

C013

An accidentally trapped wire

73 years old, gentleman with past history of hypertension, calcified cavernoma of brain in MRI 2012. He complained of exertional chest discomfort for months. Exercise treadmill was positive. Echocardiogram showed satisfactory left ventricular function, EF 77% with trivial mitral regurgitation. Coronary Angiogram reviewed dRCA and PL branch severe disease with PCI done. For left coronary system, LM showed diffuse disease, dLM 80% stenosis. Critical and calcified proximal LAD stenosis, LCx small but tortuous with significant p/mLCx lesions.

Lesion was predilate by kissing balloon to LAD/D2, DEB to D2, ramus. LM/LAD was stented with Xience Alpine 3.5/38. The protecting wire in LCx was found accidentally prolapsed and trapped at LAD by the deployed stent. Attempted to pull the wire with 2 anchoring balloon technique (one at mLAD and one at tip of guiding catheter). But wire was broken and remained trapped behind the LM/LAD stent.

IVUS assessment showed good stent apposition (after further LM post dilatation), confirmed part of broken wire was trapped outside the left main stent and a certain segment was hanged out the left main and inside the guiding catheter. Using Ping-pong guiding technique, another 7Fr Guiding Catheter was used to engage the left main and LAD was wire with Grand Slam. IVUS was used to confirm the new wire was inside the LM stent and LAD.

A NC 3.0 Balloon was inflated at the tip of 8F GC at 20 ATM, which can trapped the broken wire. The whole system was delivered out. LAD stent was found damaged with a gap at mLAD. Another Stent was deployed to cover the damaged part.