

Stressful journey handling a calcified vesselMohan Raj Subramaniam¹Chandan Deepak Bhavnani¹¹ Cardiology, Serdang Heart Centre, Malaysia

This patient is a 76 years old lady with 3 vessel disease who refused CABG. PCI to RCA was already completed, and she came for staged PCI to Left Main-LAD.

EBU 3.5 guide catheter was used and a Sion blue guide wire was wired down the LAD. After POBA with NC 2.5 x 15 balloon, IVUS of the vessel was performed. However the IVUS catheter could not go past the proximal LAD. There was napkin ring calcium in proximal LAD, hence a decision was made for arterectomy with Rotablation.

Rotablation was performed with 1.5mm burr at 180k RPM. Subsequently vessel was prepared with scoring, NC and even cutting balloons. Due to a significant dissection in LM, PCI to LM-LAD was performed with a Drug Eluting Stent. The stent was optimised with NC balloons.

Due to slow flow in Diagonal vessel post stenting, with ST elevation, attempt was made to wire the Diagonal vessel, but failed despite multiple attempts with stiffer wires and micro catheter.

Decision was made to proceed with PCI to mid LAD using stent, however it was difficult to deliver the stent. It was finally successful with the use of Guide Plus II extension catheter, which had to be placed using Leopard Crawl method.

It was then that the operators realised that there was a small perforation in the Proximal LAD, which was quickly rectified with a covered stent. Retrospective look on the angio loops showed that the perforation was actually present during pLAD preparation, and was overlooked. Fortunately the patient did not suffer any consequences.

A final IVUS showed certain areas in mLAD with suboptimal results, and was planned for IVL, but the patient was non cooperative due to long procedure time and ST elevations just resolved. Hence decision was made to accept the results.

The patient refused a relook CAG thereafter.

This case demonstrates the difficulties faced during preparation of a calcified vessel. This case also shows an overlook of coronary perforation which was masquerading behind some high diagonal branches.