C-17

A Case of Dual Preparation Therapy for the Calcified Nodule in In-Stent Restenosis After Stentablation

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A 60s male patient had a history of CABG and multiple prior PCI procedures. His coronary risk factors included hypertension, diabetes mellitus, and dialysis. Coronary angiography was performed for stable angina equivalent to CCS class II, revealing severe stenosis caused by calcified nodules in the proximal right coronary artery. This site had previously undergone stentablation for an underexpanded stent in a calcified lesion. Despite good guidewire bias and rotational atherectomy using a 1.75mm Rotablator followed by expansion with a hyper non-compliant balloon, adequate luminal gain could not be achieved. After expansion with a 3.0mm IVL balloon, the nodular components were compressed, resulting in good luminal patency. Considering the lesion characteristics, treatment was completed with a drug-coated balloon. Although Dual Preparation Therapy has only recently received approval, this case demonstrates the potential synergistic effects of volume reduction by Rotablator combined with IVL's effectiveness against both nodular and surrounding calcification.