

1112 One case of PCI using Directional Coronary Atherectomy (DCA) for incomplete stent apposition (ISA)

Patient was A 67-year-old man and diagnosed with Unstable AP in June 2019. CAG was performed. RCA#1 was total occlusion with massive thrombi and LAD#6 was 90% stenosis and LAD#7 was 99% stenosis with calcification. Firstly, Resolute Onyx stent 3.0×34mm was implanted in RCA#1. A few days later, PCI to LAD was performed. After Rotablation on the LAD, we implanted Xience sierra stent (2.75×38mm) on the #7, Resolute onyx stent (2.5 x22 mm) on the LAD ostium (#6). After post-dilatation, IVUS showed that proximal Stent struts of Resolute onyx stent (2.5 x22 mm) protruded into LMT. Then, kissing balloon technique was performed with semi-compliant balloons of 3.5x12 mm (LAD) and 3.0x12 mm (LCx) at the bifurcation of LMT. But, we recognized ISA in LMT, so added post-dilatation by large balloon (4.5x8mm). After additional post-dilatation, IVUS showed that ISA still remained because of large LMT lumen. Finally, we decided to perform DCA for resection of Stent struts. DCA finished successful and we could expand the Stent struts, and as a result the ISA disappeared. Some times DCA is useful for ISA.