



# Stent Retrieval : Unconventional treatment of Re-stenosis

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## History

73 M

Indication:

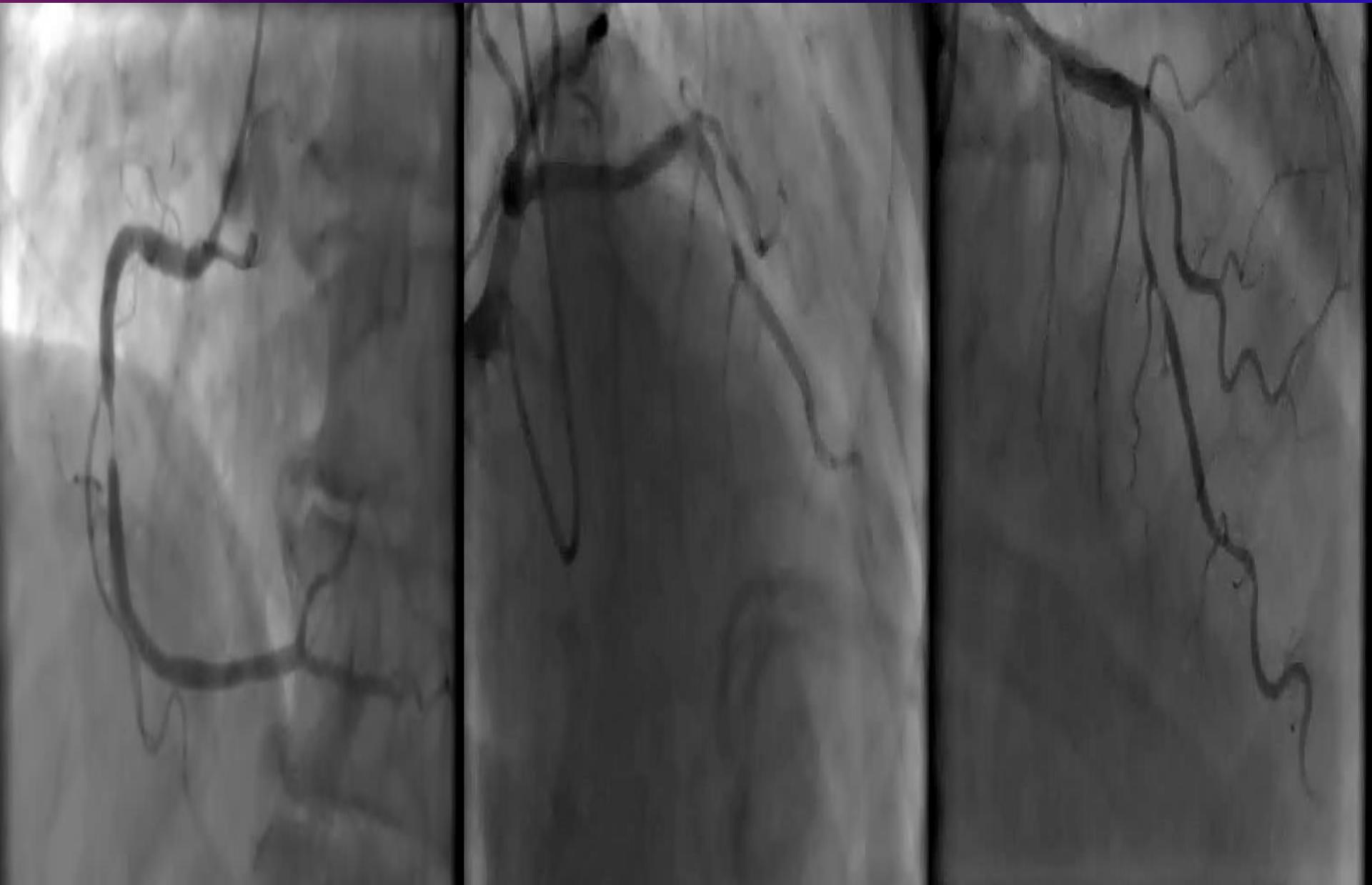
Crescendo angina despite anti-anginals

Past history:

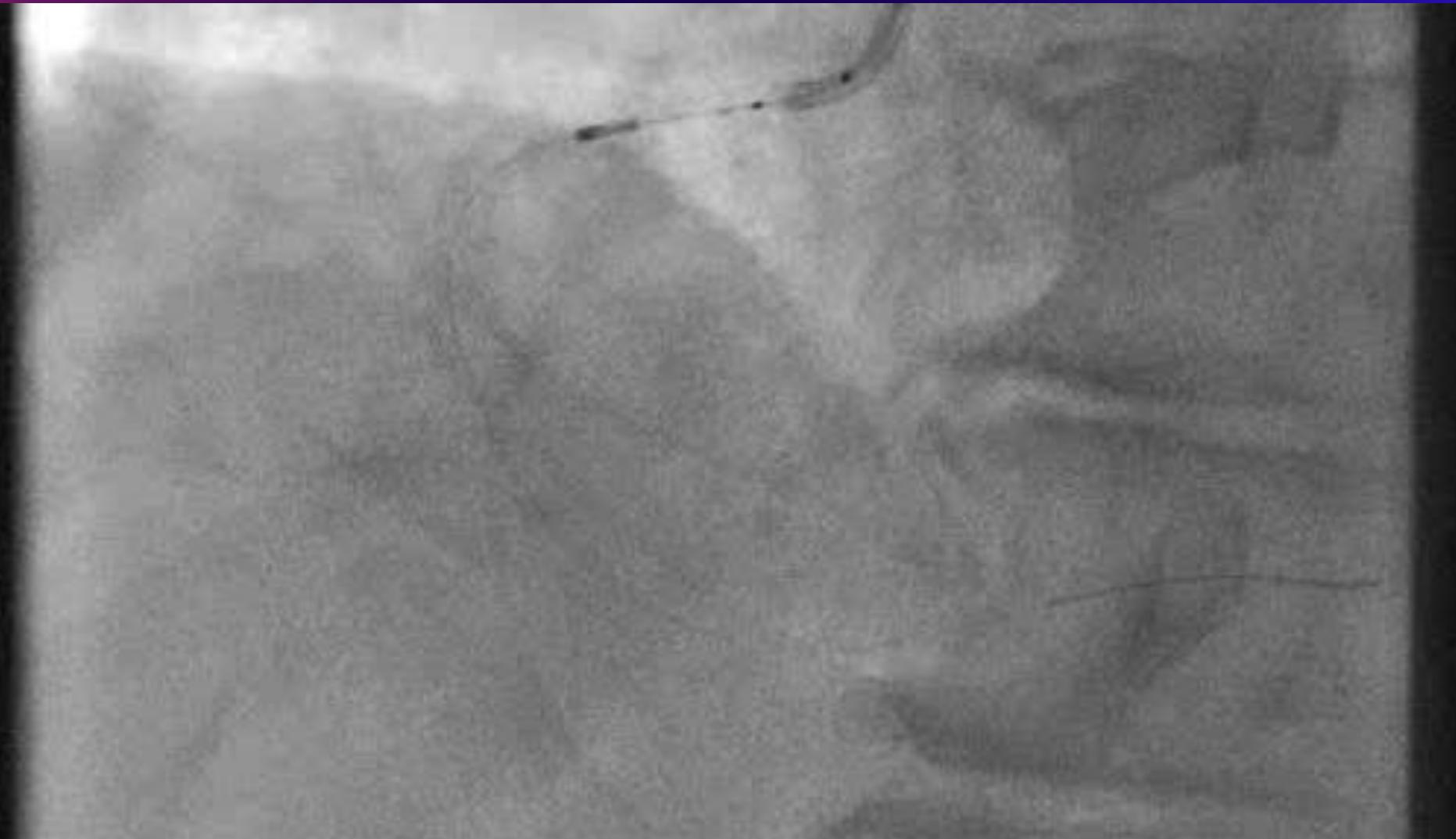
Ischaemic heart disease - 2 overlapping Biomatrix Alpha drug eluting stents to RCA

Permanent AF - Apixaban and clopidogrel long-term

# Coronary angiogram – severe lesion in RCA and LAD



Plan : to start with IVUS guided PCI to RCA



6F JR4 guide catheter, Versaturn wire, 2.5 mm NC Balloon dilatation followed by IVUS.  
**IVUS not passing proximal bend!**

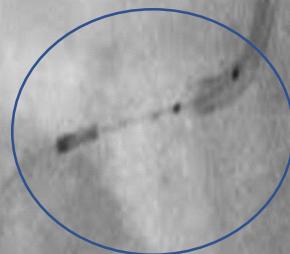
## Case Progress

- 2<sup>nd</sup> wire (buddy) passed down RCA
- IVUS passed on buddy wire with some difficulties
- Pre-dilatation with 4.0 NC balloon but unable to pass 4.0 cutting balloon
- Both wires stuck now
- Guide disengaged, traction applied on both wires leading to their removal.

## Dislodged pre-existing RCA stent



## Angio showing area of stent loss

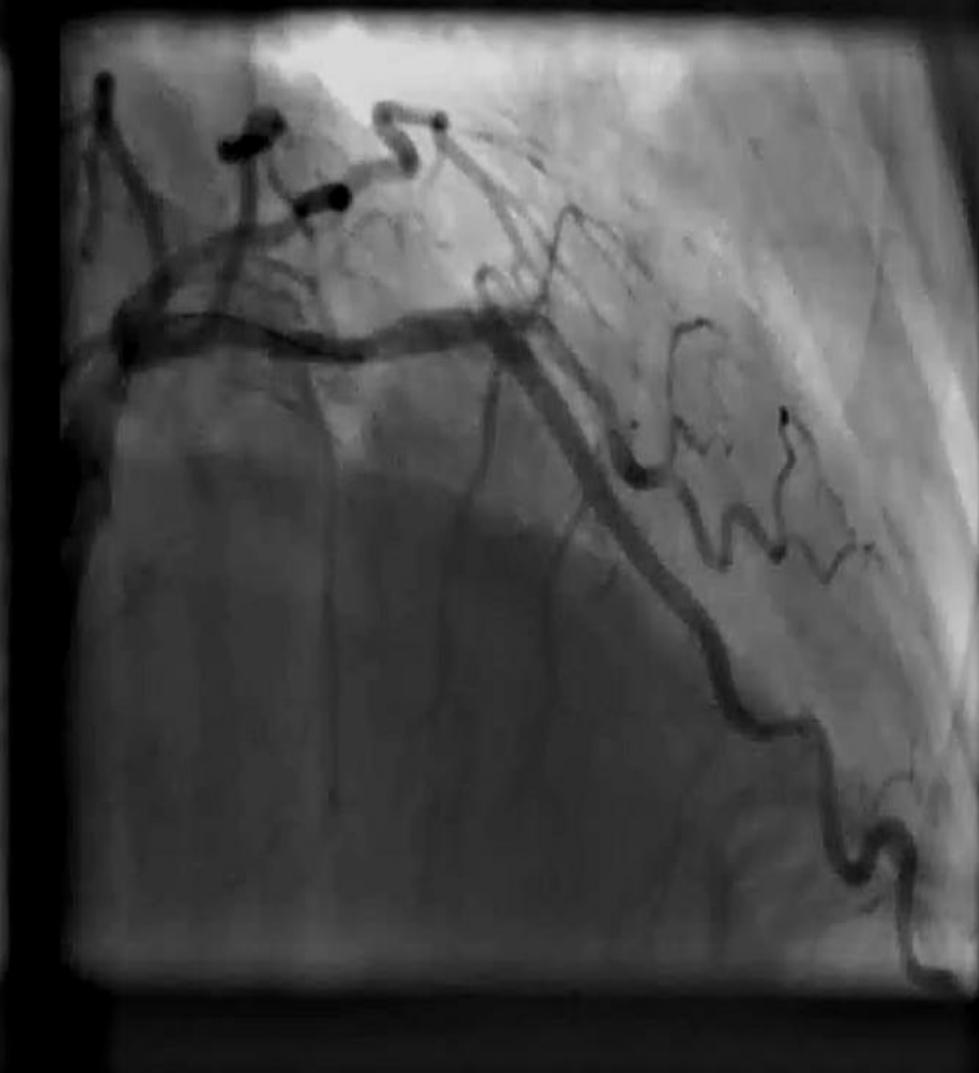


Blue circled area shows initial attempt to pass IVUS with proximal stent in situ  
Red circle shows loss of proximal RCA stent

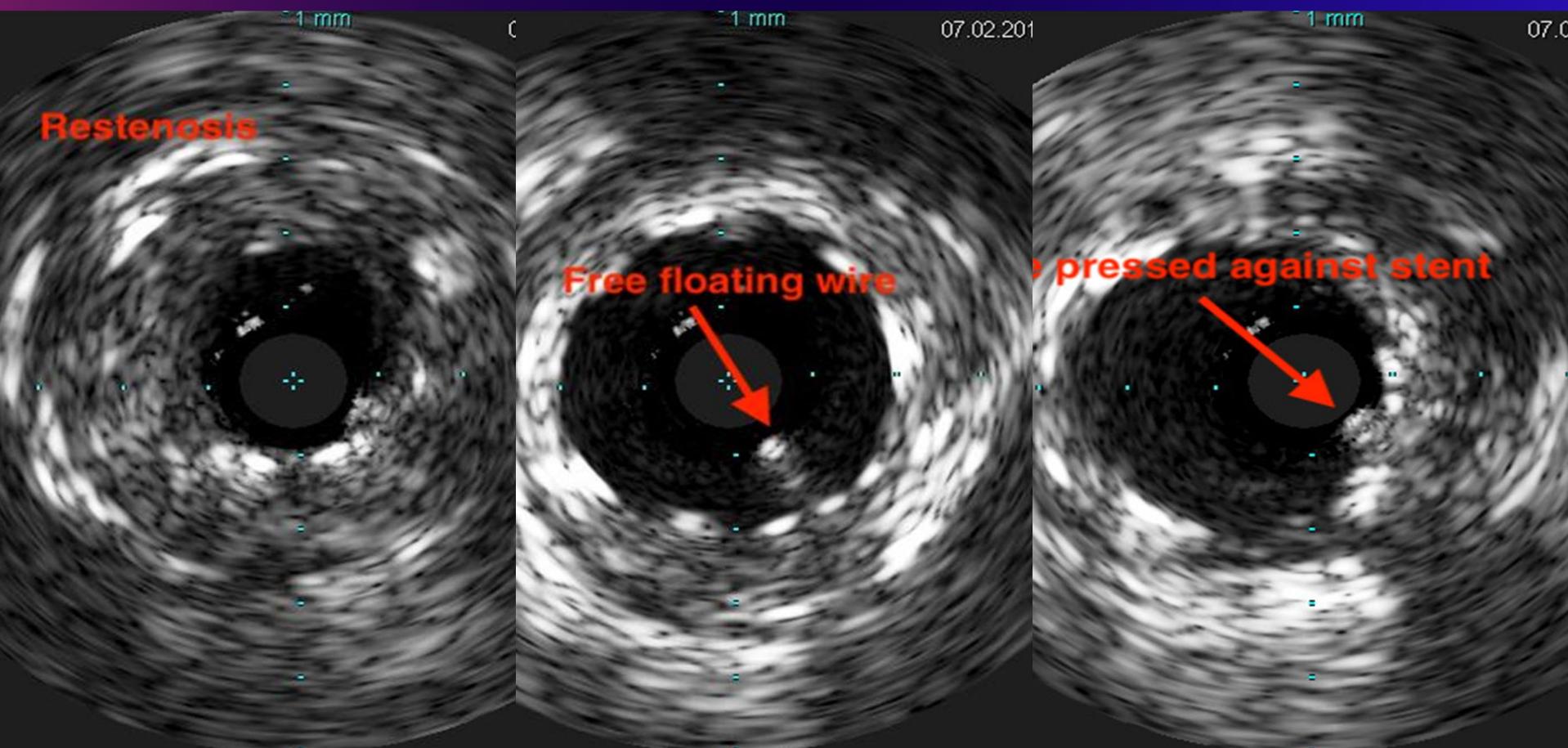
## Course of action

- Patient haemodynamically stable.
- Proceeded to treat proximal RCA with 4.0x 33 mm stent to cover ostia, post dilated with 4.5 NC balloon
- Further LAD treatment – 1 DES
- **Patient discharged next day and remains well on follow-up.**

## Final Angiogram



## IVUS review and Lessons learnt



1. When wires are stuck – think why! Likely cause is wire passing through stent strut or deformed over pre-existing stent when IVUS / balloons were used over it (see above)
2. This is a Rare complication with potential serious sequelae
3. What would we do differently now: if wires stick try passage of small balloon over wire prior to traction.