

## Successful Bailout of Silverway™ Wire Entrapment During Emergency PCI for Acute Coronary Syndrome

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A 50s-year-old man with a history of heavy smoking complaining of chest pain. Based on the results of various evaluations, the patient was diagnosed with acute coronary syndrome, and an emergency percutaneous coronary intervention (PCI) was planned.

We performed coronary angiography via right distal radial artery (DRA). Angiography of the left side revealed occlusion at #6 and severe narrowing at #11 and high lateral branch. We tried to perform angiography of the right side, however, Silverway entrapped in the upper arm vessel with severe bending because wire tail was not be held.

We tried to straighten the wire with a disconnected diagnosis catheter, however, we could not remove it. We advanced 6Fr guide-extension and succeeded in removing wire. Next time, the guide-extension itself became entrapped. During repeated push/pull movement, the connection between half pipe and hypotube was torn. We tried to straighten with snare, but the strategy did not work. We attempted guide wire crossing into half pipe and trapping with 2.5 mm balloon inflation. The half pipe moved to radial artery, however, it did not pass over at the skin of DRA. Finally, 8Fr guiding sheath was inserted from right femoral artery, and a 5Fr Parent Select 120 cm JR4 catheter was used as an inner catheter. A 7 mm snare successfully cathed the retained distal segment of the half pipe and completely removed into the guiding sheath. After right coronary angiography,, the PCI was performed left coronary artery. The right radial artery was occluded, but the other complications were not detected. Furthermore, the PCI for right coronary artery was performed via left DRA.

We report this terrible case of unexpected wire entrapment and catheter disconnection during emergency PCI. We will present the detail of bail-out technique in this report.