

1111 Successful bailout procedures for multiple blow out perforations of left anterior descending artery after rotational atherectomy and stenting?

A 78-year-old man was admitted to the cardiology department with the complaint of chest pain. He has hypertension as coronary risk factor. Coronary computed tomography angiography (CCTA) showed significant stenosis in left anterior descending (LAD) artery and left circumflex (LCX) artery with severe calcification. Coronary angiography revealed 90% stenosis in LCX and 75% stenosis in proximal to mid LAD, and ad hoc percutaneous coronary intervention (PCI) to LCX was done. Two months later, PCI to LAD lesion where fractional flow reserve (FFR) showed 0.74 was performed. Rotablator (1.75 mm burr) passed through LAD lesion with severe calcification. Intravascular ultrasound (IVUS) showed crackles of calcification, and so drug eluting stent (DES) was deployed in mid LAD. After the procedure, angiogram showed a perforation in mid LAD, defined as free contrast extravasation into the pericardium. Therefore, another DES for hemostasis was promptly placed in proximal LAD. However, new perforations appeared from proximal LAD. Perfusion balloon which can protect the flow from a coronary vessel was inflated, but perforations still occurred. So, GRAFTMASTER STENT that is for use in the treatment of free perforations was instantly deployed in proximal LAD. Pericardiocentesis was successfully performed because there was pericardial effusion. Finally we finished all the bailout procedures to repair multiple blow out coronary perforations.