Case Summary:
Hybrid procedure was safe and feasible. It provides opportunity of complete revascularization during single procedure combining the best elements of both PCI and CABG.

TCTAP C-142
Dislodged Stent Due to Stent Delivery Balloon Rupture
Nobuyuki Miyai
Kouseikai Takeda Hospital, Japan

[Clinical Information]
Patient initials or identifier number: S6Y

Relevant clinical history and physical exam:
The case is a 81-year-old Japanese female. Her coronary risk factor was diabetes mellitus, dyslipidemia, and hypertension. She had chest discomfort during some activity. She was suspicious of ischemic coronary artery disease and admitted to our hospital. She had severe difficulty in hearing and speaking.

Relevant test results prior to catheterization:
Electrocardiogram showed sinus rhythm and no ST-T change. Echocardiogram revealed good cardiac function.

Relevant catheterization findings:
Coronary angiography revealed significant stenosis of mid-portion of the left ascending coronary artery (LAD).

[Interventional Management]
Procedural step:
Target lesion was the mid-portion of LAD. The coronary system was cannulated using a 5 Fr IL3.5 guiding catheter by right radial artery approach. The SHION wire was advanced and we performed Intravascular ultrasound (IVUS) study. We confirmed a ring-like calcification in the proximal of the target lesion. So, the lesion was predilated with a 2.5mmx13mm diameter Lacross non slip element balloon (NSE). When we inflated with the NSE at 12 atm, the NSE was ruptured. Then, we used a 3.0mmx15mm diameter high pressure balloon. When we inflated this balloon at 15 atm, the indentation of balloon was disappeared. So, we advanced a 3.0mmx28mm diameter Xience Prime stent at the mid portion of LAD. When we inflated with the stent until 8 atm, the stent delivery balloon was ruptured. We could not expand the stent again by this stent delivery balloon. The proximal site of the stent was slightly expanded and the distal site of the stent was fitted on the stent delivery balloon. So, when we pulled the balloon, this stent could move together. But, the proximal edge of the stent was caught at the tip of the guiding catheter and we could not retrieve into the guiding catheter. We engaged a 7Fr IL3.5 guiding catheter via right femoral artery. We captured the stent by a snare wire. But, it was difficult to retrieve the stent because the distal site of the stent was fastened on the balloon. We rubbed off the stent from the balloon with the two guiding catheter and successfully retrieved the stent. We performed IVUS study again and deployed a 3.0x28mm diameter Nobori stent at the mid-portion of LAD. We expanded the stent with a 3.0mmx18mm diameter high pressure balloon and the final angiogram showed TIMI 3 grade flow.

Case Summary:
We performed PCI for the mid-portion of LAD. When we inflated with the 3.0mm x 28mm diameter Xience Prime stent until 8 atm, the stent delivery balloon was ruptured. We could not expand the stent again. So, we retrieved the stent.

TCTAP C-143
Absorb Stenting in Acute STEMI: How I Did It
Anil Patodia, Rohit Manoj
PGIMER, Chandigarh, India

[Clinical Information]
Patient initials or identifier number: Patient gk, 50 years male

Relevant clinical history and physical exam:
Rest angina from last 3 hours

Relevant test results prior to catheterization:
Echo: severe hypokinesia of LAD territory, LVEF 35%

[Interventional Management]
Procedural step:
1. Guide bru 3.5: LAD/D1 Bifurcation Lesion
2. Uniform expansion of 2.5 x 15 mm lad balloon.
3. Absorb stent 3x28 mm positioned in proximal to mid lad.
4. Absorb stent remained undereexpanded.
5. Check angio: waist persisting.
6. Post dilated with quantum 3.5x8mm balloon @ high pressure.
7. Uniform expansion of LAD stent.

Patient was fine.

Case Summary:
Patient gk, 50 years male with Rest angina from last 3 hours admitted in our institute for PTCA. Absorb (BVS) was deployed & Patient was fine. Take home message from this case is Operator has implanted 40 absorb stents and two out of 40 was deployed in setting of acute MI. Although data is limited absorb can be used in acute MI setting.