Case Summary.  Patient with severe calcified dLM + TVD  
Cardio thoracic surgical team was not available in the hospital at that moment  
Patient was in critical condition  
High risk PCI with bifurcation stenting to LM/LAD/LCx done  
Procedure was not perfect but life was saved  
ECHO 1 month later: mod MR; mild septal wall hypokinesia, LBV EF 54%  

TCTAP C-050  
Stent Retrieval from Left Main  
Indulis Kumsars  
Pauls Stradins University Hospital, Latvia

[CLINICAL INFORMATION]  
Patient initials or identifier number.  HK  
Relevant clinical history and physical exam.  84 years old  
Female  
Complaints: in last 3 months progression of chest pain and shortness of breath walking 100 m, good symptom relief by taking Nitroglicerin  
Hypercholesterinemia  
Hypertension  
Stable angina pectoris III CCS  
EF 45%  
TAVI 2012  
Relevant test results prior to catheterization.  
Relevant catheterization findings.  
Diffuse coronary sclerosis  
LAD middle part stenosis 90%

[INTERVENTIONAL MANAGEMENT]  
Floppy guidewire in LAD.  
POBA with 2.5-8mm balloon.  
Trying to deliver 2.5-12mm DES stent. Because of coronary artery diffuse sclerosis and tortuosity it is not possible to deliver stent in stenotic area. When taking out the stent delivery system, there is dislodgement of stent in LM.  
We tried to catch the stent with second guidewire, but unsuccessfully.  
New small balloon 1.25-6mm was delivered behind the disloged stent. Balloon inflation to 12 atm.  
Withdrawal of all system- guidewire, stent, balloon- together.
Case Summary. The dislodgement of stent in LM is serious complication during PCI. It is very important not to lose guidewire position if such problem occurs. One of possible retrieval technique is to advance small balloon and then inflate after the stent and then take out all system together.

TCTAP C-051
Low Frame Rate PCI for High Syntax Left Main Disease
Ho Lam¹
¹Tuen Mun Hospital, Hong Kong, China

[CLINICAL INFORMATION]
Patient initials or identifier number. SSY
Relevant clinical history and physical exam. Patient was 73 years old male. He was smoker for more than 30 years and quit recently. He got history of Diabetes Mellitus, Hypertension and Hyper lipedemia.