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Initial experience of Removing Calcified Plaque by Intentional Crosser Bias Control with Angled Support Catheter Technique

In Japan, there is no atherectomy devices for calcified lesions in lower extremity artery treatment, Unmet needs exist to achieve optimal expansion in severely calcified lesions. To overcome this limitation, we attempted directional ablation by Crosser tip using an angled support catheter. Crosser with the angled support catheter was moved back and forth and rotated on the calcified nodule. By controlling the bias of Crosser, good expansion was achieved in combination with the subsequent balloon dilatation. We have experienced 5 cases of endovascular treatment in superficial femoral artery with severe calcification. All cases were successfully treated without complication. Final DCB dilatation was performed in all the cases

The technique of Crosser with Angled catheter



- A) Crosser[®] with the angled support catheter (BARD SD catheter) was moved back and forth and rotated on the calcified nodule. A high-pitched noise was produced. This sound indicates that the calcification is being ablated.
- B) The ablation was performed until the high-pitched sound stopped ringing. IVUS showed that the calcified nodule had a valley-shaped crack.