

1103 A case that partial removal of the underexpanded stent by orbital atherectomy system

A 70's-year-old man with a history of hypertension, dyslipidemia was hospitalized with a diagnosis of Killip 4 acute myocardial infarction (AMI) 6 months before. Emergency coronary angiography revealed distal LMT 90% stenosis and complete occlusion of LAD ostium with calcification. Intra-aortic balloon pumping were established and percutaneous coronary intervention (PCI) was performed (LMT-LAD, Synergy 3×20mm, Xience Alpine 2.5×28mm). The patient developed heart failure but was discharged on hospital for 15 days. Coronary angiography 6 months after PCI revealed in-stent restenosis and severe stenosis of LAD mid portion. PCI was planned for LAD because of exertional chest symptom.

For previously deployed stent was underexpanded was confirmed by OCT (In-stent restenosis was not confirmed) . Multiple balloon inflations with a Non-Compliant 3.0×8mm balloon, at pressures as high as 20 atm of pressure failed to dilate the lesion. Orbital Atherectomy was attempted and the ablation was started at the stent. Orbital Atherectomy system was stuck, and partial removal of the underexpanded stent was confirmed. Because the stent was removed, a new stent was placed after Rotational atherectomy for calcified lesion which was the cause of the expansion failure. We report that partial removal of the underexpanded stent by orbital atherectomy system.