Procedural step: We thought that the RCA was the culprit vessel, and a 6 Fr Judkins right (JR) guide catheter was engaged to perform percutaneous coronary intervention (PCI) via right radial artery. We were concerned about massive intracoronary thrombosis because under the poor left ventricular systolic function, no-reflow phenomenon or thrombus propagation to the distal coronary artery after revascularization could lead to fatal results. Thrombus aspiration was tried with coronary thrombectomy device (Thrombuster II, Kaneka Medix, Knankawa, Japan), but it was not to seem to be effective because of the extremely large thrombus burden.

We decided to extract massive thrombus directly using the 6 Fr JR guide catheter instead of thrombectomy device because the diameter of the right coronary artery was large enough for 6 Fr guide catheter to advance into the lumen. The JR catheter was deeply positioned into the mid segment, and thrombus aspiration was done carefully for several times. After these procedures, all of the system were removed from the sheath and flushed. Remnant thrombus was aspirated using a 5 Fr daughter catheter (Heartrail, Terumo) and the coronary thrombectomy device. Massive fresh red thrombus was extracted and the final coronary angiography revealed complete recovery of coronary flow and the super-dominant RCA with its posterolateral branches to supply the lateral wall of the left ventricle corresponding of the territory of LCX appeared. The patient received intracoronary abciximab (250µg/kg bolus, 101g/min for 12hrs) subsequently. Dual antiplatelet therapy including aspirin and clopidogrel, and intravenous unfractionated heparin were continued for 8 days. At day 8, the repeated coronary angiography was performed. Minimal remnant thrombus was seen in the large RCA but not in the distal branches. Significant luminal stenosis was not observed, and which was confirmed by intravascular ultrasonography (Atlantis SR Pro, Boston Scientific).

TCTAP C-029
Stenting out of Stent
Chih Hung Lai, Tse-Min Lu
Shuang Ho Hospital, Taiwan

[ Clinical Information ]
Patient initials or identifier number:
Mr. Tseng, 68-year-old male.

Three weeks ago, he received primary PCI due to inferior wall STEMI in other hospital. At that time, the coronary angiography revealed STEMI (culprit vessel: RCA) and CAD with DVD. A bare mental stent (3.0x28 mm) had been put in middle segment of right coronary artery (RCA).

This time, he was admitted due to chest tightness and short of breath. We repeat the coronary angiography again.

Relevant clinical history and physical exam:
Three weeks ago, he received primary PCI due to inferior wall STEMI.

Relevant test results prior to catheterization:
At that time, the coronary angiography revealed:
LAD-P: CTO
LCX-P: 20% stenosis
RCA-M: AMI

A bare mental stent (3.0x28 mm) had been put in middle segment of right coronary artery (RCA). This time, he was admitted due to persisted chest tightness and short of breath. We repeat the coronary angiography again.

Relevant catheterization findings:
The angiography showed a stenosis in the middle segment of RCA, just proximal to the previous stent.

TCTAP C-028
Mechanical Extraction of Massive Intracoronary Thrombus from a Super Dominant Right Coronary Artery in Lung Cancer Patient
Dong-Kie Kim, Doo-II Kim
Inje University Haedande Paik Hospital, Korea (Republic of)

[ Clinical Information ]
Patient initials or identifier number:
A-S H. 0263114

Relevant clinical history and physical exam:
A 62-year-old man was referred to our hospital for PCI in the RCA (#4AV) and LCx (#13). Because calcification of these lesions was strong, the use of rotablator was considered. He had a history of drug-eluting stent implantation in the LAD (#6, Xience 3.5 x 18 mm) in April 2012 and in the LAD (#8, Element 2.5 x 20 mm) and RCA (#2, Xience 3.0 x 15 mm) in May 2013.

Relevant test results prior to catheterization:
Electrocardiography showed sinus rhythm and no change in ST-T.
Echocardiography showed regional wall motion abnormality of the septum wall.

Relevant catheterization findings:
CAG demonstrated stenosis with severe calcification in the RCA and LCx.

[Interventional Management]
Procedural step:
Following PCI in the RCA, we performed PCI in the LCx. We selected a 7 Fr. EBU guiding catheter (Medtronic) and advanced a Runthrough Extra Floppy guide wire (Terumo). Although we inflated three sizes of compliant balloons (1.0 x 15 mm, 2.0 x 15 mm, and 1.5 x 15 mm) at the calcified lesion, IVUS showed inadequate debulking. Then we performed debulking with a rotablator RotaLink Plus 1.25 mm (Boston Scientific), which resulted in the rotablator burr stuck in a distal segment. To rescue the rotablator burr, first, we inserted a 7 Fr. EBU guiding catheter from the left femoral artery and tried to pass the lesion with a Runthrough Extra Floppy guide wire followed by a Finenee GT microcatheter (Terumo) but failed. Second, we used three strong wires (X-treme NT-R guide wire [Asahi Intec], Gaia First guide wire [Asahi Intec], and Conquest Pro guide wire [Asahi Intec]) but failed again. Third, we cut off the drive shaft and sheath of the rotablator, inserted a 5 Fr. Heartrail ST01 straight catheter (Terumo) through the remaining rotablator system, and pushed the catheter tip into the lesion around the burr, which resulted in failure. Fourth, we tried to pull the rotablator burr by using a goose neck snare, which also ended in failure. Eventually, we inserted a 4 Fr. Kiwami straight catheter (Terumo) through the remaining rotablator system and pushed the catheter tip into the lesion around the burr. Simultaneously, we pulled the rotablator and finally succeeded in retrieving the entrapped rotablator burr.

TCTAP C-027
Successful Rescue of Stuck Rotablator Burr Entrapment Using Kiwami Straight Catheter (Terumo)
Takamori Kanazawa, Kazushige Kadota
Kurashiki Central Hospital, Japan

[ Clinical Information ]
Patient initials or identifier number:
A.O.

Relevant clinical history and physical exam:
A 62-year-old man was referred to our hospital for PCI in the RCA (#4AV) and LCx (#13). Because calcification of these lesions was strong, the use of rotablator was considered. He had a history of drug-eluting stent implantation in the LAD (#6, Xience 3.5 x 18 mm) in April 2012 and in the LAD (#8, Element 2.5 x 20 mm) and RCA (#2, Xience 3.0 x 15 mm) in May 2013.

Relevant test results prior to catheterization:
Electrocardiography showed sinus rhythm and no change in ST-T.
Echocardiography showed regional wall motion abnormality of the septum wall.

Relevant catheterization findings:
CAG demonstrated stenosis with severe calcification in the RCA and LCx.

[Interventional Management]
Procedural step:
Excimer laser ablation and stent implantation under the distal protection of a relevant catheterization:

Dong-Kie Kim

Relevant catheterization findings:
The right coronary angiography revealed relatively large right coronary artery (RCA) and total thrombotic occlusion in the mid segment.

[Interventional Management]