

Stent Partial Crush by Balloon Angioplasty for In-stent Restenosis

Chih-Kuan Liao MD Wen-Chin Ko MD* Hsinchu Cathtay General Hospital *Taipei Cathtay General Hospital Taipei Taiwan

6th IMAGE&PHYSUOLOGY SUMMIT 2013



Case profile

- Age:52 y/o
- Gender: male
- Risk factor: Hypertension, Hyperlipidemia
- History:
 - Acute inferior MI on May 26, 2013
 - CAG: CAD (3-V-D), RCA(2) total occlusion
 - PCI for RCA with 2 Resolute Integrity stent (3.5x38, 3.5x26mm)





LCA CAG (May 26)







RCA CAG (May 26)







RCA p PCI



RCA (1-2) 3.5x38mm 3.5x26mm Resolute Integrity





Case profile

- Black out with cold sweating on Jun 15, 2013
- No chest pain, cardiac enzyme within normal limit
- No ECG change
- CAG was done 5 days later, and showed in-stent total occlusion





CAG (Jun 21)







PCI for ISR

- GC: 6Fr AL0.75
- GW: Fielder FC, Sion, Runthrough NS
- Ryujin plus(1.25x10 mm) balloon was unable to cross lesion
- Switch to Sapphire(1.0x5mm) balloon then cross lesion and pre-dilate





Step up to Sprinter L(2.0x15mm) balloon





ISR p PTCA c (2.0x15mm) balloon







ISR p PTCA c (2.0x15mm) balloon



Flow was not restore





Upsize to 3.0x12mm balloon





ISR p 3.0x12mm balloon angioplasty







Flow was not good after 3.0x12mm balloon angioplasty

- Balloon undersize ?
- Distal lesion limited flow?
- Thrombus ?
- We try to treat distal lesion first





PTCA for RCA(3) c 3.0x12mm balloon





Post PTCA for RCA(3)







Check IVUS















Stent incomplete exapansion









GW went out and in stent

Balloon dilated and crush stent







Stent partial crush





Crush Stent







IVUS guide re-wiring

- We try to re-wiring by IVUS guide
- However!
- Revolution IVUS catl was broken during p
- 2nd Revolution IVUS was used, and brok
- Then Eagle eye IVUS catheter
 used

Unfortunately! It was broken again And my heart was broken!







Final Angiography







Result

- IVUS catheter (Revolution and Eagle Eye) were broken during procedure
- CAG showed TIMI 2-3 flow
- Patient did not have chest pain
- There was no ECG change
- Keep dual anti-platelet and anticoagulant therapy
- Patient received CABG for total revascularization 2 weeks later





Conclusion

- In torturous vessel, stent may hard to full expansion or apposition
- Wiring for ISR may pass exit stent cell
- Wire inside stent or outside stent cell can not be distinguished by CAG
- Partial crush stent and stent fracture may not be seen in CAG
- IVUS could identify of guide wire was in or outside stent
- GW may or may not re-entry into stent by IVUS guide

