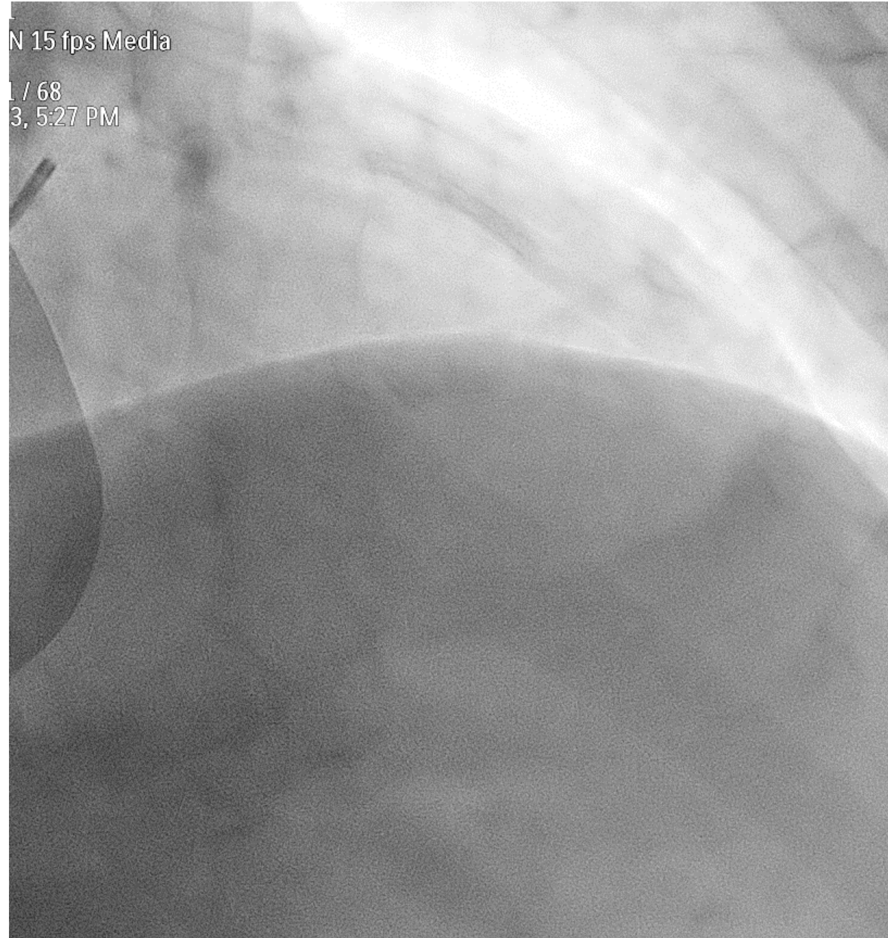
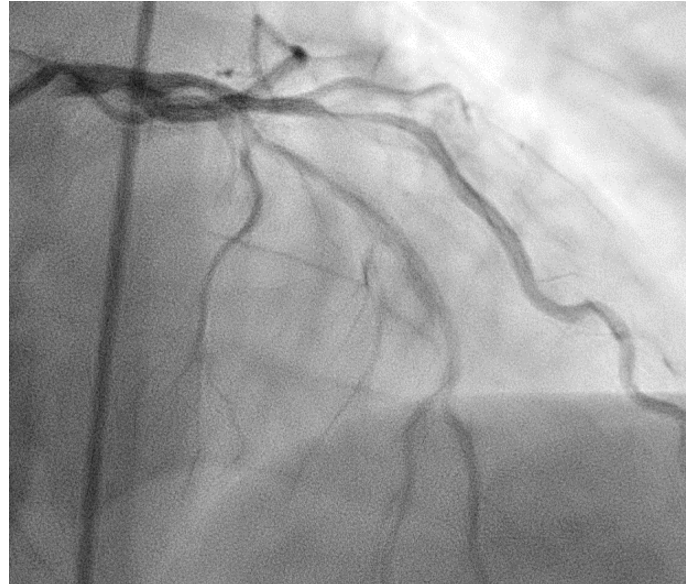
Excimer Laser Coronary Atherectomy in severe calcific mid LAD in-stent restenosis

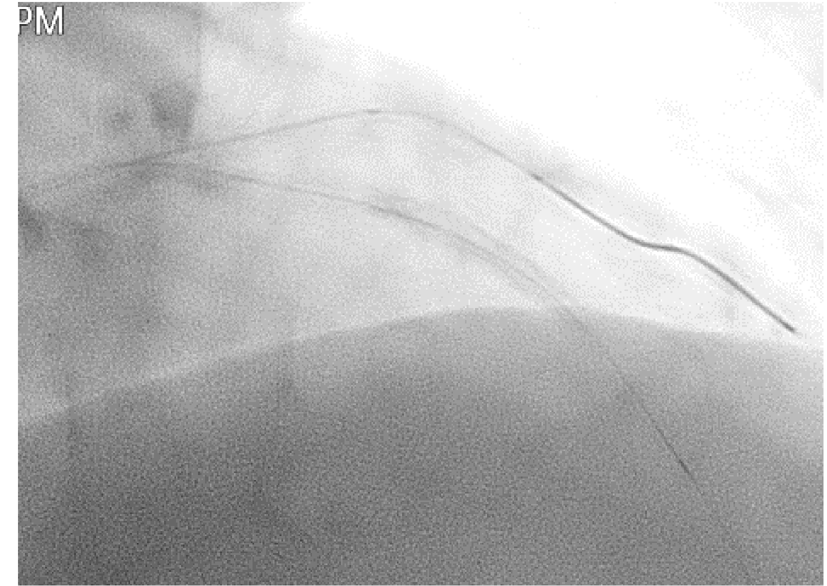
History

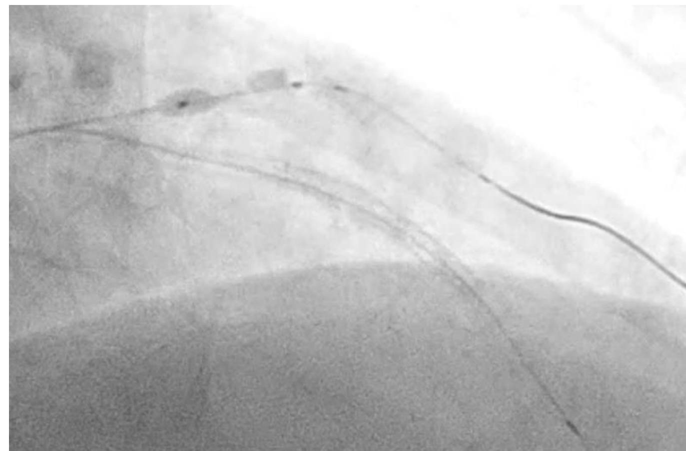
- F, 68 yo
- Hypertensione, Homozygous Familial Hypercholesterolemia, CKD,
- Chronic Coronary Syndrome
  - Previous PCI/stenting mid LAD (2003)
  - Previous PCI/stenting mid RCA and PDA (2011)
- Elective hospitalization for chest pain on exertion (CCS 2)
- normal EKG
- Echocardiogram: LVEF 55%, no wall motion abnormalities
- High Sensitivity Troponin at admission: 20 ng/ml

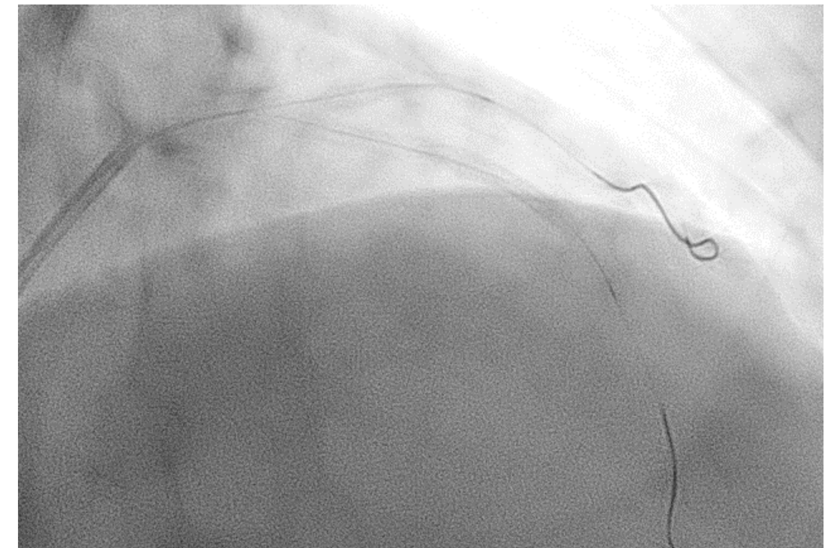
Cath Lab





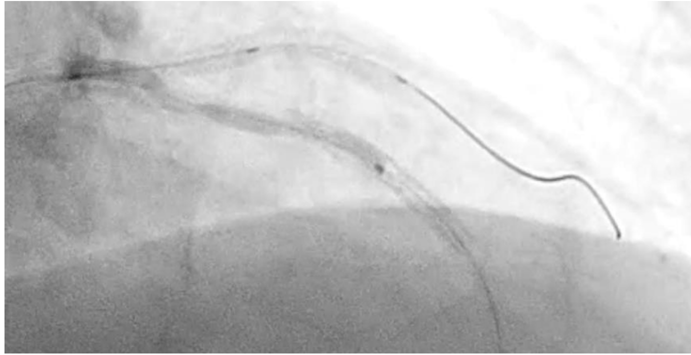


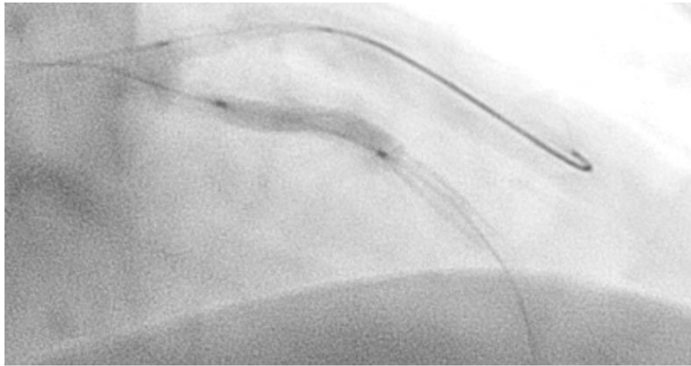


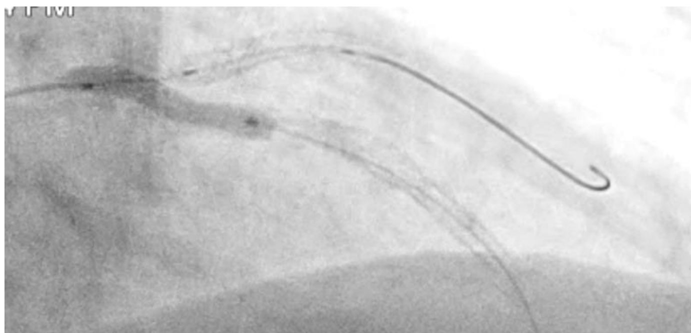


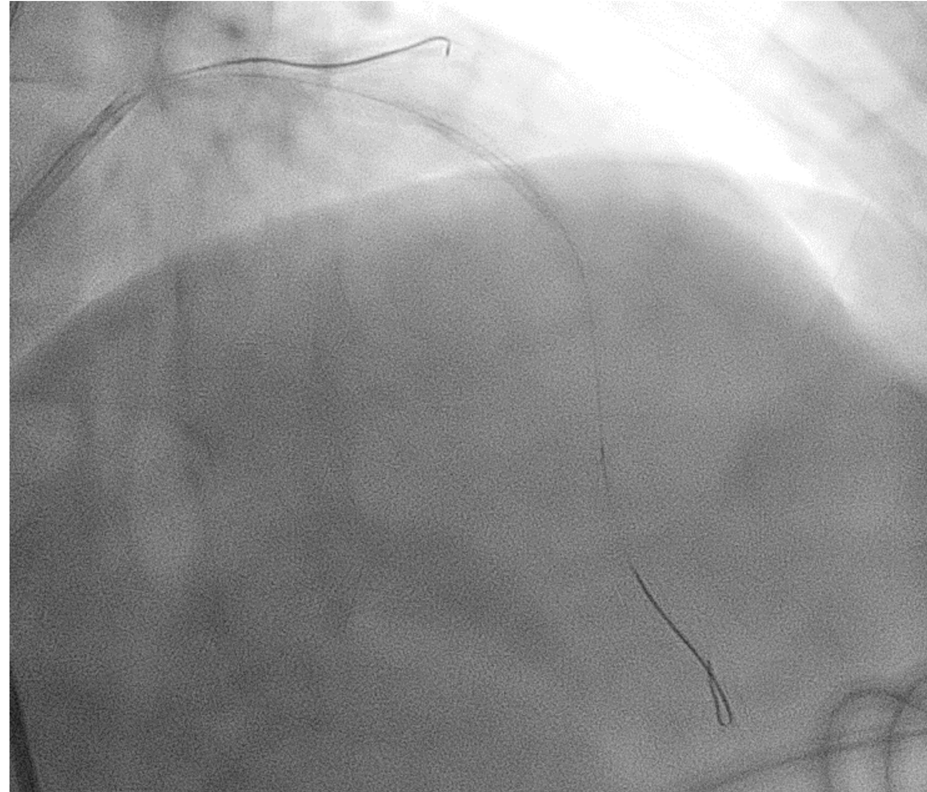
First we approached the calcific lesion in the first diagonal branch, managed with NC balloons with good result after Type II dissection and stent implantation

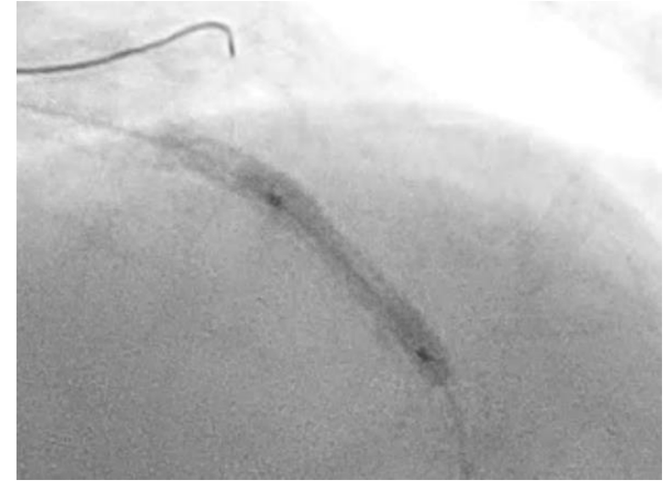
Cath Lab

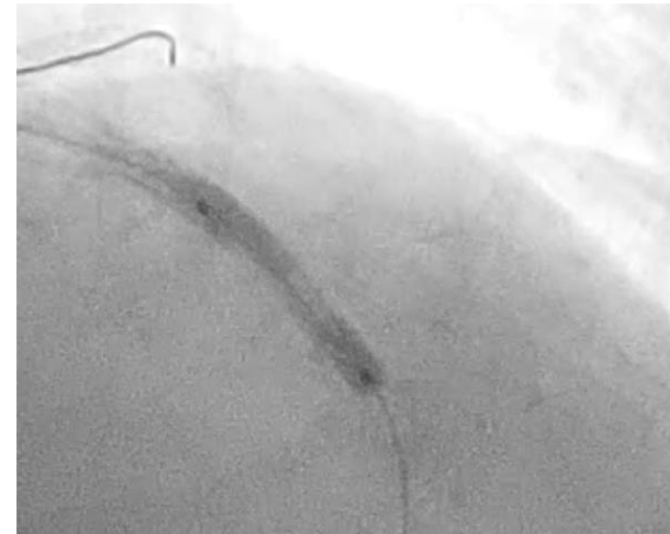




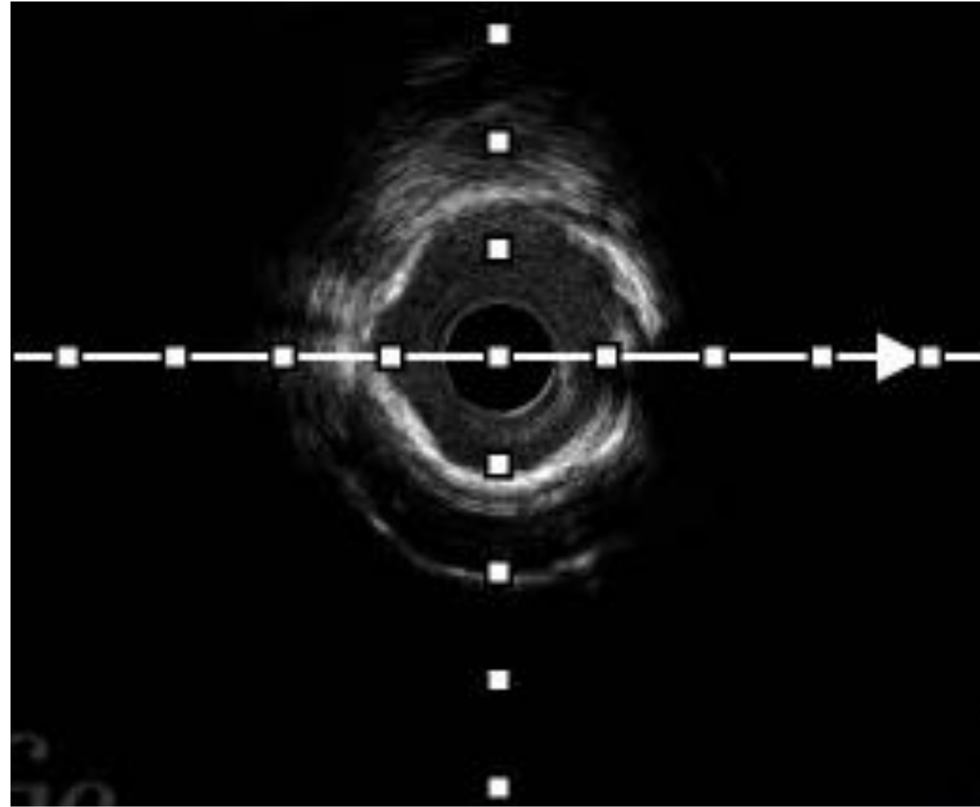


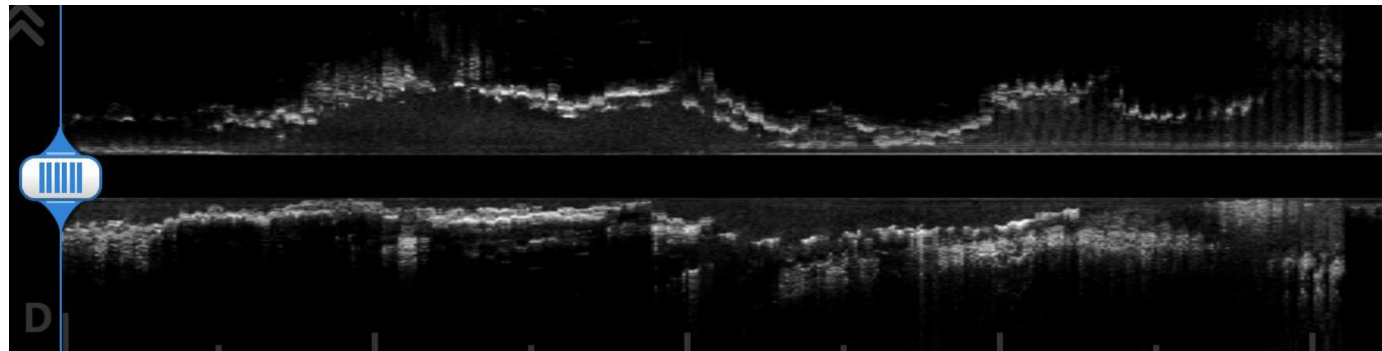


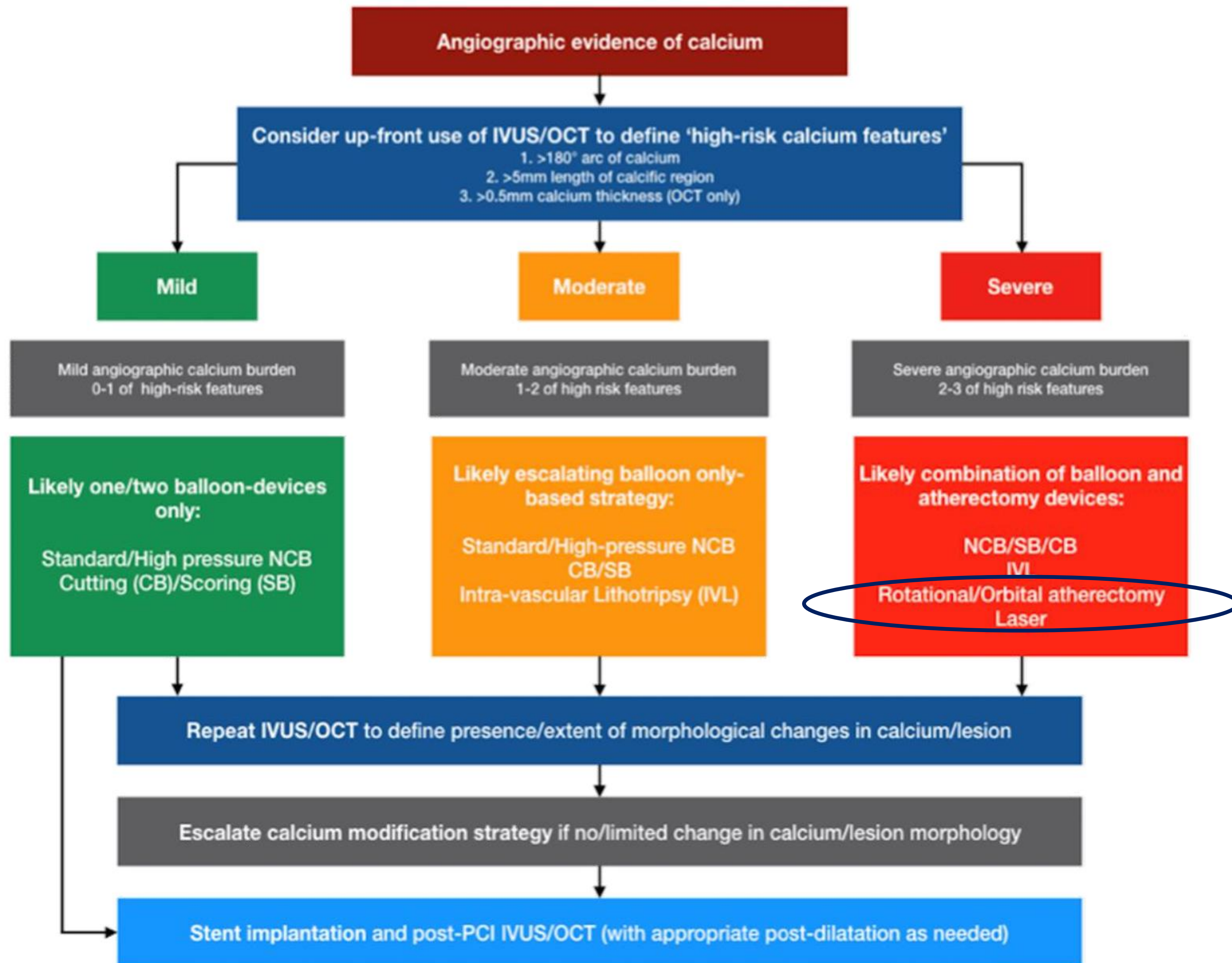




IVUS







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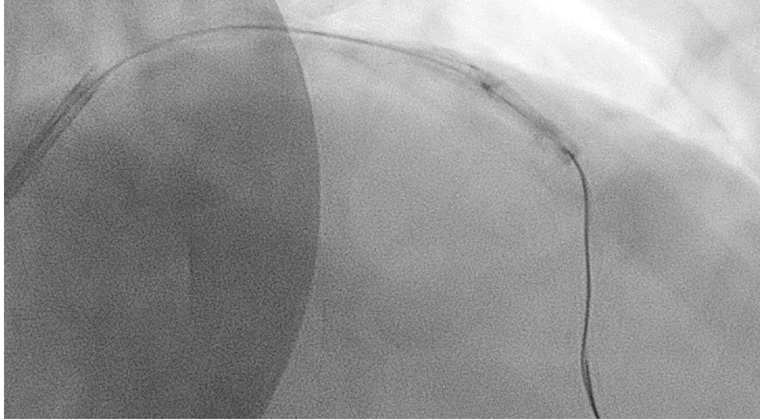
What next?



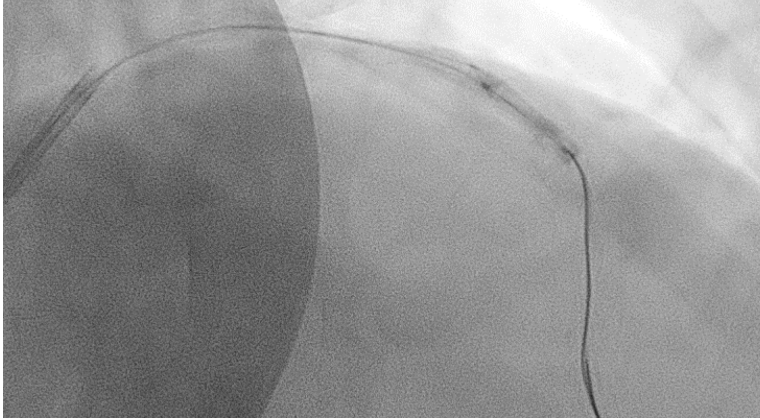
Undilatable lesion to NC balloon (dogbone effect)

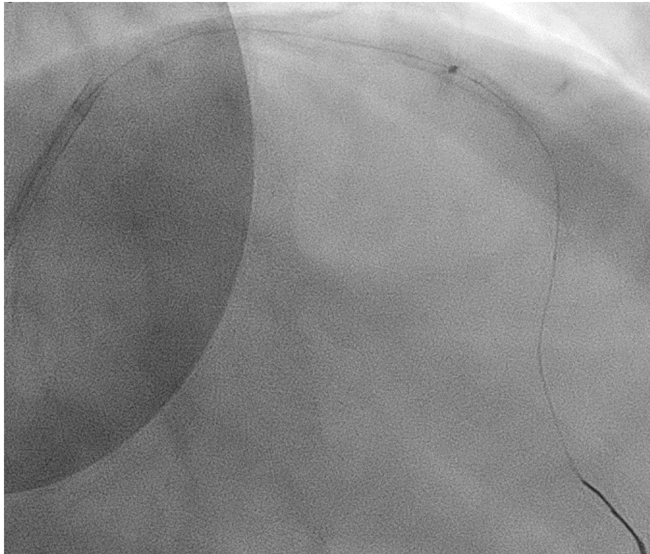
Uncrossable lesion for:

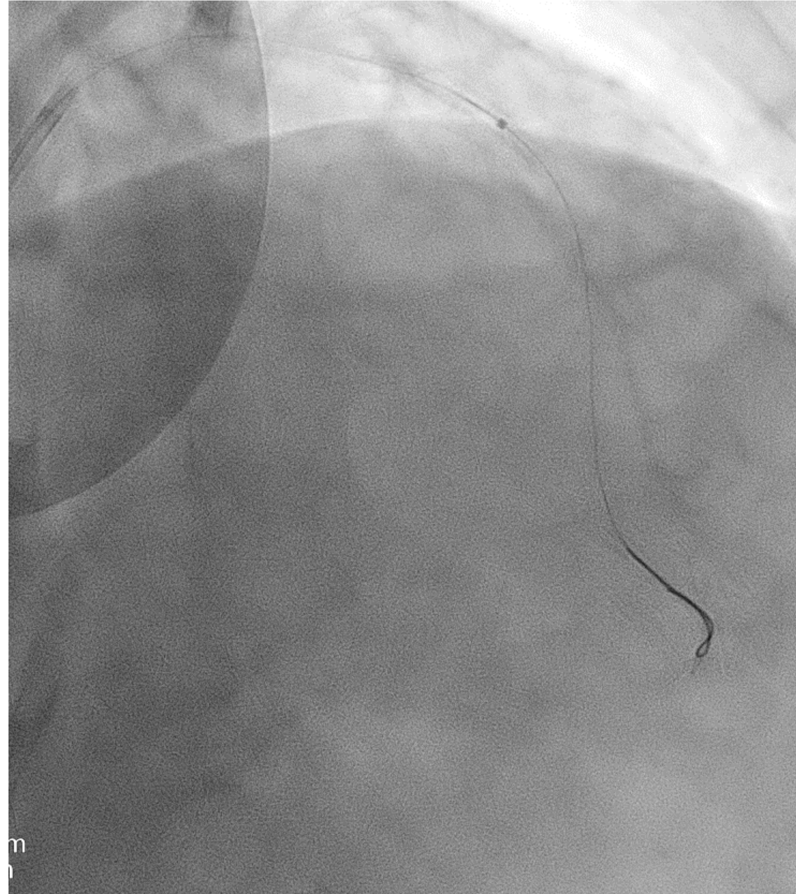
- Cutting Balloon
- Shockwave catheter

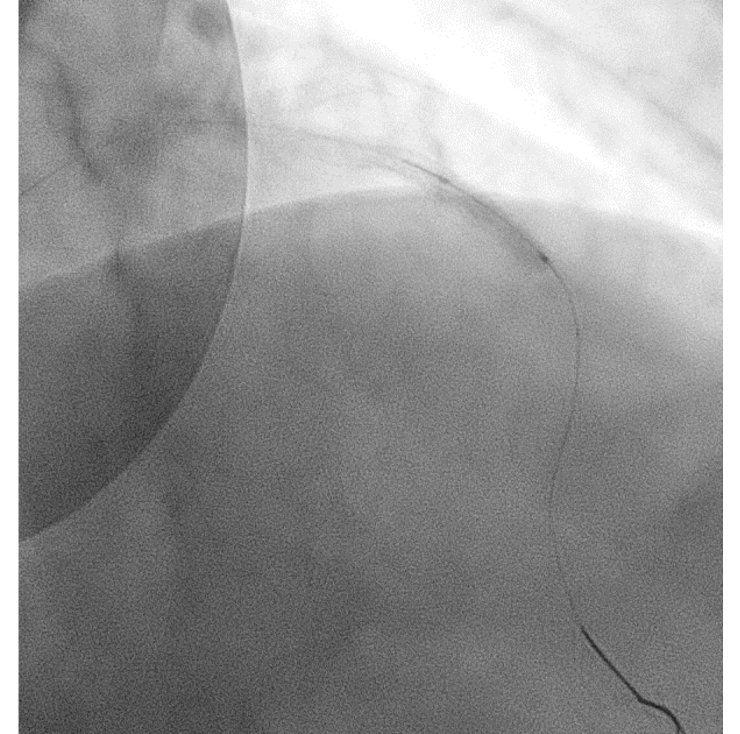
Rotational atherectomy not feasible due to stent presence

ELCA



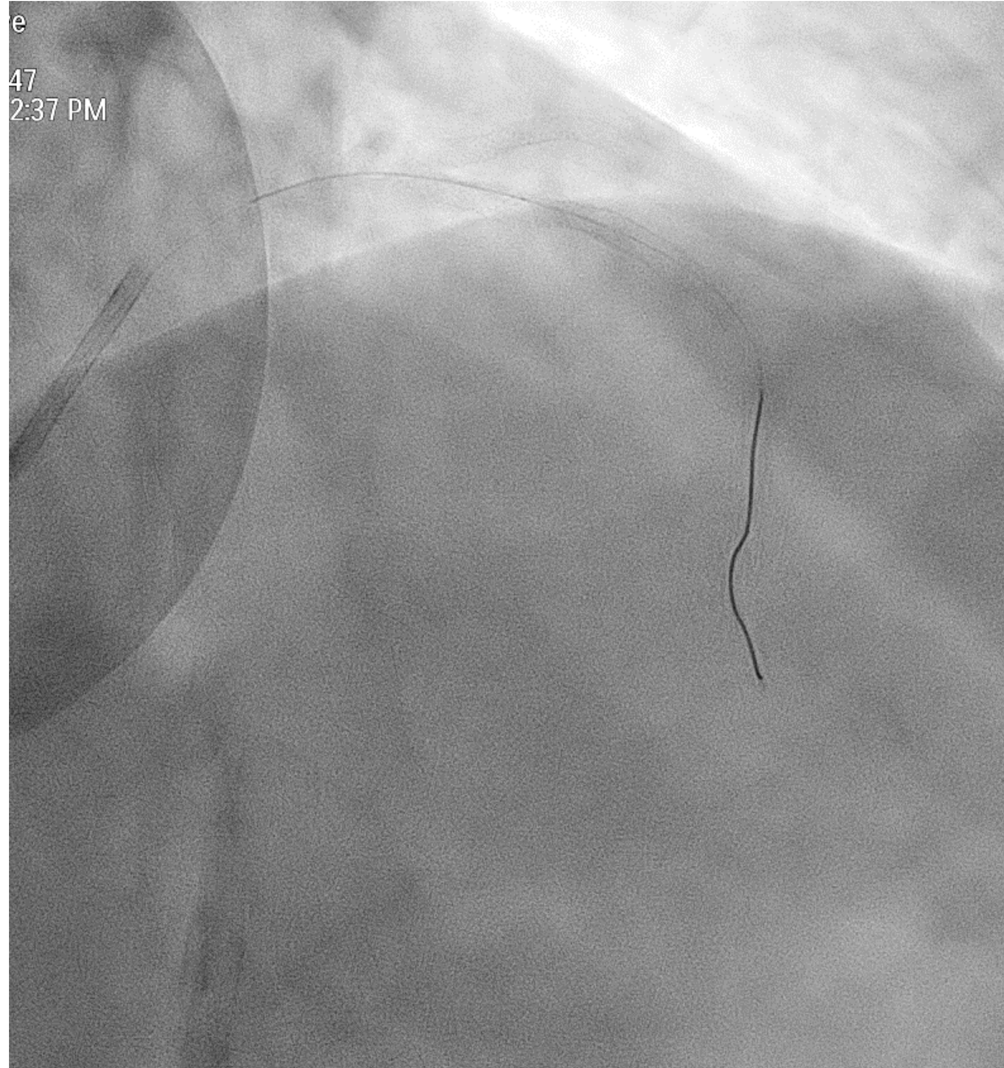


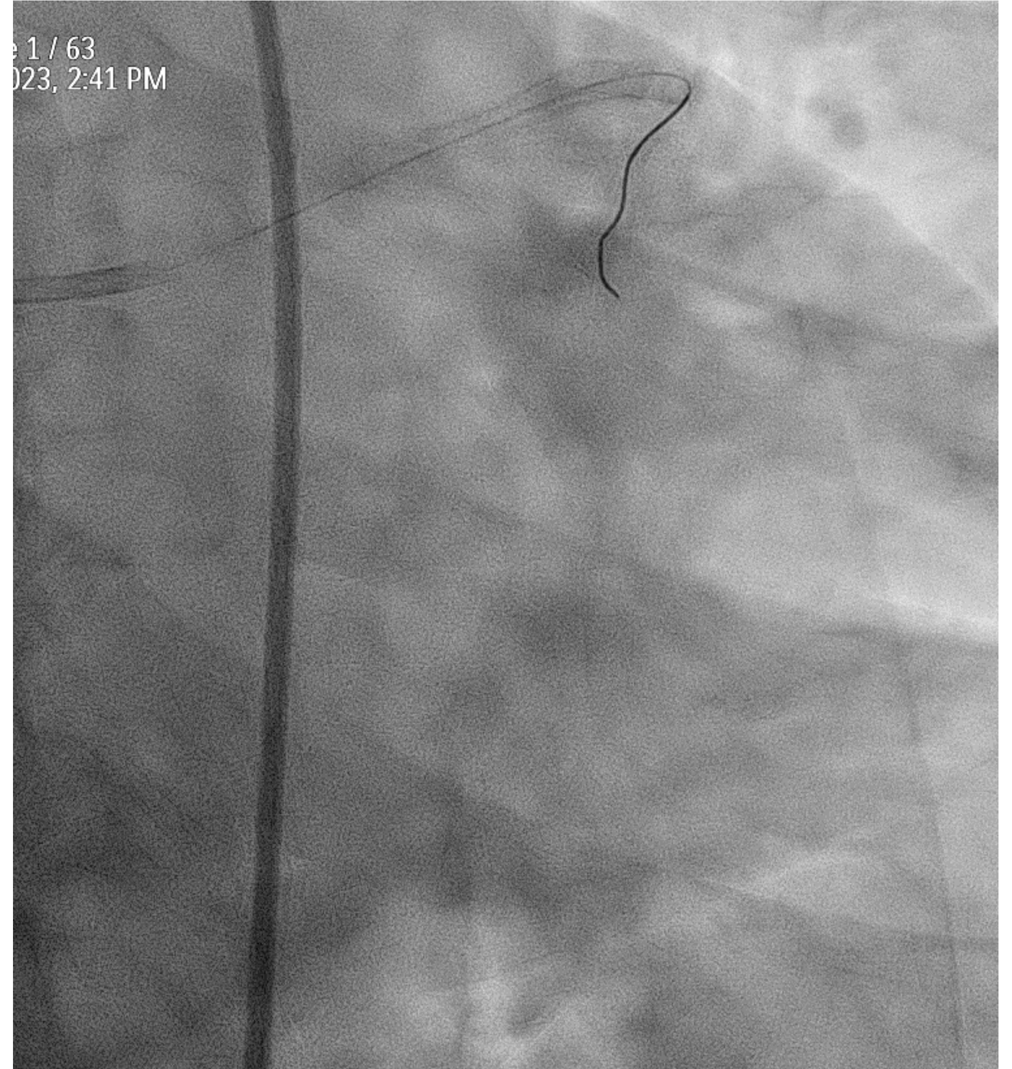




Excimer Laser Coronary Atherectomy (ELCA): multiple runs with contrast media and dilation with NC balloon

Final Result





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