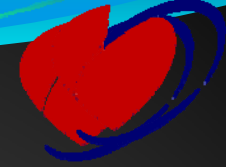




Untrapped Trapped Coronary Coil

Doni Firman



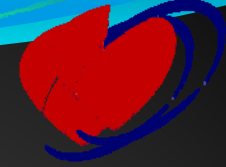
Introduction

- Coronary artery fistula (CAF) is a rare coronary artery anomaly characterized by aberrant communications between coronary arteries and cardiac chambers, pulmonary artery, pulmonary vein, coronary sinus or vena cava.
- The reported incidence of CAF in patients undergoing catheterization examination is 0.1% to 0.2%.
- Management of CAF includes surgical treatment and transcatheter closure.
- Reported complications include transient electrocardiographic changes, myocardial infarction, fistula dissection, pulmonary or epicardial coronary artery embolization.



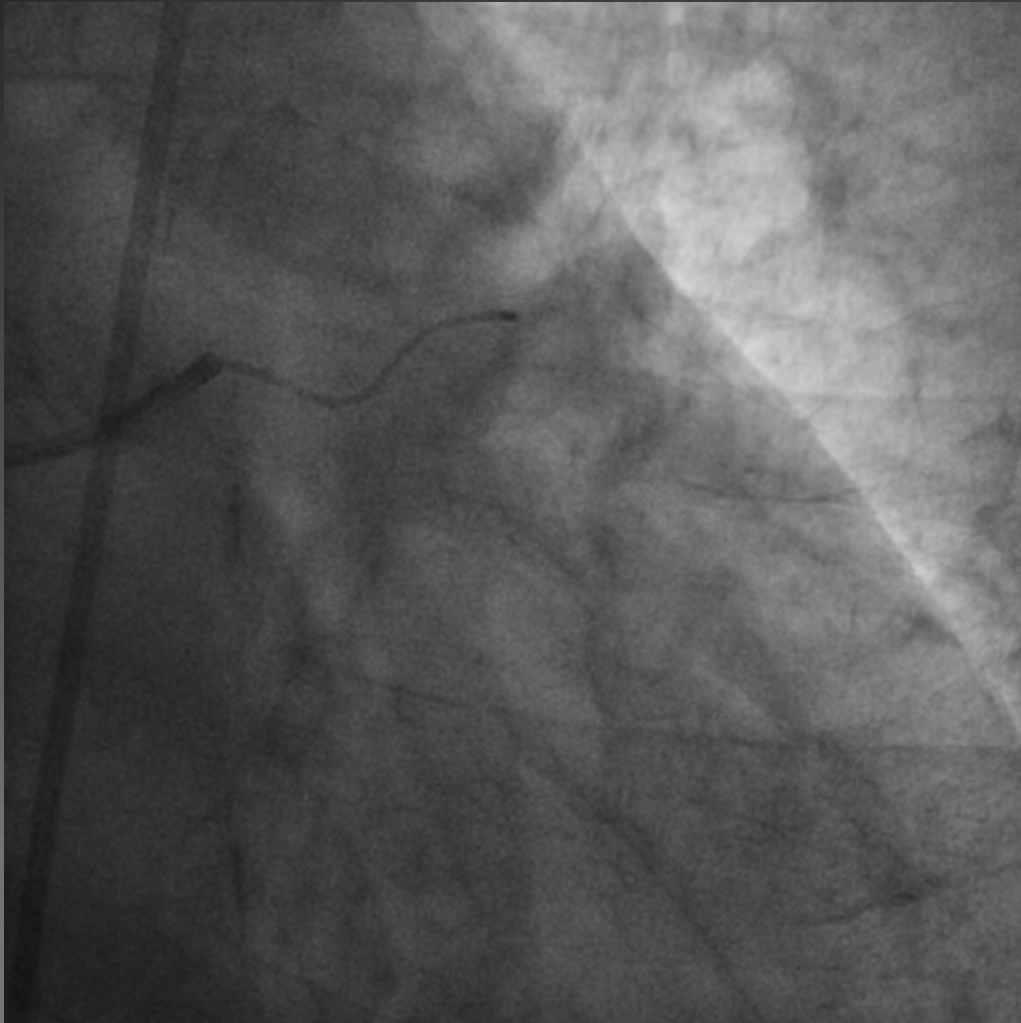
History

- Male, 63 yo
- Stable angina class 2
- RF : Hypertension
- ECG : normal sinus rhythm
- Echo : Global Normokinetic, LVEF 74%

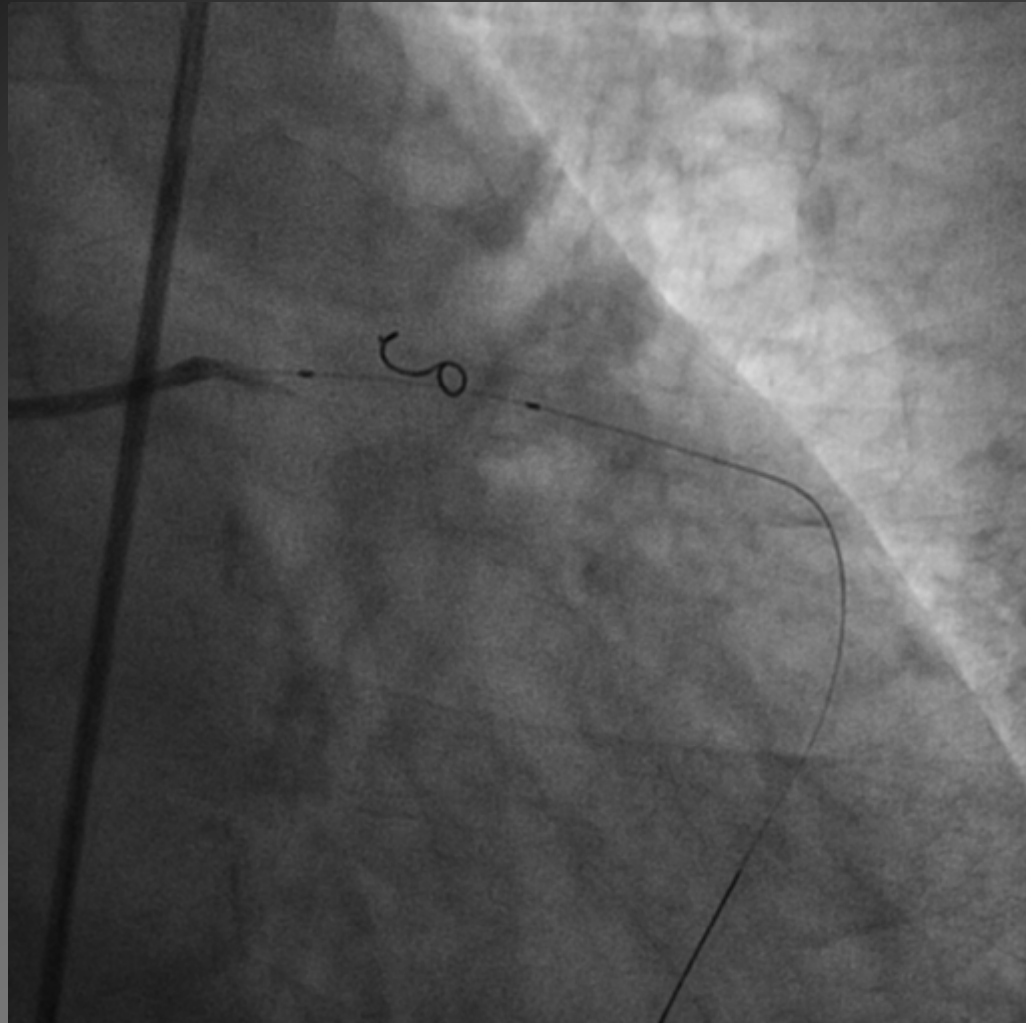
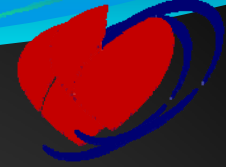


what to do ?

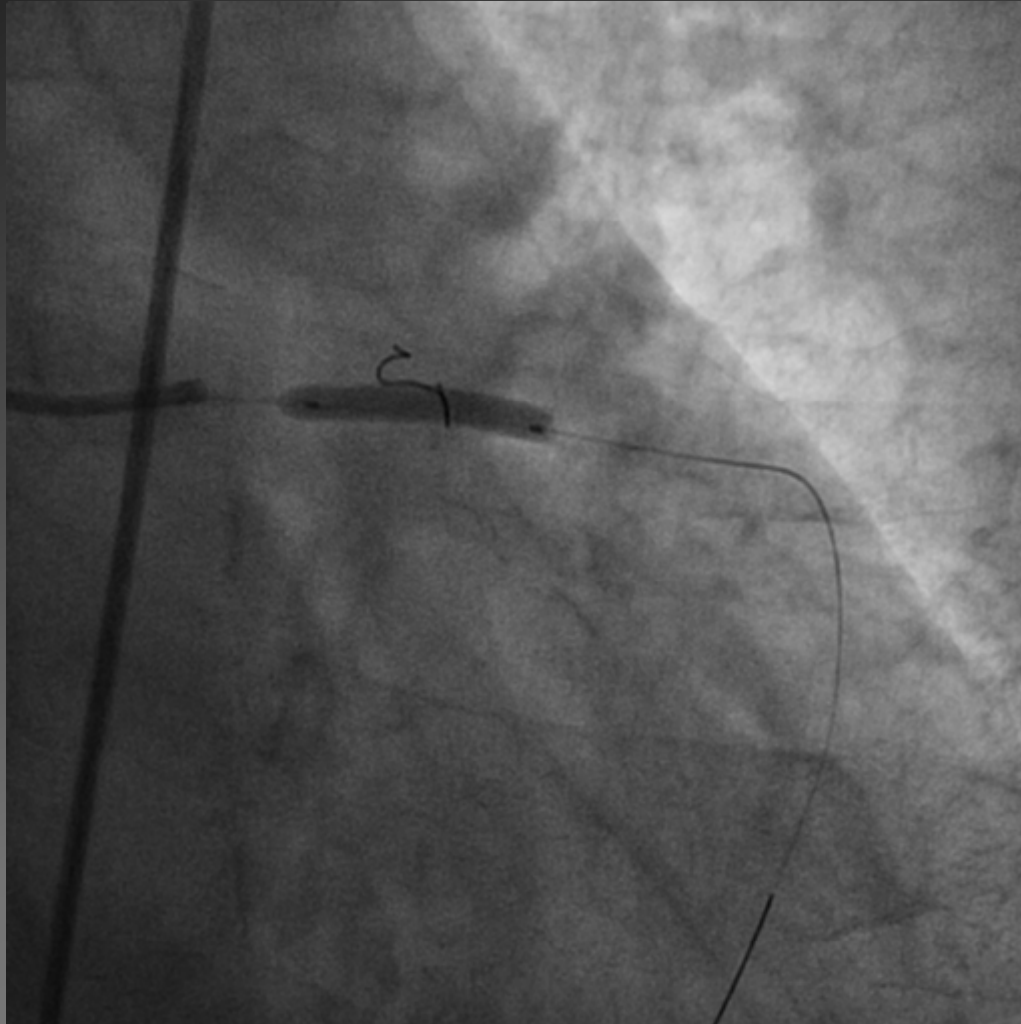
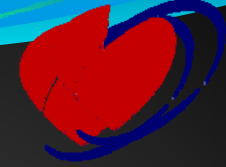
- A. Surgery
- B. Just stenting
 - usual stent
 - covered stent
- C. Coiling and stenting



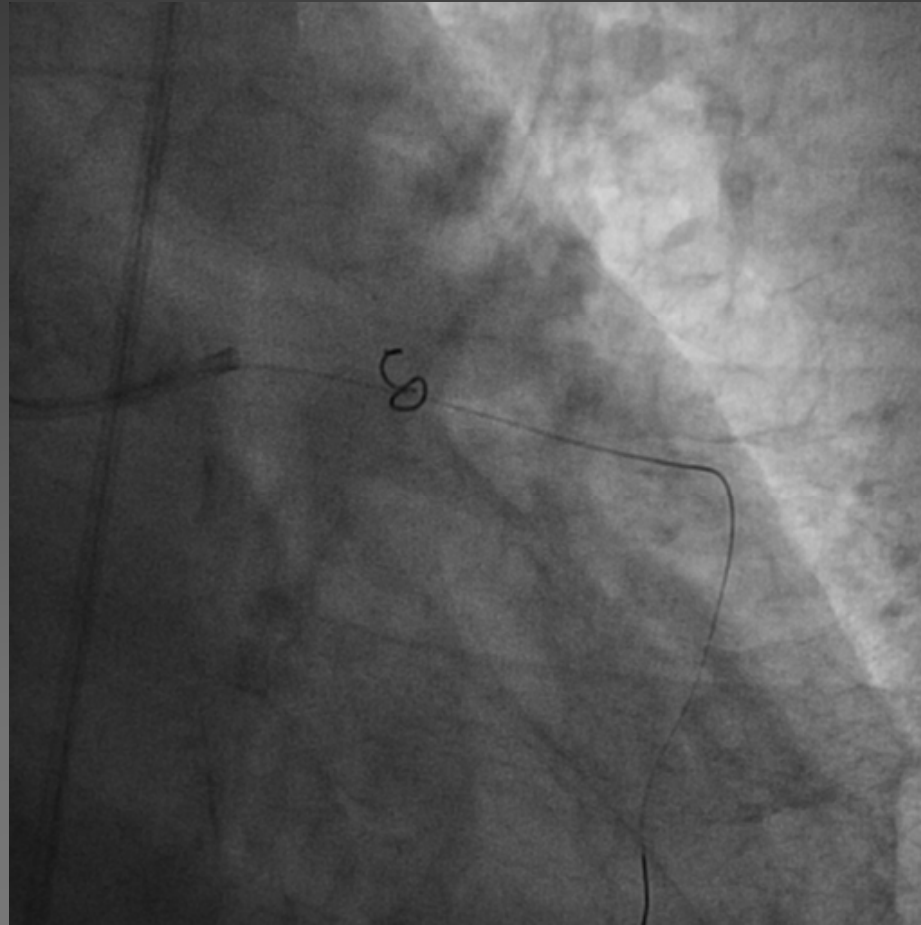
- XB 3.5 6F
- Progreat 2.7
- DETEC COIL

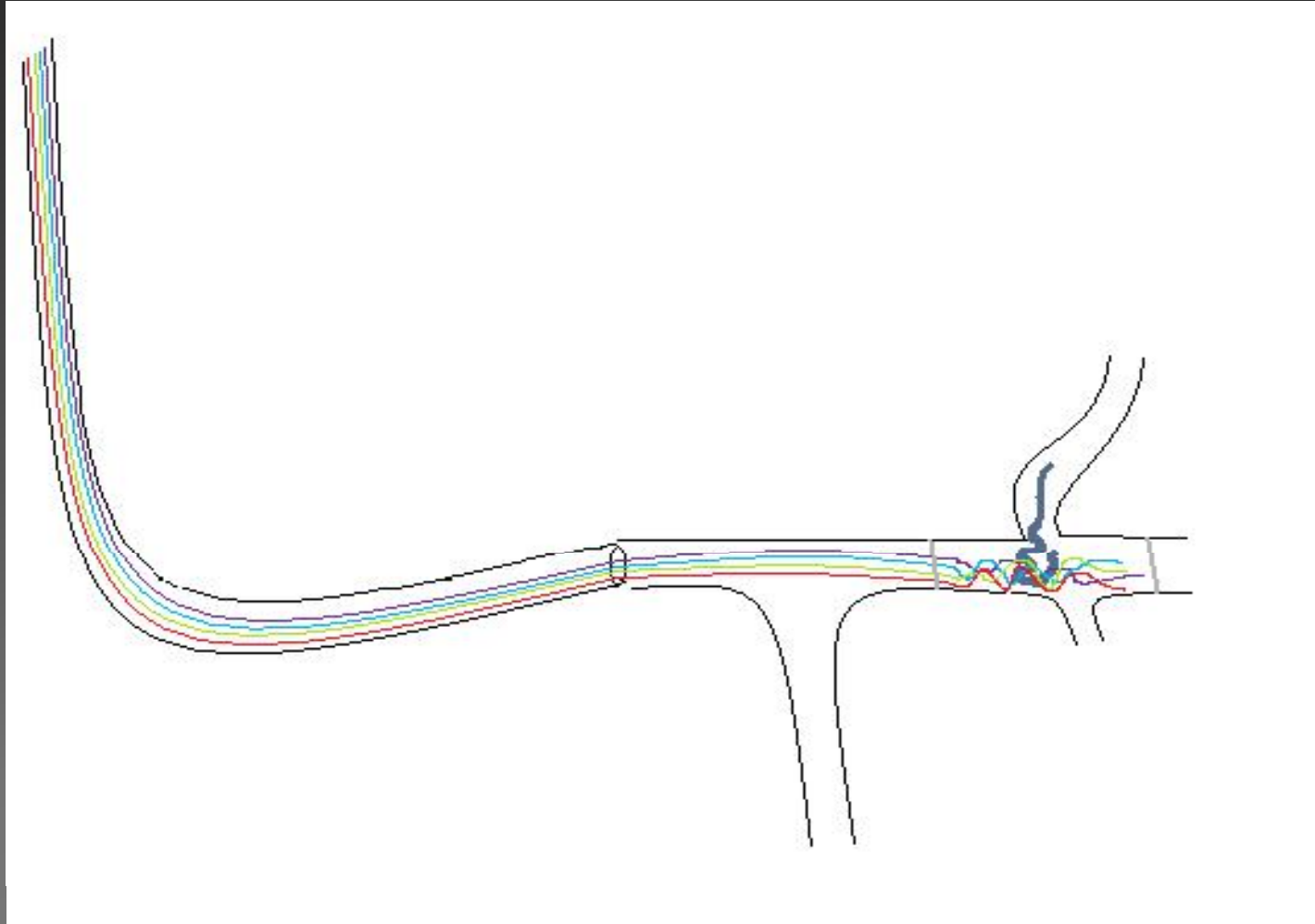
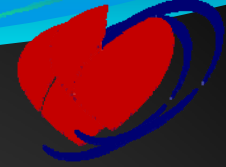


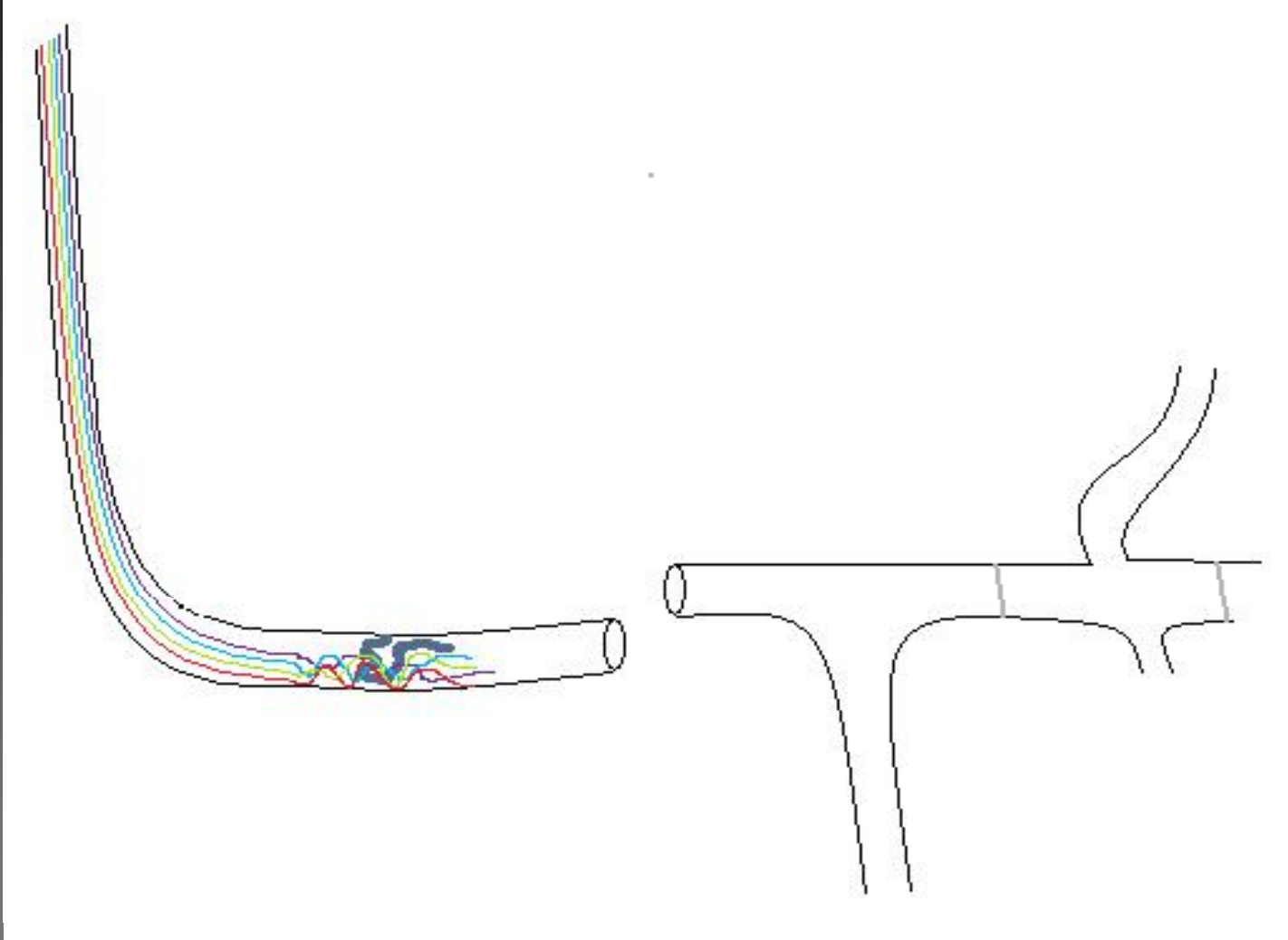
- Micro cath jump out

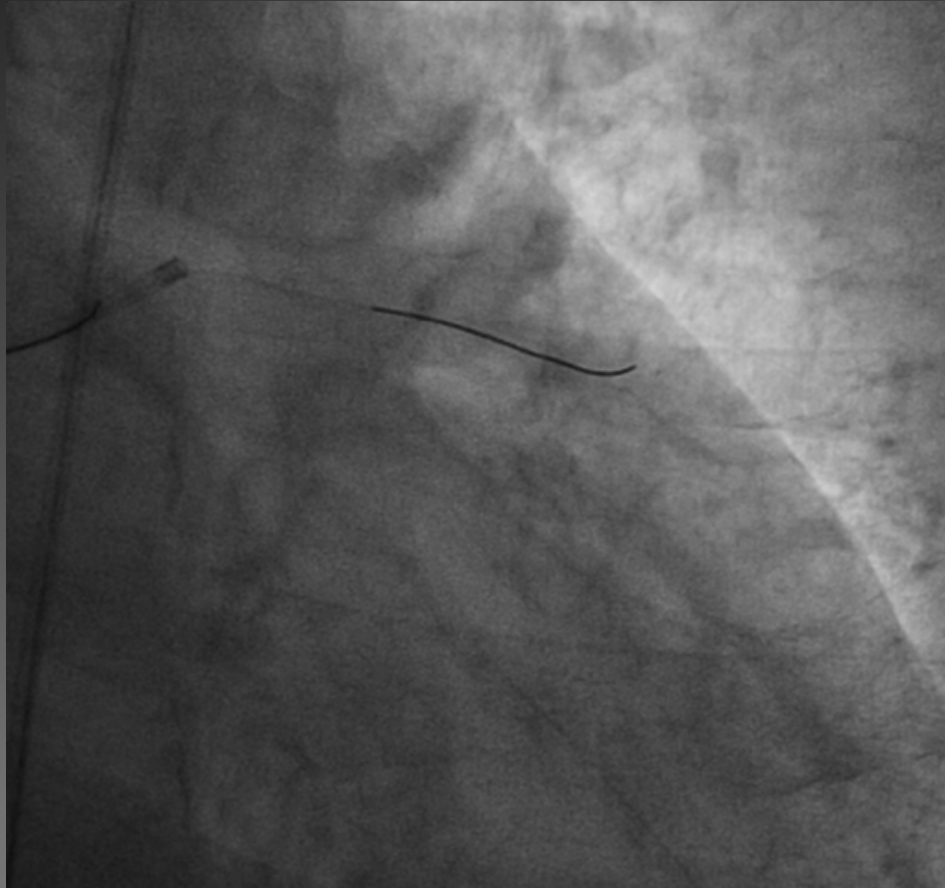
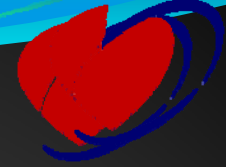


- Coroflex blue 3.25 x 19 mm
- Integrilin (Eptifibatide)





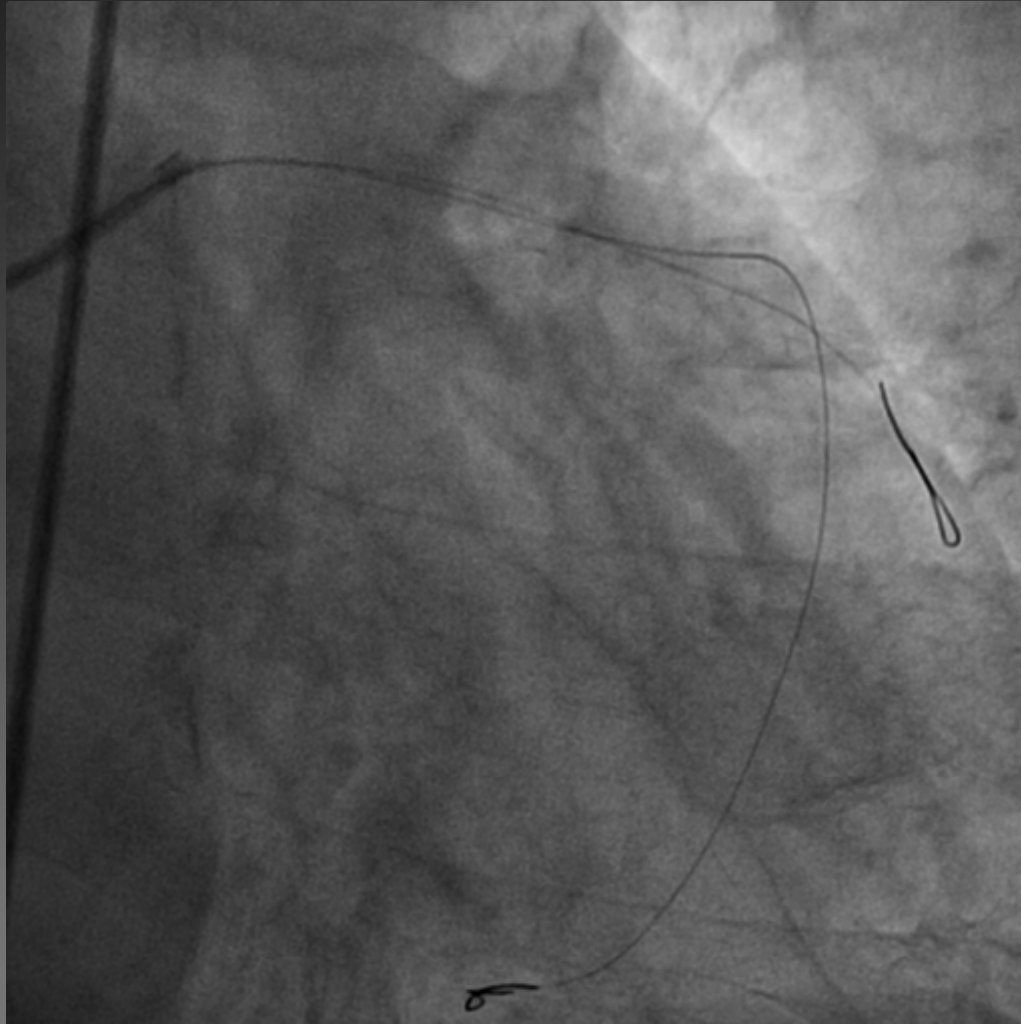




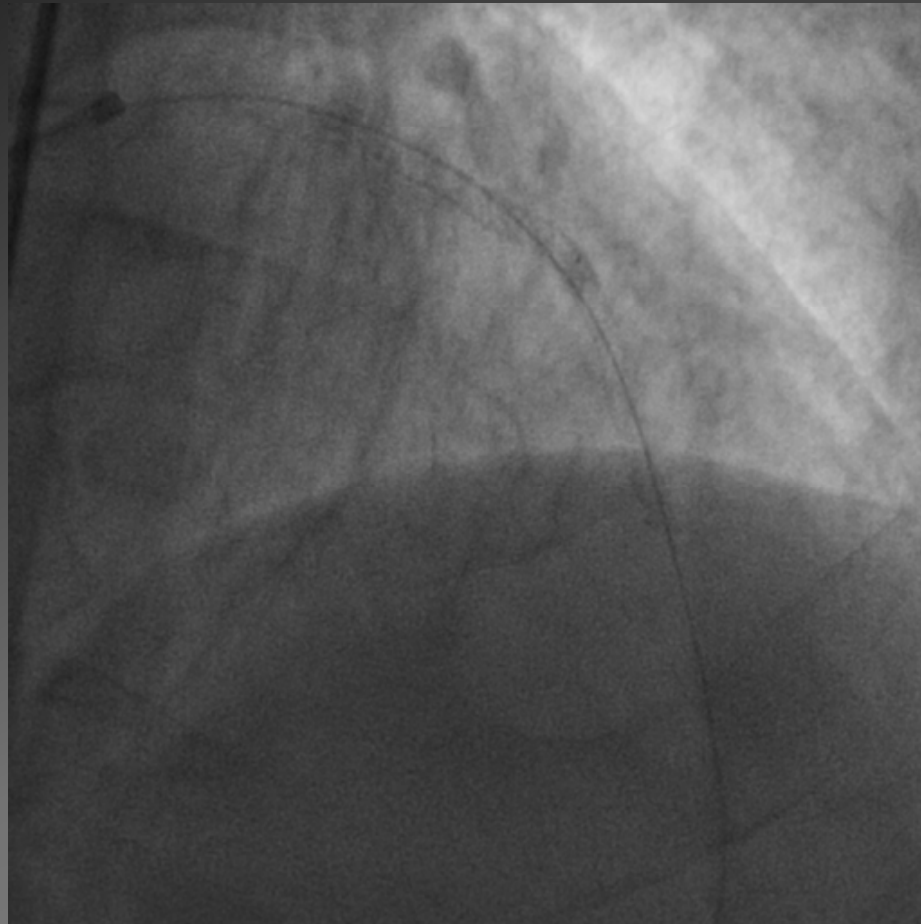
- 3 wires to catch the coil
- succeed
- pull out all the device



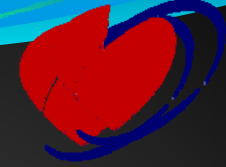
Chest Pain



- thrombosuction
- Baloons
- stenting



- Gazelle 3.5 x 28
- Tsunami 3.0 x 30



Take Home Massage

- Coronary coiling ----- good micro catheter support
- Occlusion of the fistula must be performed distally to prevent closure of normal coronary branches, and also away from the drainage orifice to prevent coil migration into a heart chamber
- Always ready for retraction devices and techniques