

C035

### The Successful Retrieval of the Entrapped and Broken Guidewire in the Right Coronary Artery Chronic Total Occlusion with Severe Calcification by Using a 220 mm Long Balloon

A 63-year-old male with type 2 diabetes mellitus and chronic kidney disease presented with ST-elevation myocardial infarction. We implanted a drug-eluting stent to the culprit lesion of the proximal left anterior descending artery. After the condition stabilized, we performed PCI for the remaining mid right coronary artery (RCA) chronic total occlusion (CTO). RCA was engaged with 7 Fr. AL 0.75 with side hole via right femoral artery. The several guidewires (XT-R, Gaia Second, Gaia Third and Conquest Pro 12) could not pass the CTO due to the diffuse severe calcification and finally the tip of the guidewire (Gaia Third) got trapped in the calcified CTO lesion. Attempts to remove the wire caused unravelling of the coil of the guidewire. Consequently the guidewire fractured completely, leaving a long thin coil filament in the guiding catheter with its distal end trapped in the calcified CTO lesion. The percutaneous retrieval using a gooseneck snare was unsuccessful. We successfully retrieved the whole broken guidewire by fixing the proximal part of the guidewire with the inflation of the 220 mm long balloon for endovascular treatment (EVT) in the guiding catheter. In this case presentation, we illustrate a case of successful EVT balloon-assisted retrieval of an entrapped and broken guidewire in the calcified CTO lesion.