The Swiss Roll Effect

Tips & Tricks in bifurcation stenting

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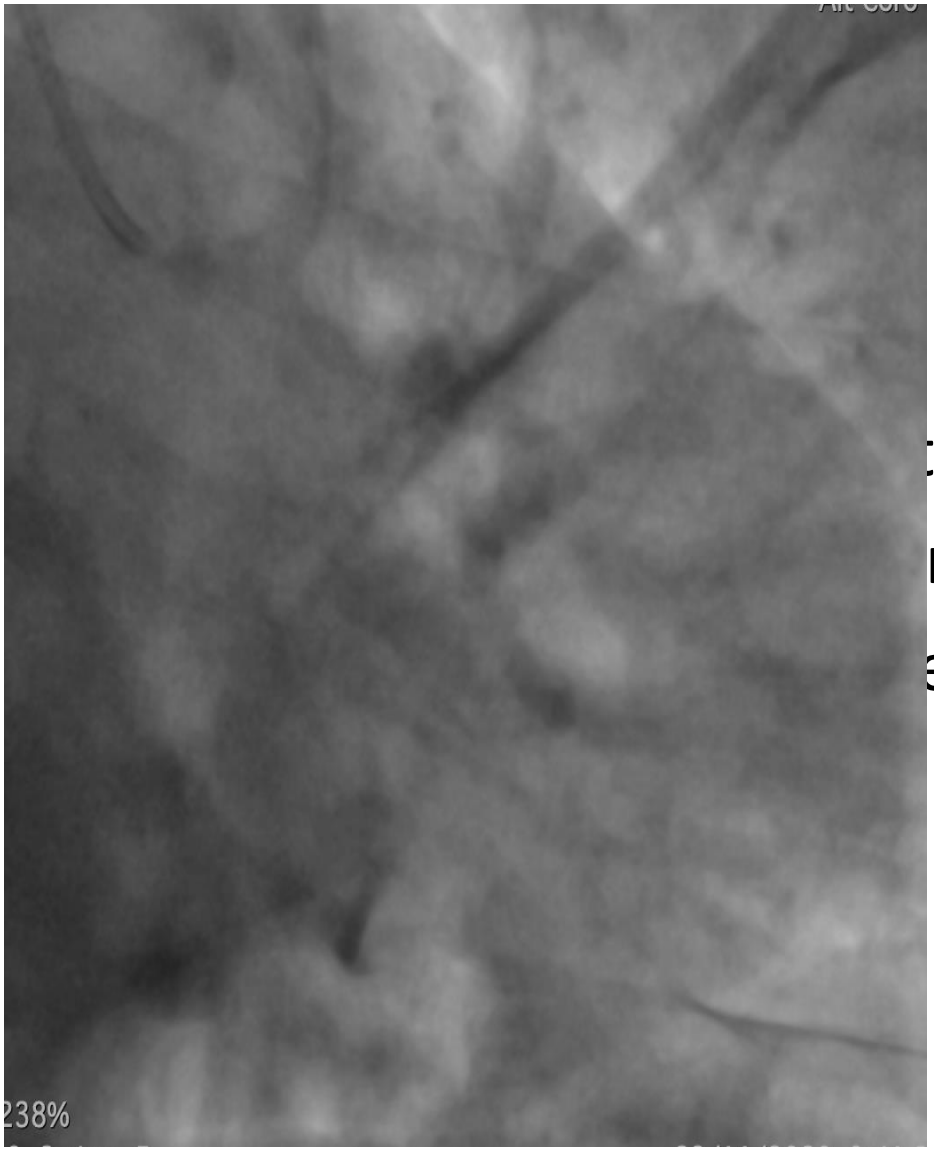
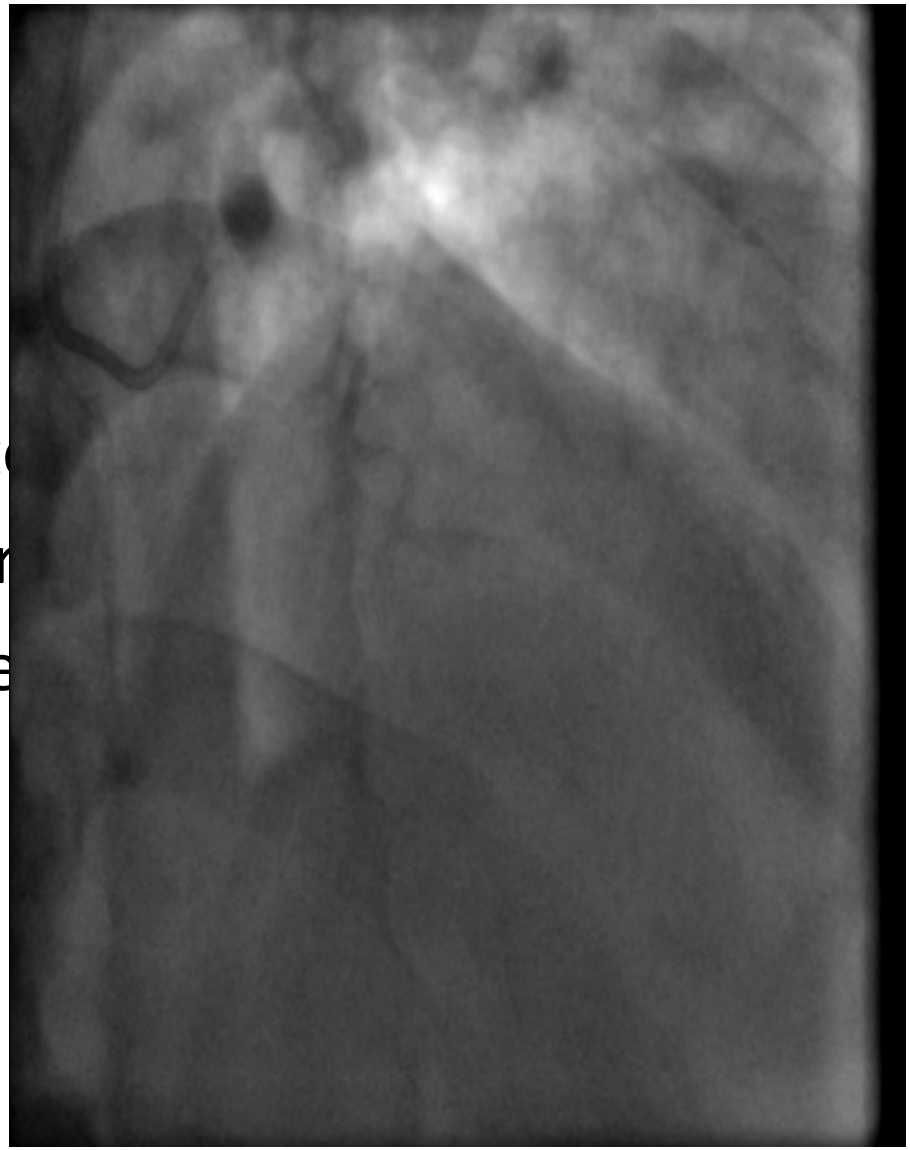
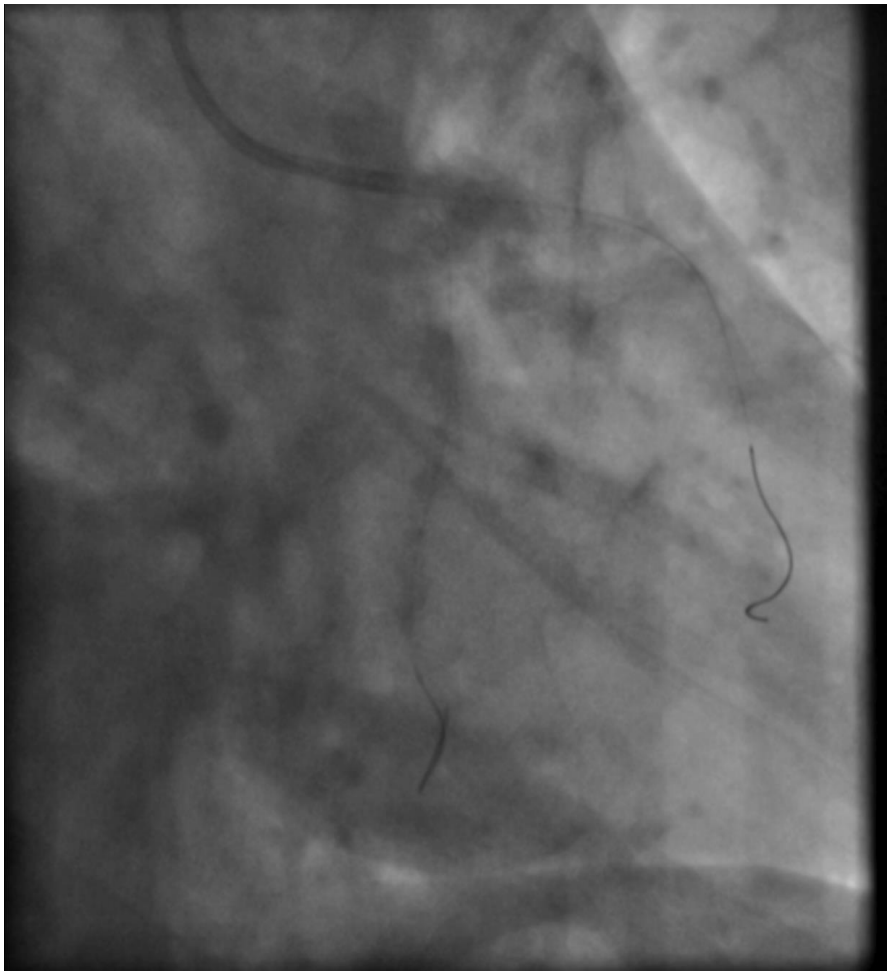
Clinical scenario and Coronary angiography





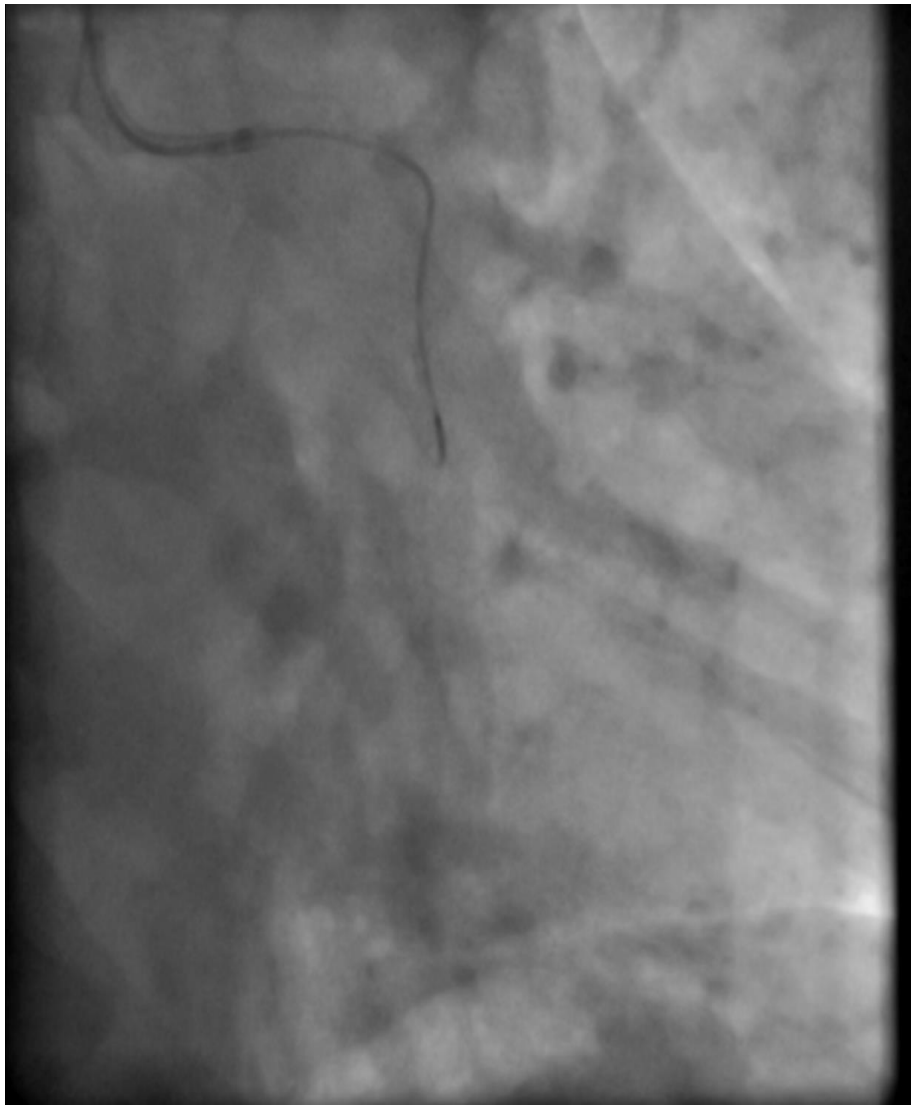


- Stenting 2.5x28 mm DES deployed at 11 atm.
- *Post-dilatation 2.75x15 mm NC.*
- No-reflow that didn't improve despite intracoronary Adenosine injection, adrenaline, and tirofiban.
- A proximal edge dissection was noted, that was fixed using another 3.0x18mm DES deployed at 12 atm.
- The previous step was associated with Acute closure of the 1st OM branch with severe chest pain.

Trails to salvage the OM

- Dissection sealed
- OM lost with ostial stenosis and very bad angle.

- Micro- catheter and hydrophilic wire.



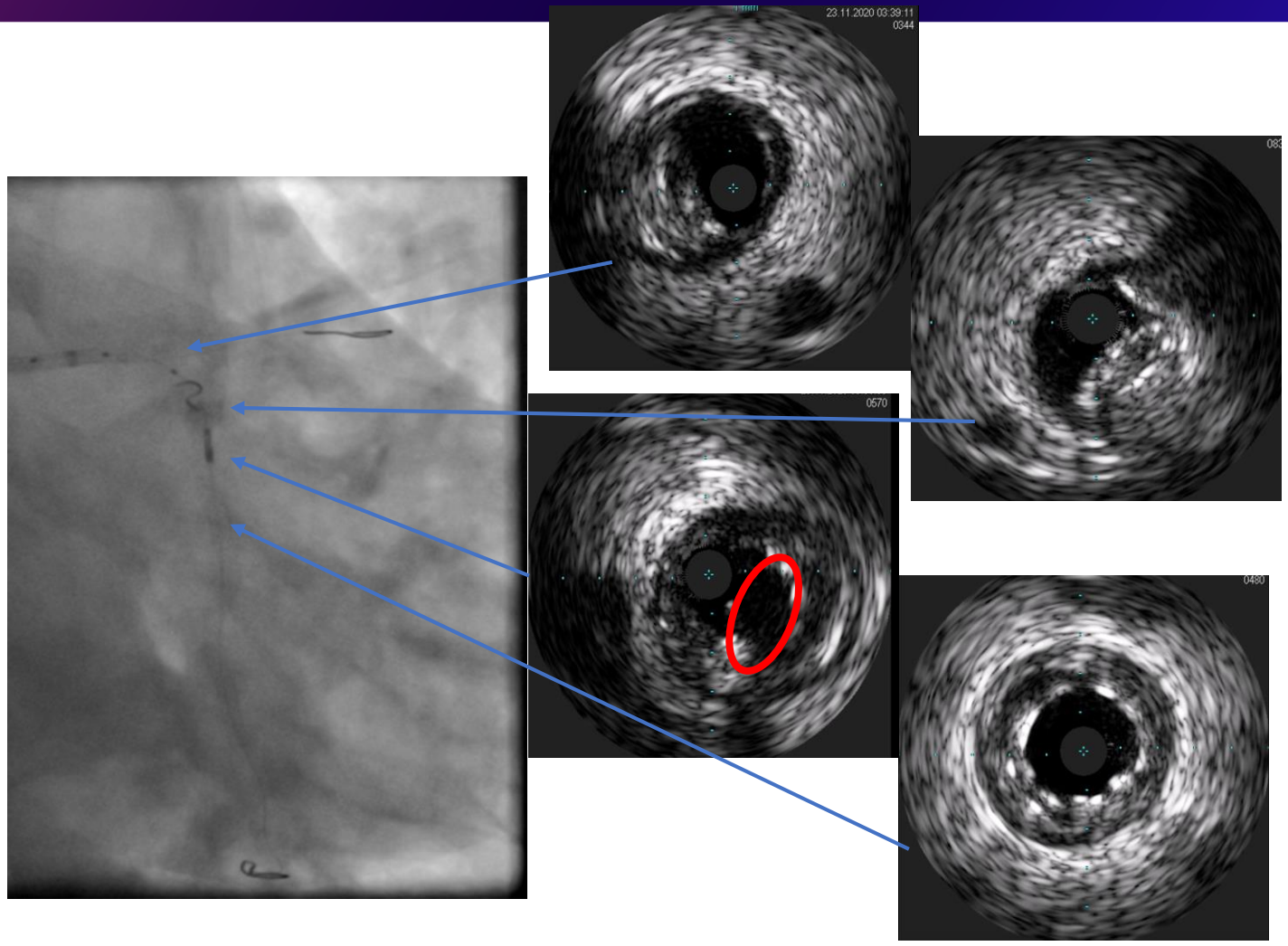
Suddenly

- During repeated trials of wiring aided by a Crosair 135 cm microcatheter, the distal tip of the used Pilot 50 guide wire got trapped and broken at the proximal edge of the LCX stent strut and protruding in the LMT

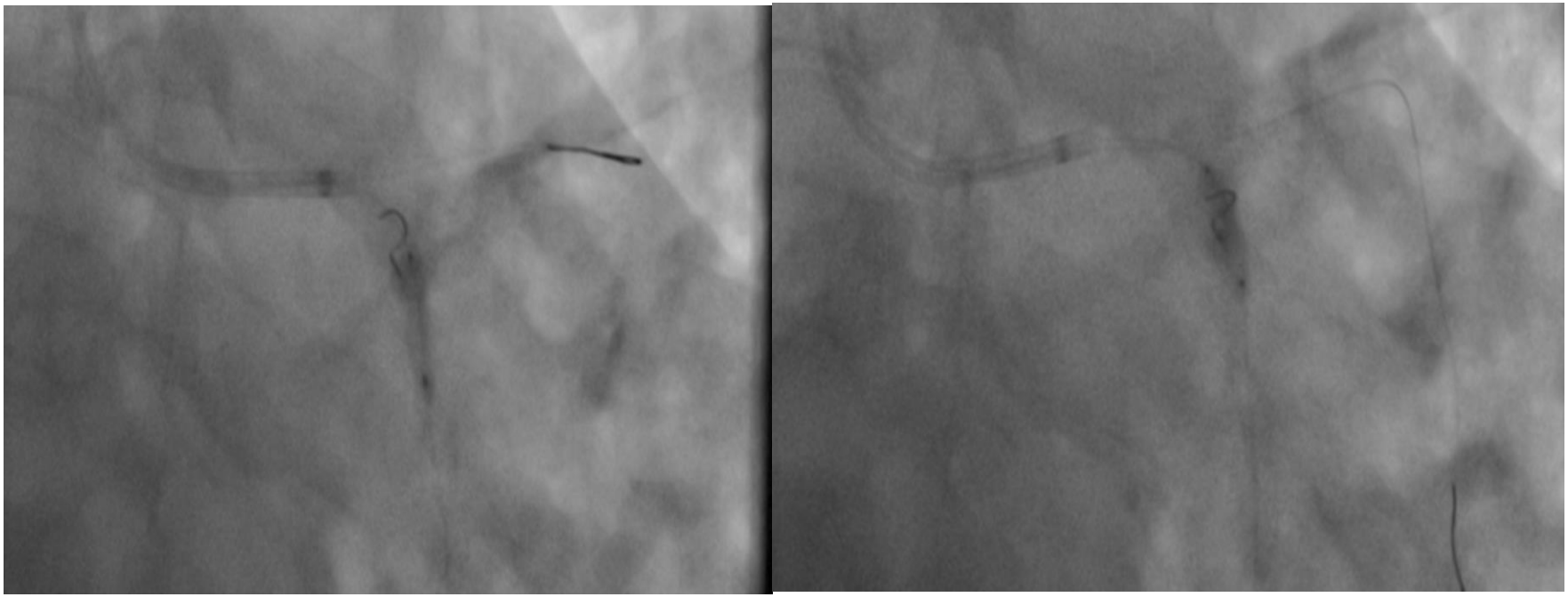
What are the options

- CABG: SVG-OM
- LM-LCX PCI
- Retrieving trapped wire (snare or double wire technique)
- Intra coronary imaging

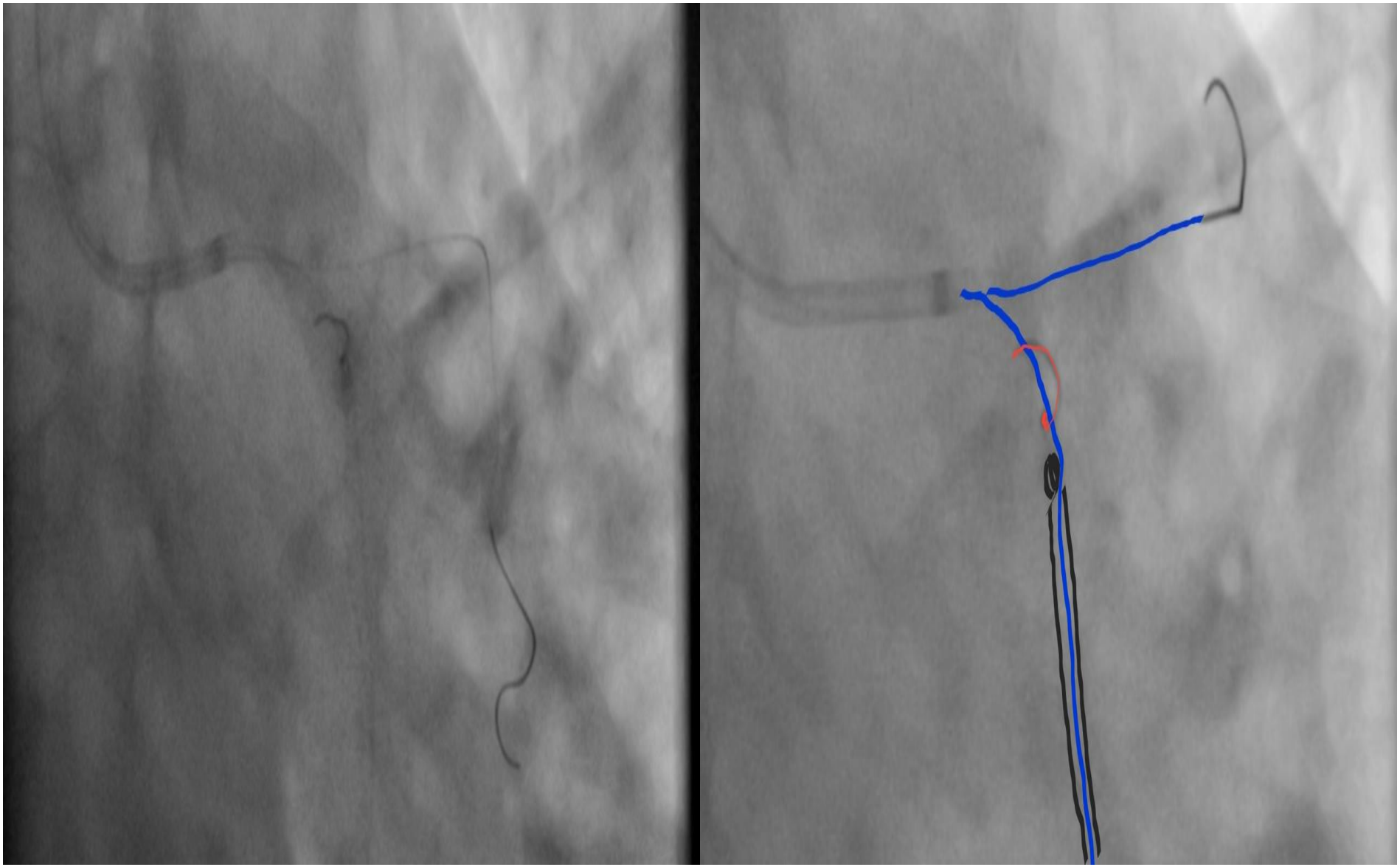
Intra Vascular Ultrasound Imaging



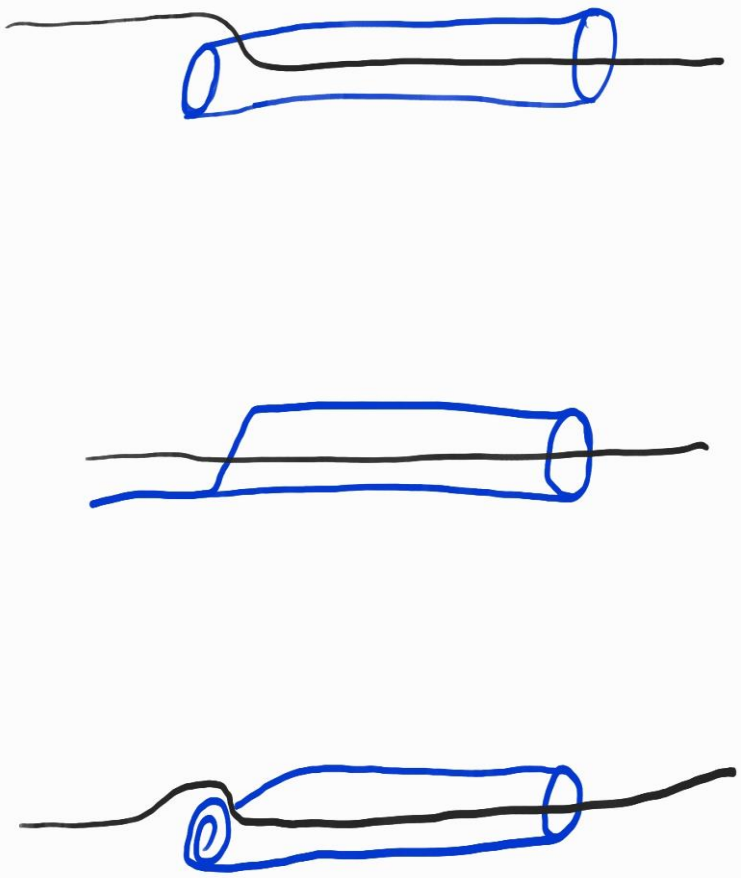
Culotte technique



The Swiss Roll effect

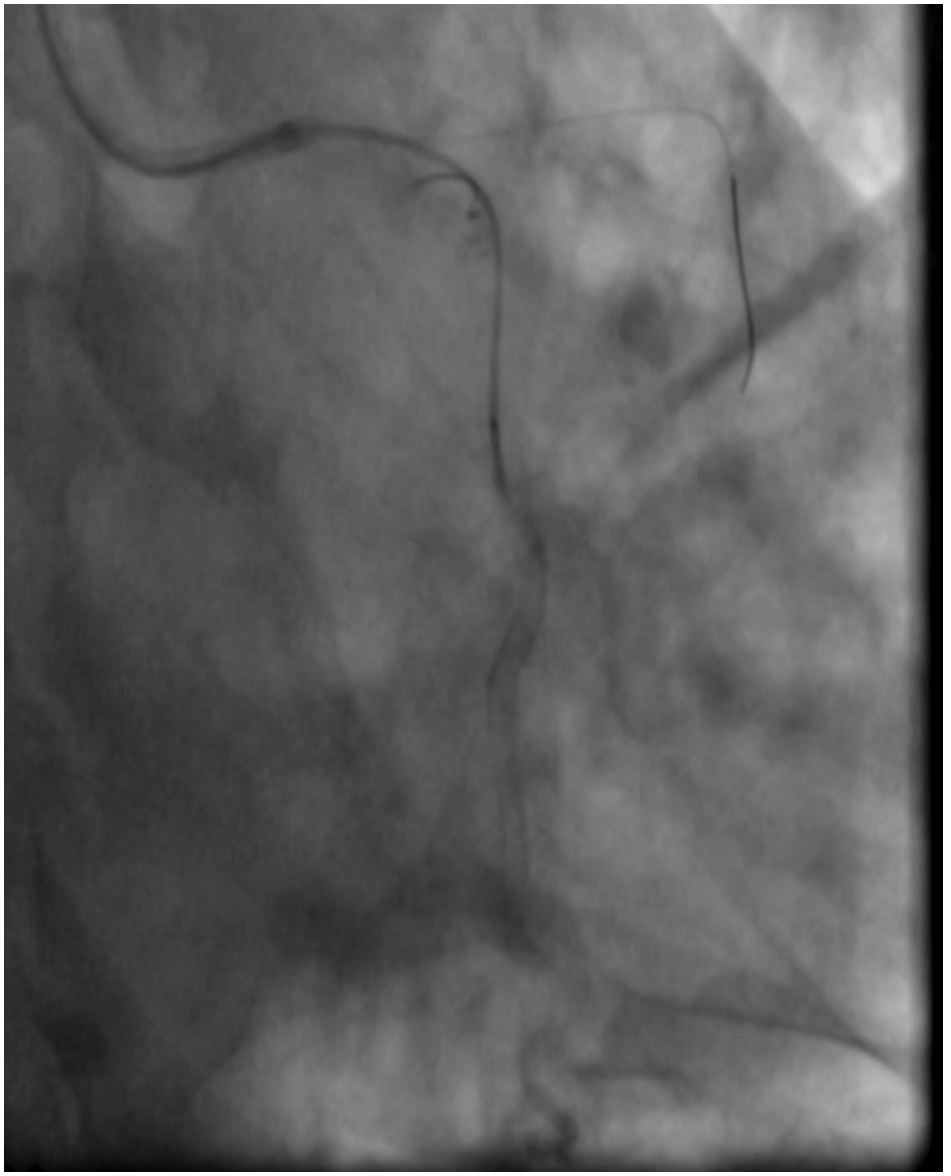


The swiss roll effect

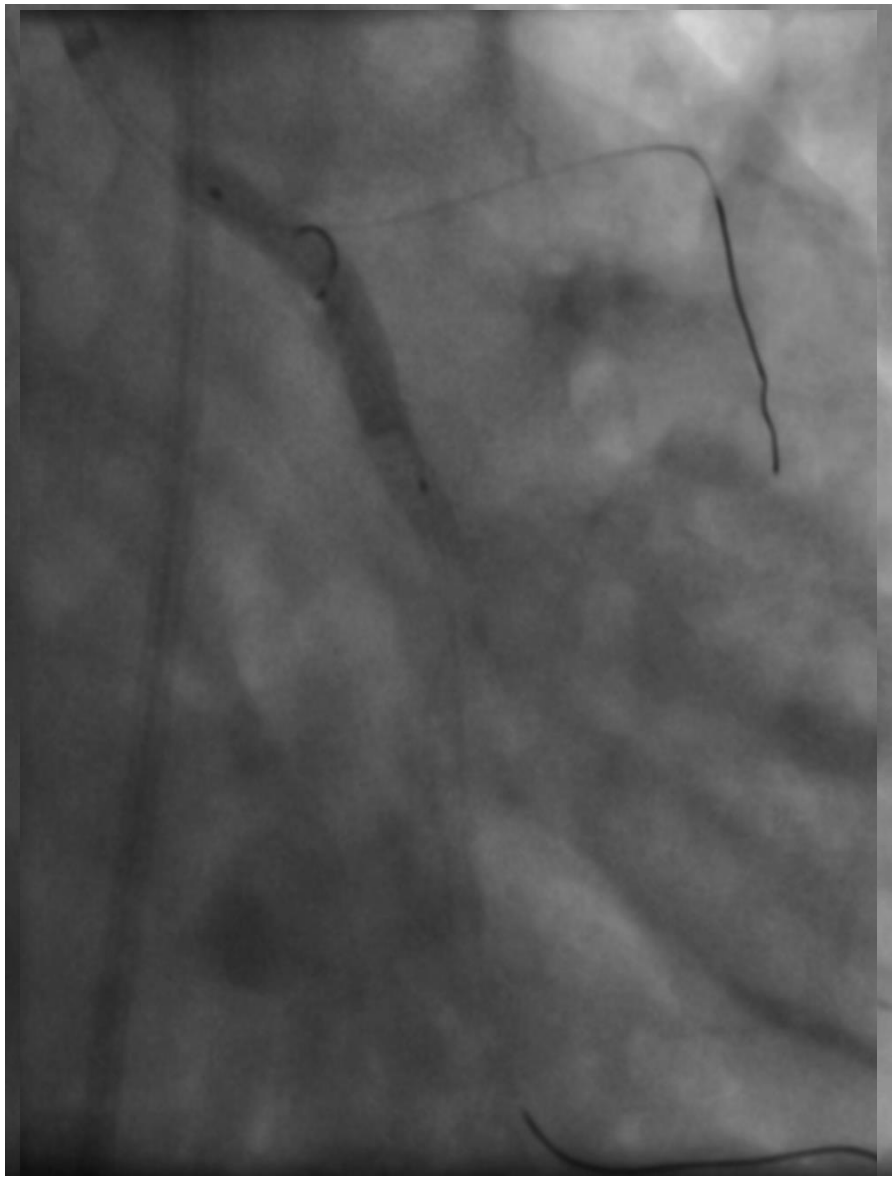


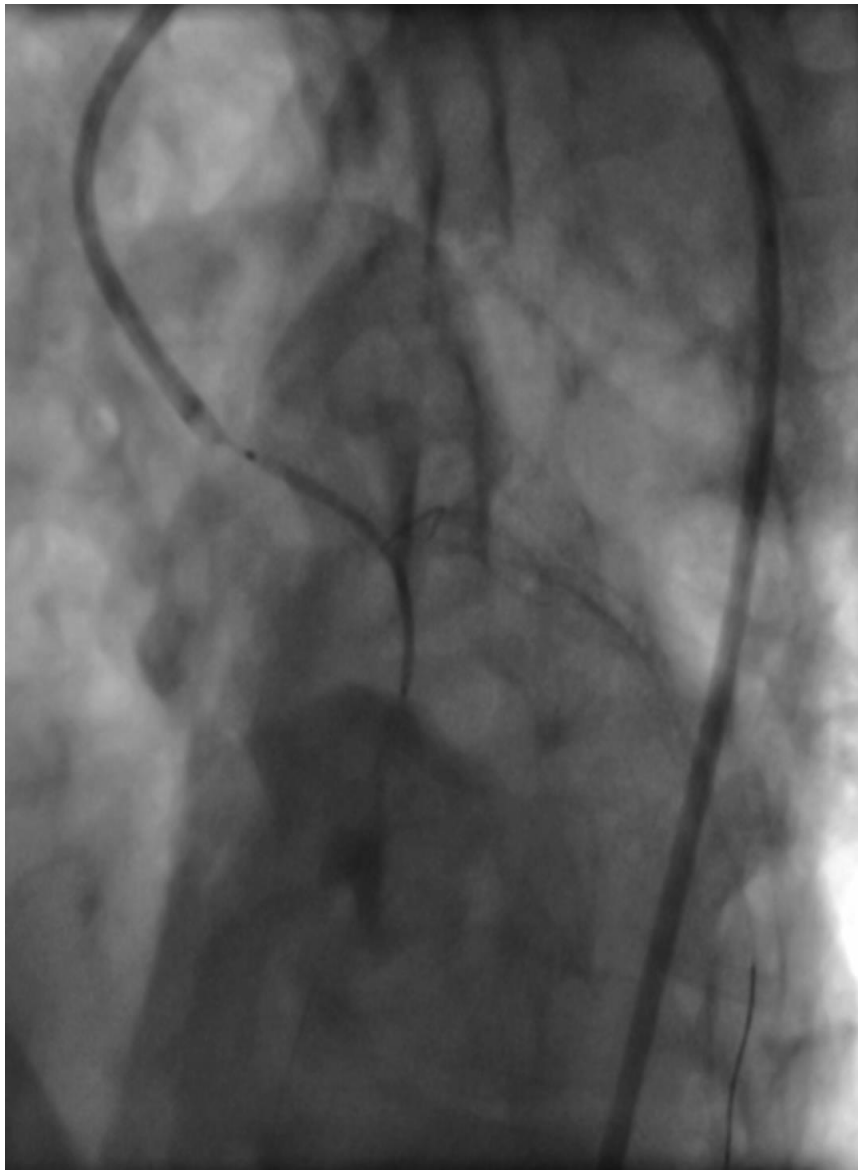
The swiss roll effect results When partial crushing of the stent and then moving big gear over the crushed segment back and forth (Balloon, IVUS, etc..).
This results in crimping the ***crushed segment*** into the ostium of **its stent** blocking it.

Progress



Finally





Take Home Message and final image