

14<sup>th</sup>

**AICT**

ASIAN INTERVENTIONAL CARDIOVASCULAR THERAPEUTICS  
THE OFFICIAL CONGRESS OF APSIC

# The Nightmare in My First Rotablator Case

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**ISIC**

THE INDONESIAN SOCIETY OF  
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# Conflicts of Interest

**Speaker's name : Muhammad Fadil, MD**

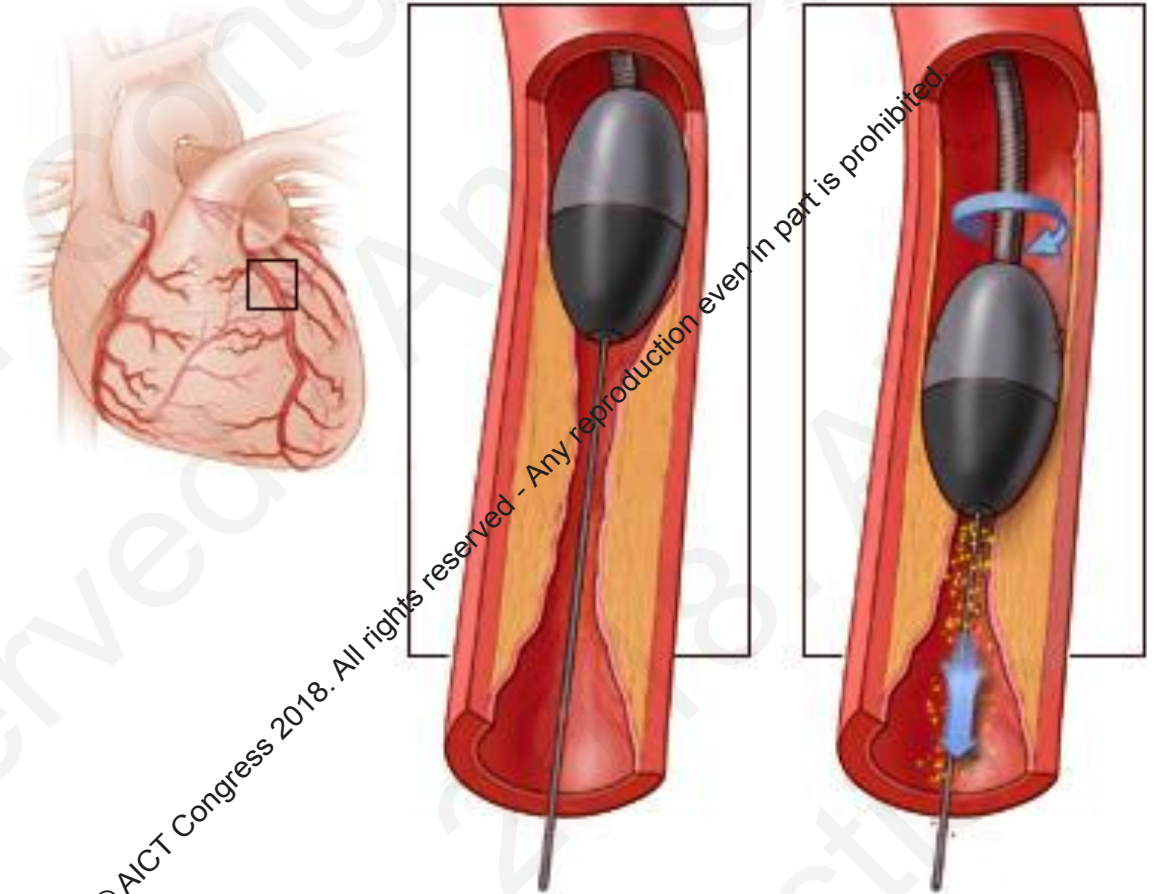
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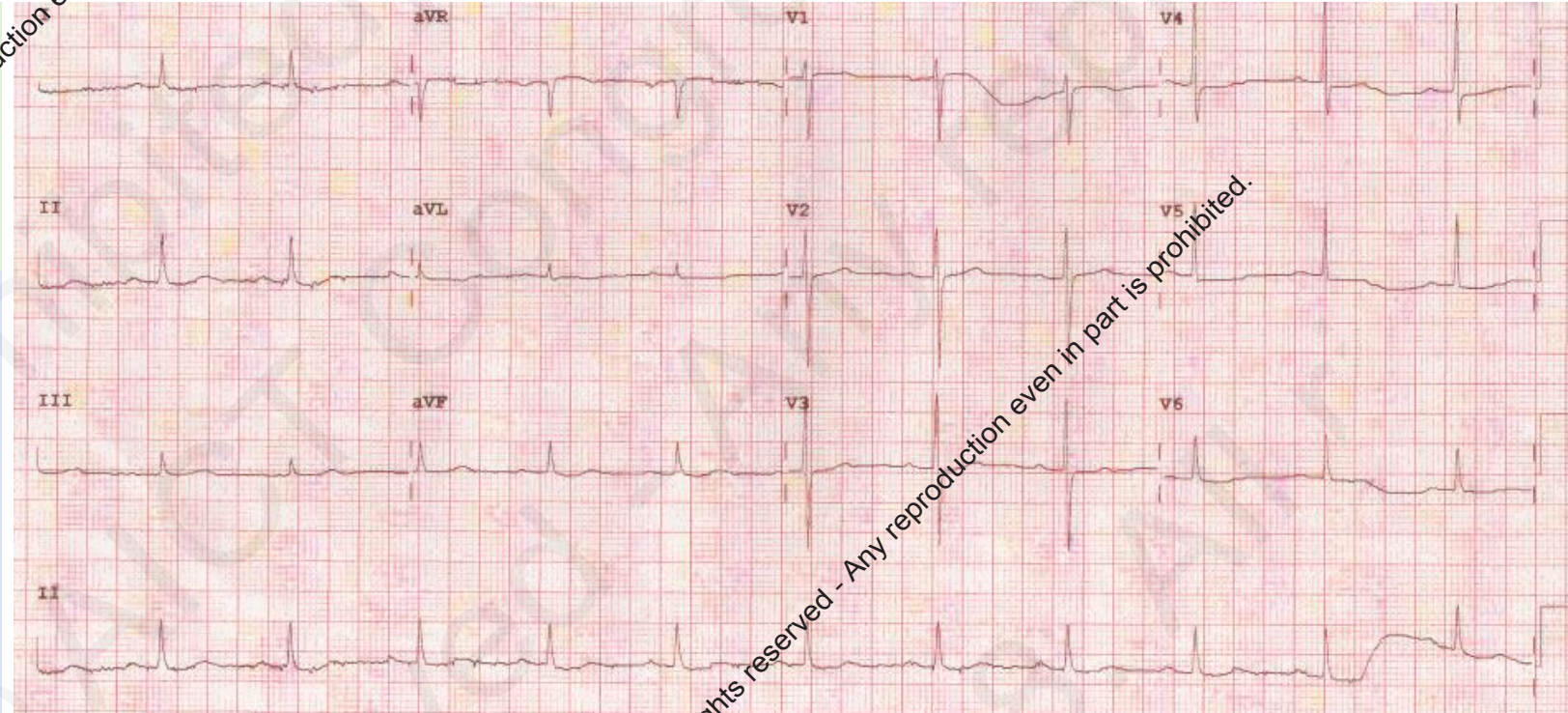
# Common Problem in Rotablator Intervention

- **Position of Guiding**
- **Size of Burr (oversize, undersize)**
- **Burr entrapment, detrapment, stalling**
- **Rota guide wire fracture**
- **Guide wire bias**



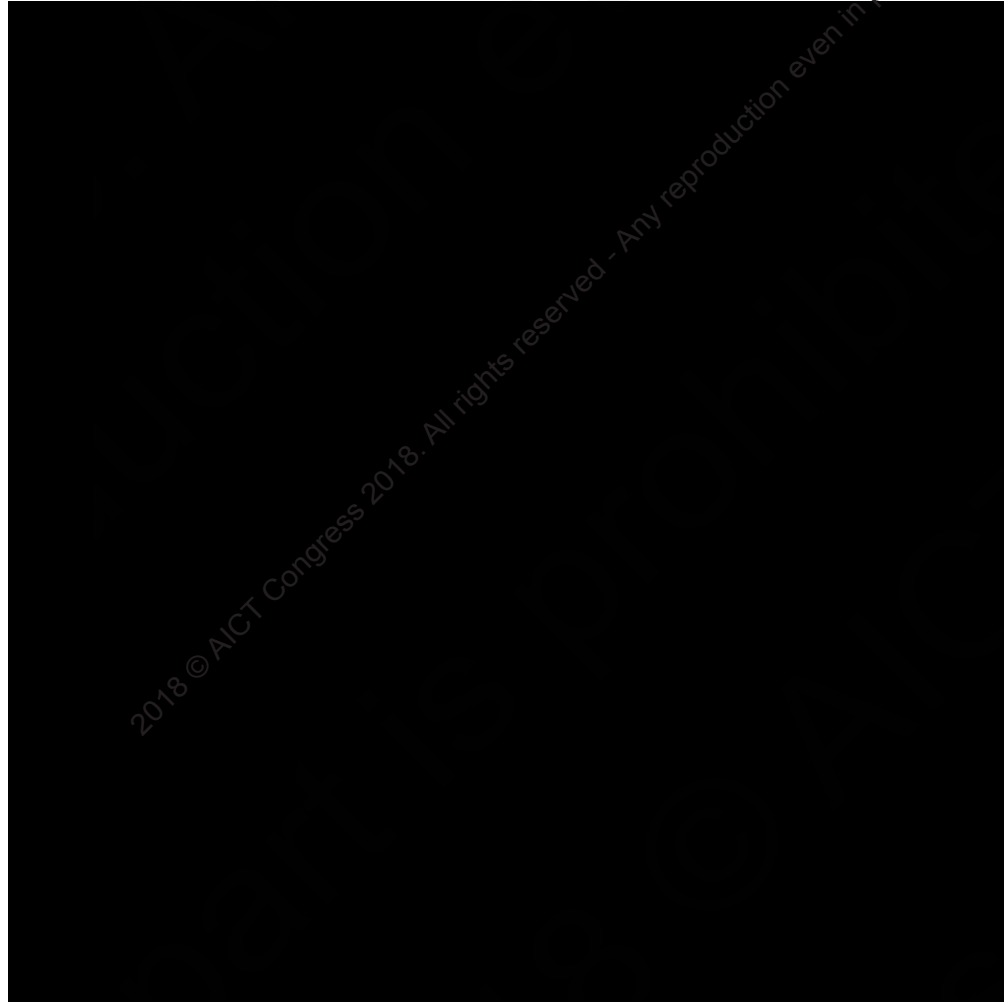
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- Male 67 yo
- Chest pain since 4 years ago
- CAD risk factors:  
Diabetes (+), ex smoker (+)
- CAD 3 VD + LM Disease with heavy calcification on mid LAD
- Performed PCI on Proximal LAD, but the balloon unable to be inflated



**Sinus Rhythm with ST Depression 1mm on V4-V6**

# Previous PCI



**The Patient were planned to underwent Rotablator Intervention on LAD lesion**

# Present Intervention



**We used 7 Fr BL as a guiding catheter and rota wire was advanced through the lesion, the burr was placed in front of the tip of guiding catheter**

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**Should we  
continue the  
procedure ?**

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**We assumed that the lesion in LM was shifted to the distal by burr and tip of the guiding catheter and lead to the VT.  
We decided to perform the PCI from LM to LAD by implanting 1 DES Ultimaster 3.5 x 18 mm**



**The result showed TIMI  
3 Flow and MBG 3  
Patient was intubated  
and hemodynamically  
stable  
3 days after, the patient  
was extubated and  
discharged.**

## Conclusion

- **Common mistake could be happened and lead to lethal complication.**
- **We should aware to place the tip of guiding catheter and the burr in front of the lesion**
- **The key to overcome the situation is not panic and remained calm to continued the intervention.**



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**THANK YOU**

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