The Heart Matters

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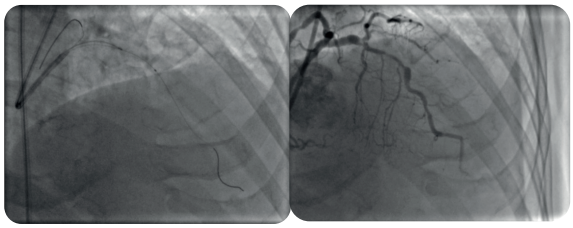
THE FIRST ROTATRIPSY DONE IN NORTH KERALA

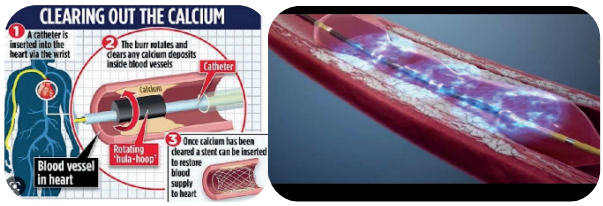
(Rotablation With Shockwave Intravascular Lithotripsy)

Heavily calcified coronary lesions increase the compexity of percutaneous coronary interventions and represent a challenge for Interventional Cardiologists. Rotatripsy is a complementary technology in treating calcified coronary lesions. Rotablation with relatively small sized burr is safe and favourably modifies superficial calcium which helps in smooth delivery of IVL balloon and ensure safe shockwave therapy.

Case I

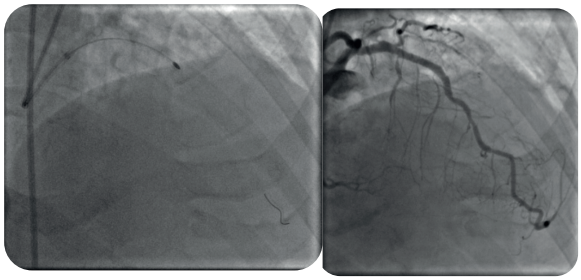
An 84 year old hypertensive diabetic male, a known case of COPD presented with complaints of typical angina . ECG showed sinus rhythm , Q in lead II , III , RBBB , T inversion in V1 - V5. Echo showed concentric LVH , RWMA (+) with fair LV function. CAG done from outside hospital showed triple vessel disease with calcified lesion in LAD. He was recommended to undergo CABG. Considering his advanced age and high risk for CABG, it was decided to proceed with Percutaneous Intervention with Rotatripsy.





Procedure

The procedure was done through right femoral approach, EBU Guiding Catheter engaged into LMCA. BMW Wire was used to cross 90% of long segment heavily calcified lesion mid LAD. Pre dilatation was done, an attempt was made to cross the IVUS catheter in LAD, but could not be crossed due to heavy calcification. BMW Wire was then replaced with Rota Wire with Finecross (micro catheter) support. Rotablation was done with 1.5 burr into mid LAD. After Rotablation, Rota Wire was exchanged to Grand Slam. Predilatation was done, Intravascular Lithotripsy was done with 3.0 x12mm (shockwave C2) at 4-6 atm pressure/ 10sec into 4 circles. Stenting was done with 3.5 x 33 mm Pronova Stent from proximal to mid LAD. Post dilation was done . Check CAG showed TIMI III flow. This was the first rotatripsy case done in North Kerala.



Follow up

He was discharged on day 3 of post procedure period, remained symptom free with an advice to review in OPD after 2 weeks to continue dual antiplatelet for long term.