




# Last hope

Dr Farouk Abcha  
Clinique Louis Pasteur  
Essey-Lès-Nancy  
France

## Case presentation

- 72 years
- Male

- **Cardiovascular risk factors**
  - Hypertension
  - Dyslipidemia
  - Diabetes

- **Main symptom:**
- unstable angina with negative T waves in anterior leads
-  He was referred to our center to undergo coronary angiogram

## Culprit vessel : LAD

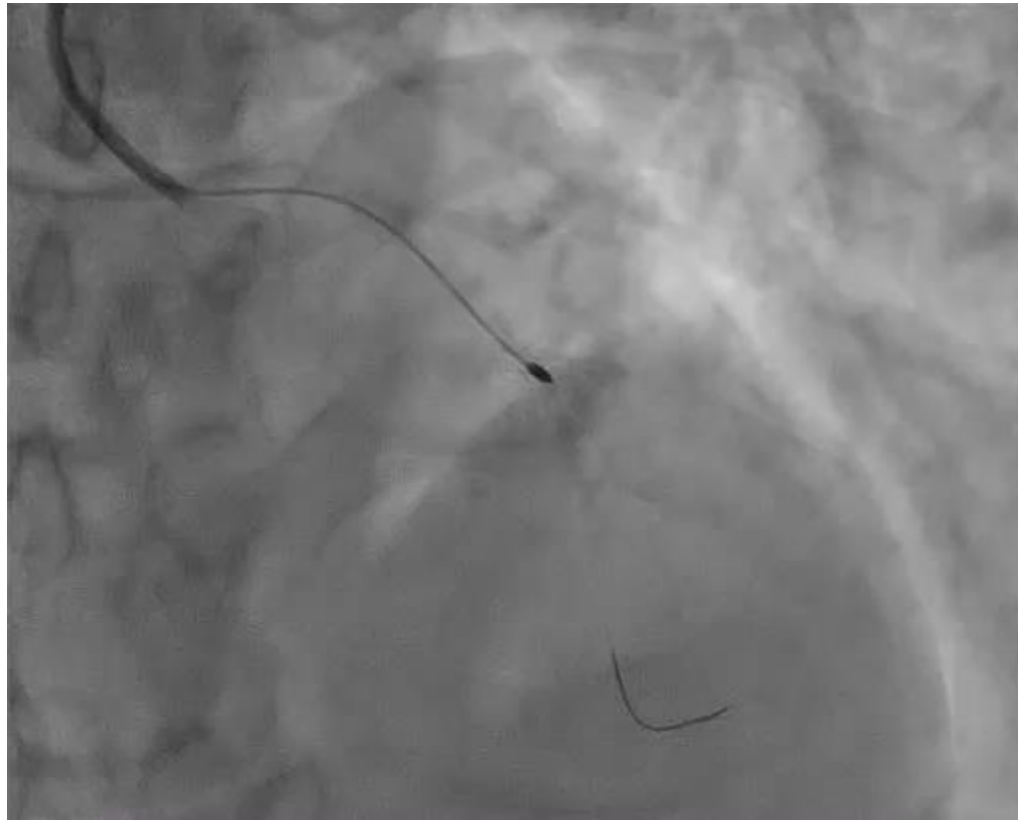


# Multiple predilatations: resistant lesion

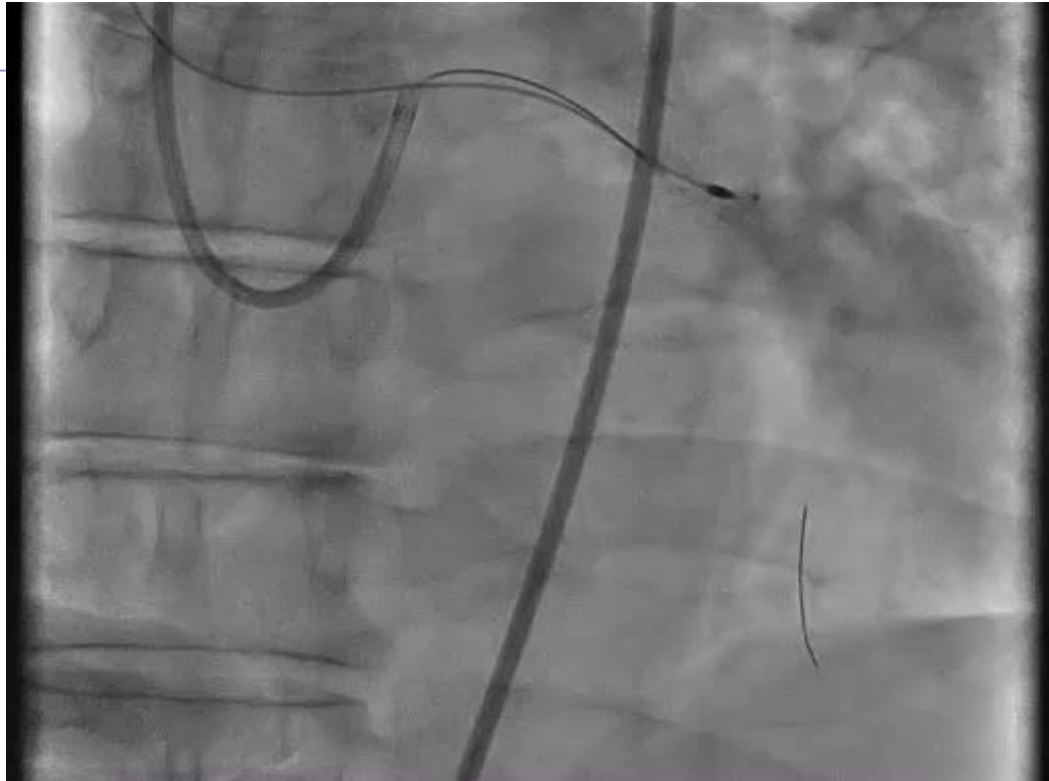


# Strategy : Rotational atherectomy

- Rotational atherectomy : burr 1.5 mm, speed :160.000 to 180.000
- After 3 runs: the burr was stuck
- TIMI 0 on LAD
- Chest pain → ST elevation on anterior leads
- Attempt to retrieve the burr /pulling : failure



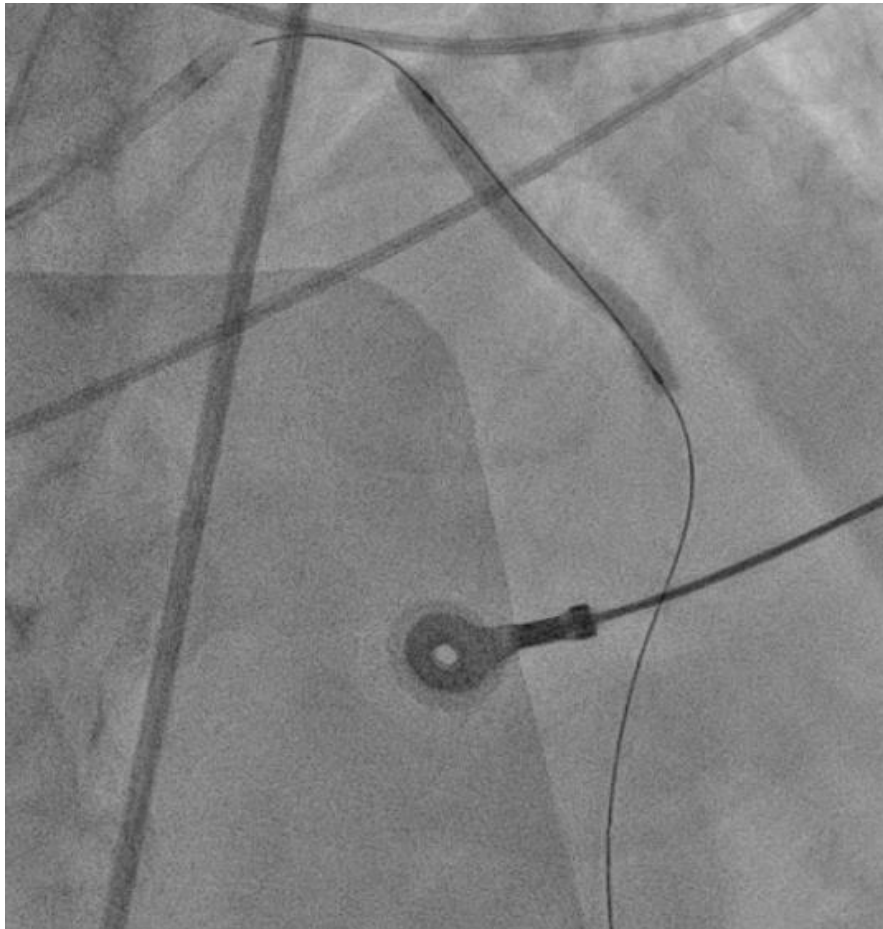
- We advanced another parallel Filder XT distally by passing through subintimal space ➡ balloon inflations to move the burr : failure
- Hemodynamic instability
- Decision to do a ping pong technique
- All efforts to retrieve the burr failed
- The patient had a cardiac arrest



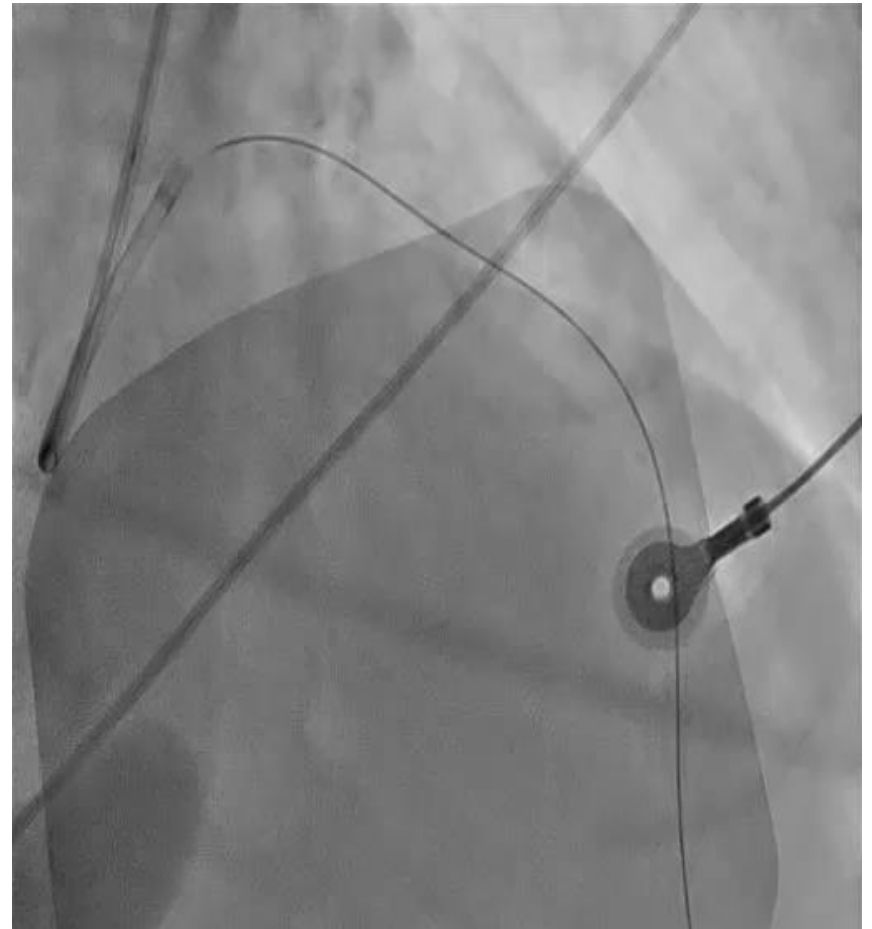
- We decided to cut the Rotablator shaft and remove the plastic protection surrounding it so that a catheter extension 5 fr in 6fr can pass over it then we pulled on the shaft while pushing the extension= success to retrieve the burr



## Predilatation



## Stenting



# Final result



# Lessons Learned

- Rotational atherectomy is never a simple procedure: complications could be very serious.
- Catheter extension could be a useful tool to retrieve a stuck burr, however the size of guide extension catheter could be very limiting: an important trick is to cut the shaft and remove the plastic protection so that the extension could be used.