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Successful removal of OFDI catheter which was stucked at the stent distal edge

A 70-year-old male admitted to our center with effort chest pain and positive stress test. Coronary angiogram showed 75% stenosis in distal LAD, and elective PCI was attempted. We could not perform pre PCI IVUS because IVUS catheter did not cross the LAD proximal segment due to its tortuosity and heavily calcification. Rotational atherectomy with 1.25mm burr was performed with high speed rotation (220,000rpm), however, the burr could not cross the distal target lesions after 13 runs. We change the Rotawire from floppy to extrasupport. Although the burr could cross the proximal segment of target lesion after additional 5 runs, we had to stop rotational atherectomy before the burr could cross the whole lesion because of no reflow phenomenon. IVUS and OFDI assessment was performed after balloon dilatation. Then 2 stents were implanted with overlapping fashion (PtCr EES 2.5*28mm and PtCr EES 3.0*24mm) with use of guide extension catheter (GuideLiner V3). OFDI catheter was also advanced with use of GuideLiner. After post stent OFDI evaluation, OFDI catheter was stucked at stent distal edge, and stent was shortened. OFDI image showed deformed stent struts at the stent distal edge. We tried to pullback the guidewire from OFDI catheter monorail lumen at the stent distal site, however, OFDI catheter could not be retracted. We tried to cross another guidewire inside collapsed stent, however, guidewire control was difficult. As there was no more space in addition to the OFDI catheter inside GuideLiner, we could not advance the microcatheter or balloon catheter. So we pullout the GuideLiner from the Y-connector, and cut the GuideLiner with surgical scissors. After successful removal of GuideLiner, we could put a new guidewire with microcatheter support, and successfully crossed the wire distal to the stent along the first guidewire using bi-plane fluoroscopy. After second guidewire crossing, we pullout the first guidewire and then OFDI catheter could be retrieved easily from the coronary artery. There was a dissection probably due to the tip of GuideLiner, which was successfully covered with stent implantation after removal of OFDI catheter (BP-SES 3.5*24mm). Deformed stent was successfully dilated with Tazuna 1.25mm balloon with Guidezilla support, followed by dilation with 1.5, 2.0, and 2.5mm balloon, and no residual stenotic segment was detected at final angiogram.