

Mechanical suction thrombectomy using 6 Fr guiding catheter during percutaneous transradial coronary intervention

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The presence of thrombus in a coronary vessel during percutaneous revascularisation can prevent adequate restoration of flow. It is also associated with an increased risk of distal embolization. There are some report of mechanical thrombectomy using specially designed catheter(AngioJet catheter, rescue PT catheter, etc). But there is no data simply using a small guiding catheter. We report a case of direct aspiration of thrombus using the guiding catheter during the percutaneous coronary intervention. A 44-year-old man presented with one month history of progressive angina. Transradial cardiac catheterization via right radial artery revealed total occlusion of proximal right coronary artery with TIMI 0 distal flow. After engaging the 6F right Judkins guiding catheter at right coronary ostium, a 0.014 choice PT guidewire was crossed over the total lesion. 2.0 x 20mm balloon was inflated and follow up angiography revealed diffuse tight stenosis with thrombus at proximal and middle coronary artery. 2.75 x 24mm S7 stent and 3.0 x 28 mm Multilink stent were deployed at the middle and proximal RCA, respectively. Angiography revealed mobile thrombus-like filling defect at the proximal site of Multilink stent. 6Fr guiding catheter without side holes was deeply intubated and manual aspiration using the 50cc syringe was done. Following angiography revealed no filling defect without significant residual stenosis at both the proximal and middle stent. The patient tolerated the procedure well without any immediate complication.

A case of wire entrapped in a calcified coronary stenosis

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The percutaneous coronary intervention of a highly calcified coronary artery may be complicated by intracoronary entrapment of the guidewire or balloon catheter. Intracoronary entrapment is a rare but potentially dangerous complication during coronary interventions, every cardiologist should be aware of, especially when treating tortuous vessels. A 65-year-old woman was admitted for progressive angina. Coronary angiography disclosed diffuse tortuous calcified left anterior descending coronary artery(LAD). After the engagement of 8F Judkins left guiding catheter, 0.014 BMW guidewire was advanced toward the LAD. The tip of guide wire became abruptly entrapped in a calcified coronary artery. Initially manual withdrawal of the wire could not be performed due to tight entrapment at the calcified coronary artery. After introduction of an additional 0.014 BMW guidewire, consecutive dilation of the stenosis was done. After attempting to position a 2.0 x 20mm U-pass balloon-catheter through the entrapped guidewire, mobilization and removal of the wire was successful. After the predilatation of the stenotic lesion, 3.0 x 28mm BxVelocity stent was deployed at the calcified stenotic lesion. Final angiogram revealed no significant residual stenosis or dissection. The patient discharged the next day without immediate complication.