

1036 A Case of High Risk ACS which was successfully treated by RotaPro with Excimer Laser

75 year old male who had history of previous PCI to LCX and RCA presented with unstable angina starting 2 weeks ago. Troponin-T was 0.128ng/ml. CAG showed severely calcified 99% stenosis of LAD.

PCI was performed with 7F-FL-3.5 GC engaged through 6-7F Glidesheath.

Although 0.010 Ex-TR crossed, 1.0mm balloon, micro catheter or Tornus were all unable to cross the heavily calcified lesion.

0.9mm Excimer laser was advanced to near the lower end of the lesion.

Caravel was used to change GW to Extrasupport Rotawire and RotaPro was used with 1.25mm-burr.

PCI was completed with NC Scoreflex (1.75/15) followed by deployment of Onyx (2.5/15) and Ultimaster (3.0/15).

IVUS detected insufficient in-stent dilatation due to severe calcification. Therefore Cersus (2.5/15) was dilatated at 30 atm of pressure and it was fully expanded. Case completed with no stenosis.

Conclusion: The combination of two atherectomy devices: Excimer laser and RotaPro were effective to treat severely calcified 99% stenosis.