacemaker implantation one month ago

Past medical and surgical history
Type 2 DM
Hyperlipidemia
Atrial fibrillation
Renal cell carcinoma post nephrectomy, left 3 years ago
ESRD under maintenance hemodialysis
Old minor stroke
Echocardiography
Aortic Root (20～37mm): 35 LAD (19～40mm): 59
LVIDd (35～51mm): 51 LVIDs (28～35mm): 40
VS (6～10mm): 11 PW (6～10mm): 11

1. Dilated: LA.
2. Hypertrophy: Concentric, LV.
3. Hypokinesis: LV Basal, Septal, Inferior.
4. Dysfunction, systolic: LV: Mild, LVEF= 40 %, RVEF >55 %.
5. AV: Thickened.
AR: Mild.
6. MV: Thickened.
MR: Mild to Moderate.
7. TR: Mild, RVSP= 46 mmHg.
8. PR: Mild.

CAG:
LAD: P/3 underexpansion of stent with severe calcification
LCx: M/3 80% stenosis
RCA: M/3 80% stenosis

Carotid duplex scan
Multiple calcified atheroma plaques in bilateral CCAs, CCA bifurcation and proximal ICAs

He was refused by cardiac surgeon to undergo CABG due to very high risk

Interventional strategies
Femoral approach

7F JL4
Runthrough intermediate
IVUS

IVUS
LAD-P/3 severe superficial ring calcification with under-expanded stent

We rotablated the LAD-P/3 stent and LAD-P/3 severe superficial ring calcification with 1.75mm rota burr. (several runs of rotablation).

Subsequent IVUS was shown rotablated stent and ring calcification.
We dilated with 3.25mm NC balloon.
3.5mm stent was deployed and post-dilated with 3.75mm NC balloon.
Final IVUS was shown optimal result.