

1107 Utility and limitation of delivering Rotablator through a guiding extension catheter

A 64-year-old man with diabetes mellitus underwent crossover single stenting with kissing balloon technique from the left main trunk (LMT) to the left anterior descending artery (LAD). 18 months later, he admitted to our hospital due to progressive severe stenosis in the middle LCX. Pre-procedural angiography revealed an angulated eccentric severe calcified lesion. Therefore we considered that it was favorable to perform rotational atherectomy. But given the ostial stenting of LMT and the residual metallic carina on LMT bifurcation, delivering and pull back a Rota burr alone seemed to be difficult because of an angulation and a metallic carina obstructing the ostial LCX. Thus, we planned to use an 8-Fr GuideLiner (Vascular Solutions, Minneapolis, USA) in order to deliver Rota burr to the middle LCX. The 8-Fr GuideLiner was tried to be delivered to the LCX using an anchor balloon technique with a 3 mm semi-compliant balloon, but it was also difficult due to an angle and a jailed strut. Finally, the Guideliner, integrated with dilated balloon catheter at the tip, was successfully advanced up to the proximal LCX. An intravascular ultrasound (IVUS) catheter could cross the target lesion and demonstrated eccentric calcified lesion. A rotational atherectomy device was tried to insert into LCX through a Guideliner but a 1.5 mm burr could not cross the bending point of it at an an ostialLCX, GuideLiner due to the angulation of ostial LCX. We judged narrowing of an inner diamiter due to kink of a Guideliner cause this phenommenon. Then we tried to cross 1.5 mm burr to LCX, but failed. We gave up the rotational atherectomy, and repeatedly dilated a lesion using a 2.5mm sized scoring balloon with high pressure. Then, we deployed one DES and high pressure post dilation was added. Fortunately, final IVUS revealed optimal stent expansion. In some situations, using a guiding extension catheter as a support device with rotational atherectomy are useful. However the size of Rota burr, which could be inserted into a guiding extension catheter, is limited. Through this case we sought to examine the utility and related issue of rotational atherectomy with Guiding extension catheter.