

C020

## RETRIEVAL OF EMBOLIZED STENT FROM LEFT MAIN

53 yr/ M known case of DM,HTN. C/O of angina on exertion for past 4 days. ECG showed recent PWMI. Echo revealed concentric LVH,posterior wall was mildly hypokinetic with adequate LV function. Cardiac enzymes:positive

CAG : Right dominant circulation,TVD,mid LAD 50–60% lesion,LCX tortuous 180 angulated proximal 60% stenosis followed by 90% lesion distally, RCA proximal 40% lesion, mid RCA and PDA 40% lesions.

Procedure : Radial approach. 6F EBU 3.5 catheter, LCA was hooked. Using Run-through lesion was crossed. Tazuna 2 x 10 mm balloon was used to predilate both proximal and distal LCX. Since the vessel had an acute angulation of 180°, initial attempt with endeavor resolute 2.75 x 14 mm failed. Endeavor resolute 2.75 x 12 mm DES with guideliner was introduced into LCX and was deployed at distal LCX. Endeavor resolute 3 x 15 mm DES stent introduced with guideliner into the proximal LCX. During maneuvering the stent got dislodged into the left main. Initial attempt was made with 2 wires and balloons technique which failed. Using run through the stent in left main was hooked by passing the wire across the stent and subsequently using Tazuna 2.25 x 10 mm balloon across the stent, attempt to retrieve failed. Fresh attempt was made using run-through wire and Artimes balloon 1 x 10 mm was used to cross through the lumen of the stent and whole assembly including stent was removed successfully. Check angiogram done revealed TIMI III flow in the left coronary system.

Conclusion : Stent embolisation and dislodgement of the newer DES is very uncommon but it is a serious complication of PCI.Various methods from including tangling wire,goose neck snare and bioptome to surgical removal have been previously documented.In our case we have discussed and successfully demonstrated the capture of embolised stent using balloon trapping technique.