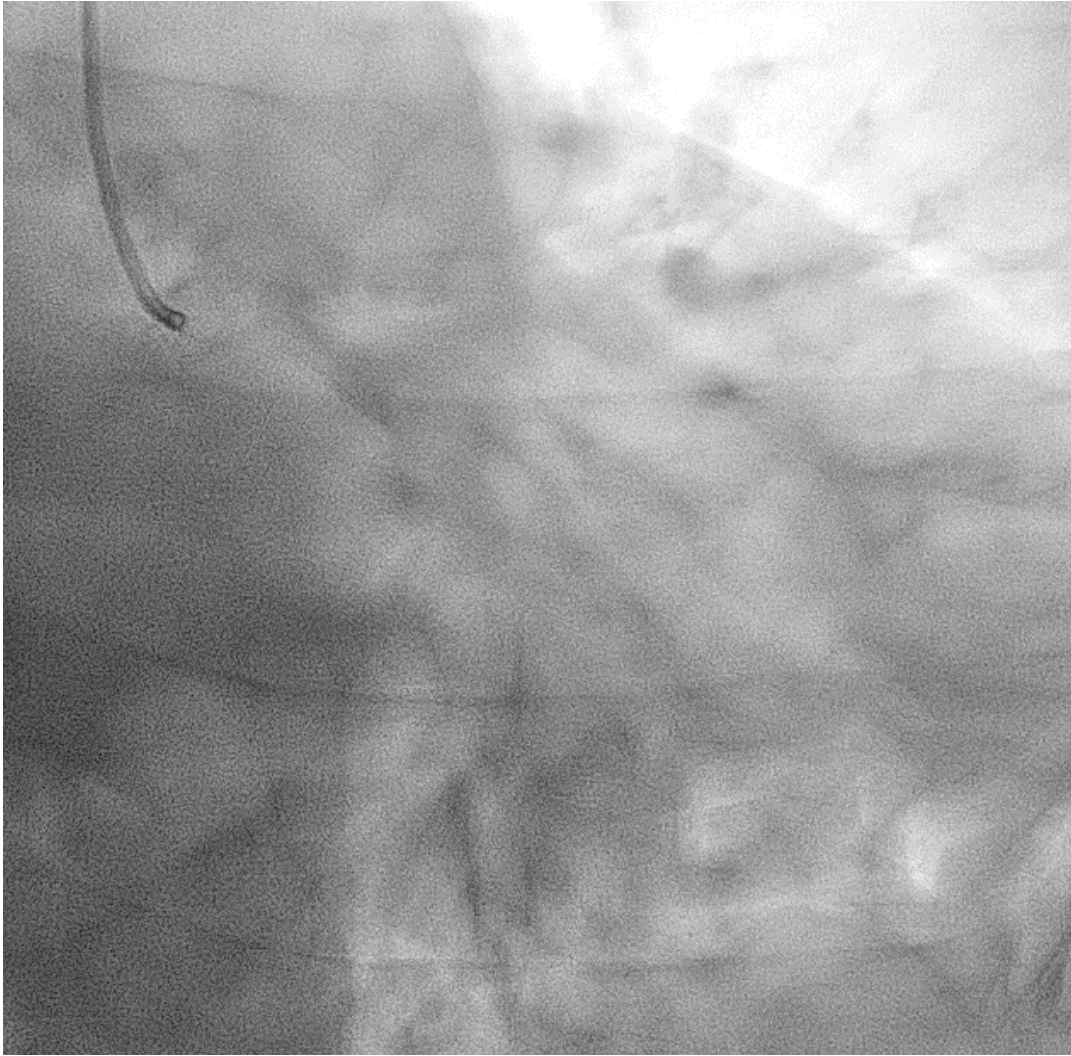


**Rotational atherectomy for severely calcific  
left main and left anterior descending artery  
with in stent restenosis: a stepwise approach**

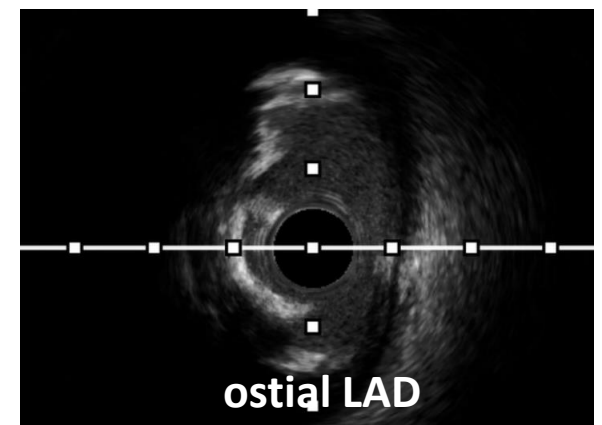
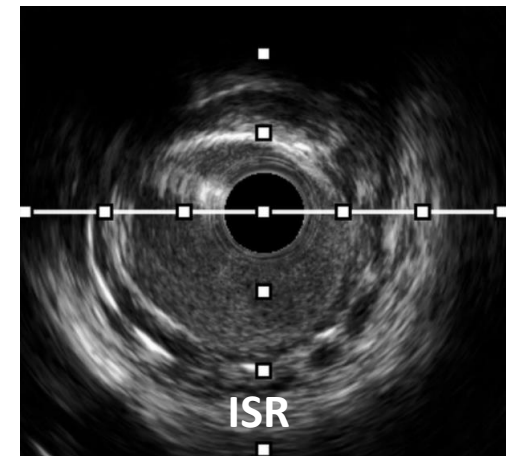
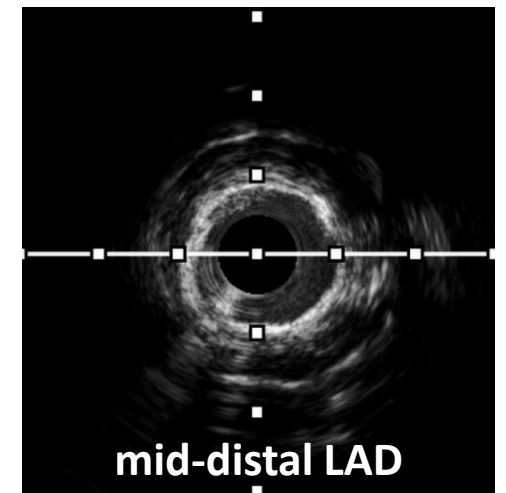
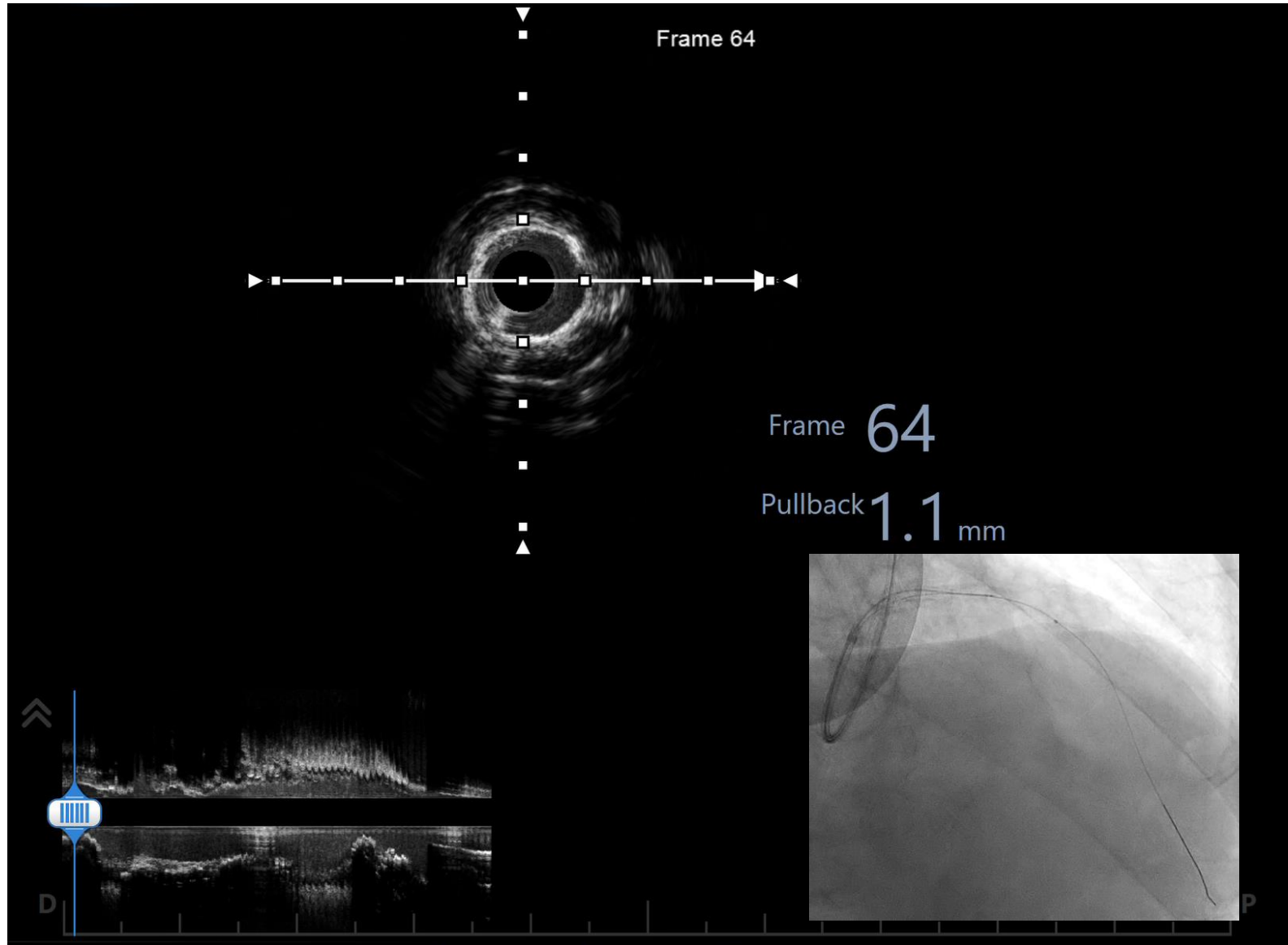
## History

- M, 81 yo
- Hypertension, Dyslipidemia,
- Chronic Coronary Syndrome
  - Previous PCI/BMS mid LAD
  - Previous PCI/BMS Cx
- Abdominal Aorta Aneurysm
- Pre-operative positive pharmacological echostress
- Normal resting EKG
- Rest echocardiogram: LVEF 50%, mid-basal inferior wall akinesia

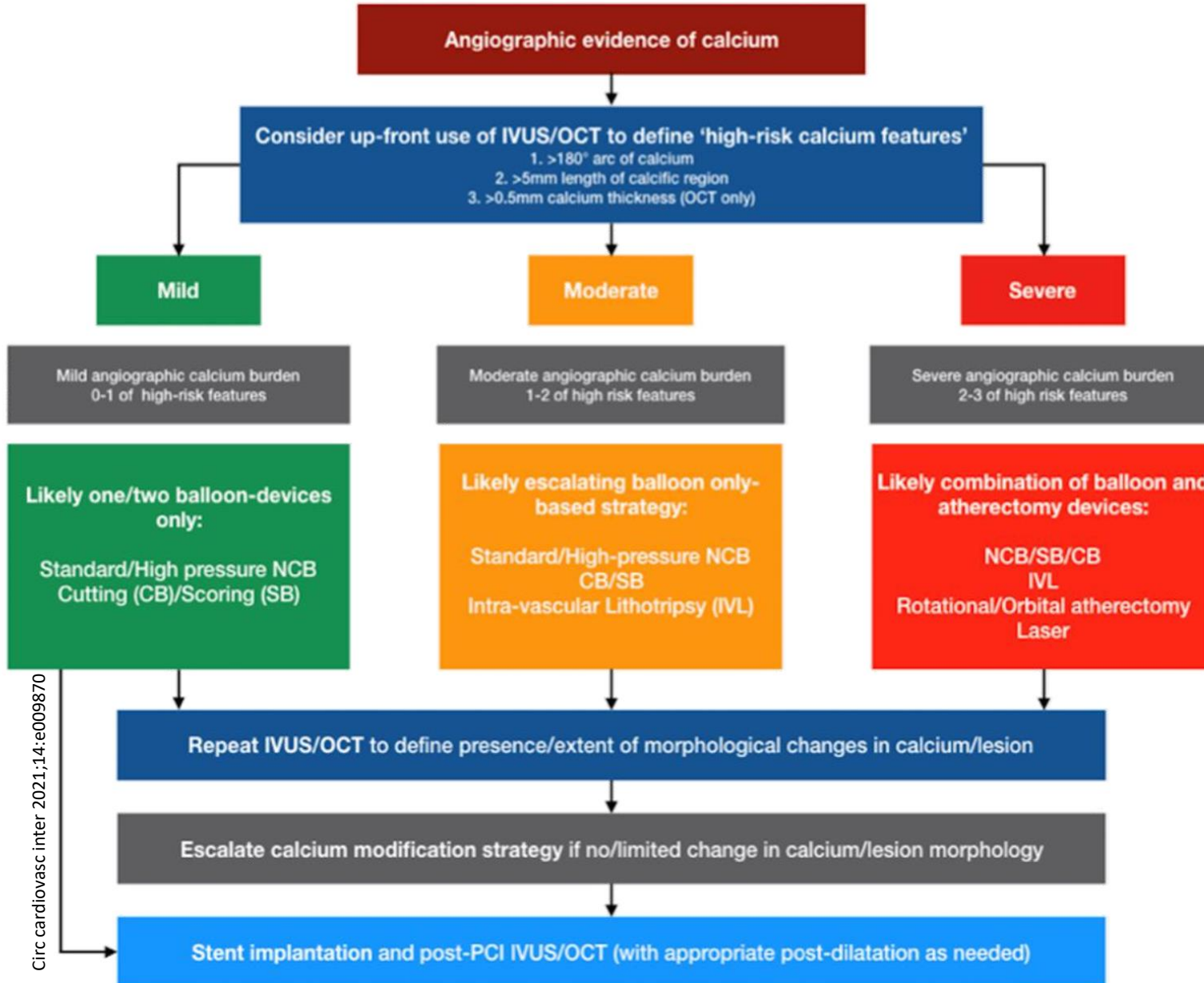
## Cath Lab



# IVUS



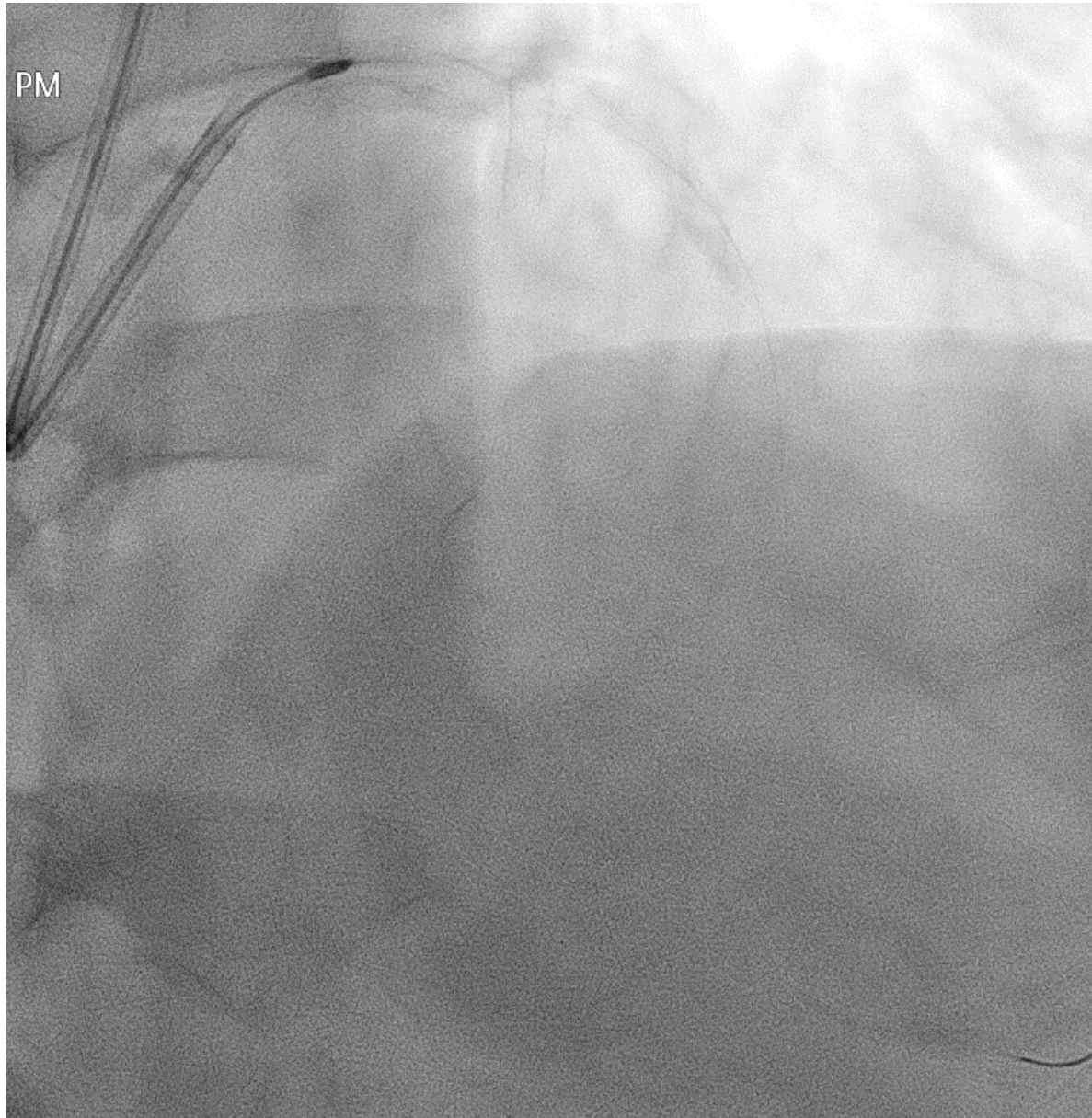
# What next?



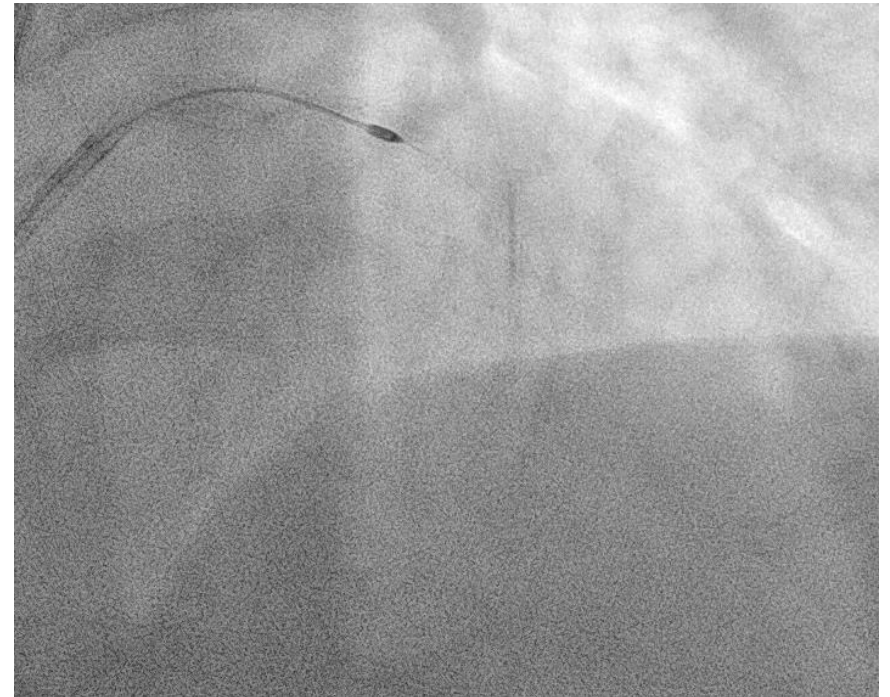
Lesion uncrossable to cutting balloon and semicompliant balloon

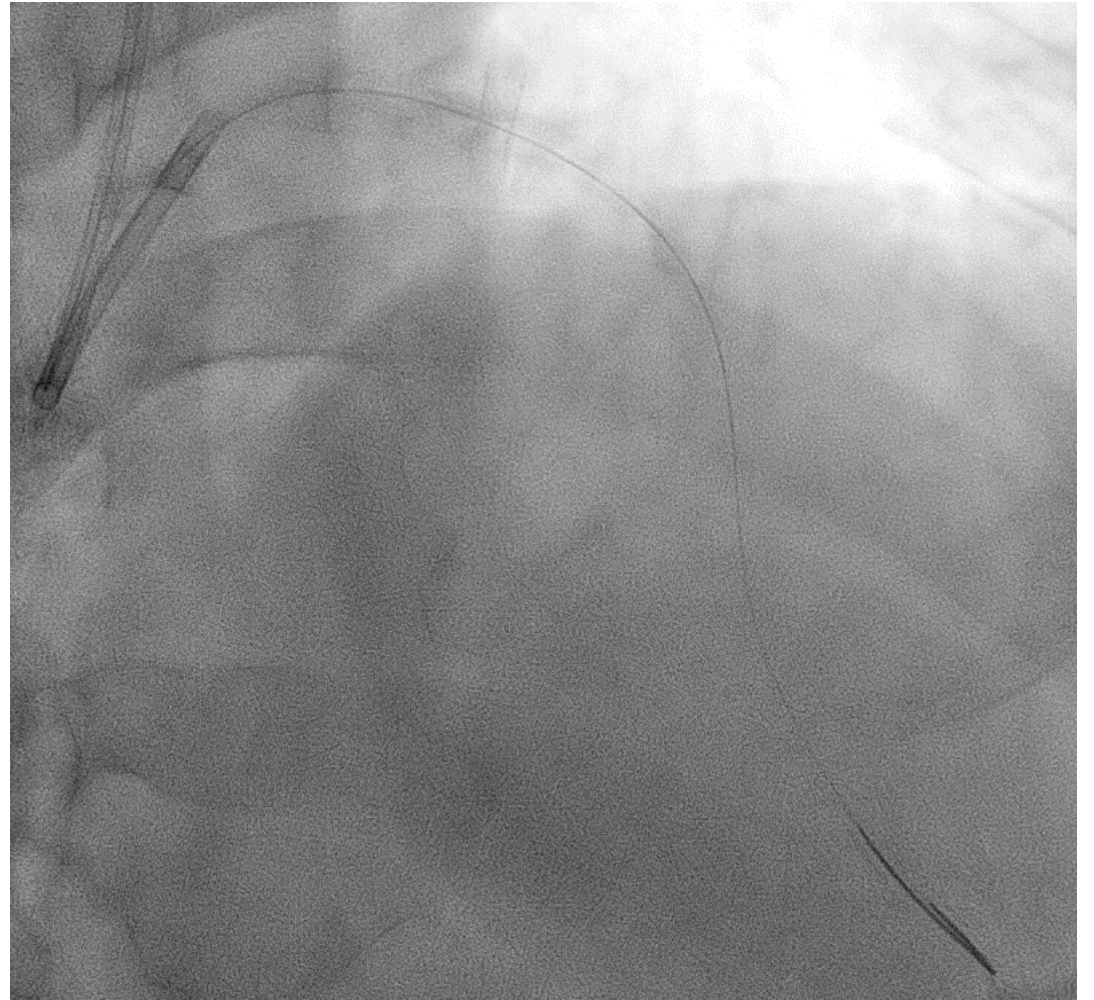
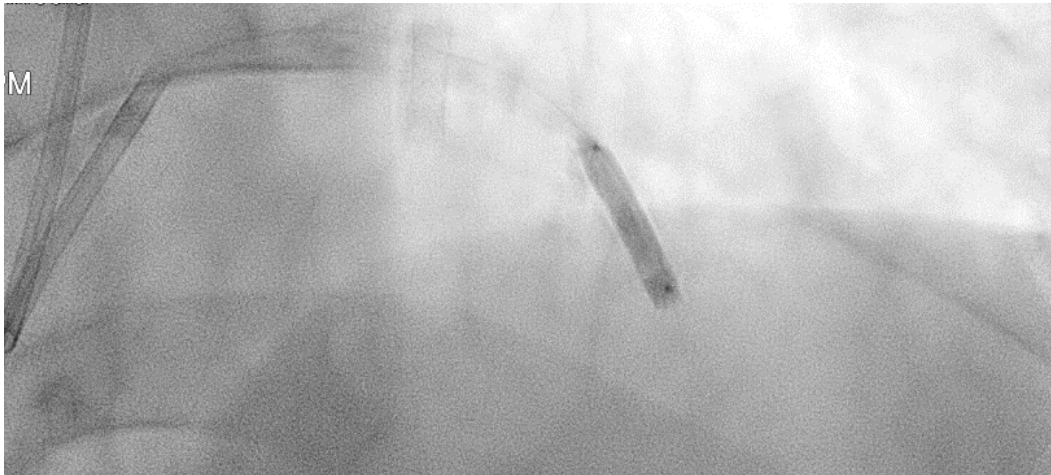
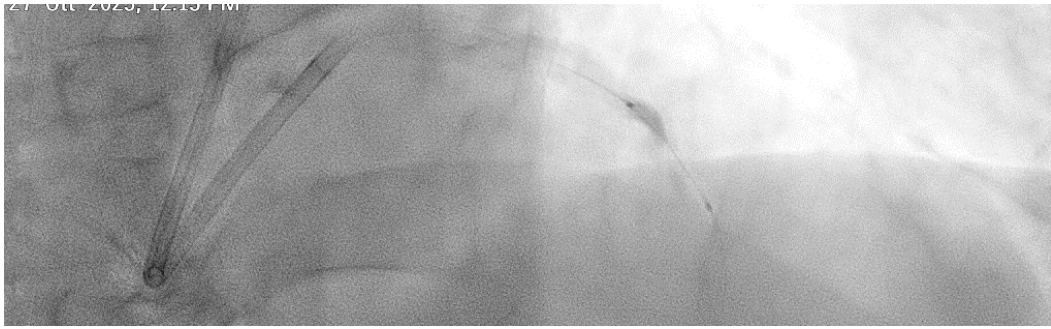
Rotational Atherectomy  
VS  
Laser Atherectomy

# Rotational Atherectomy

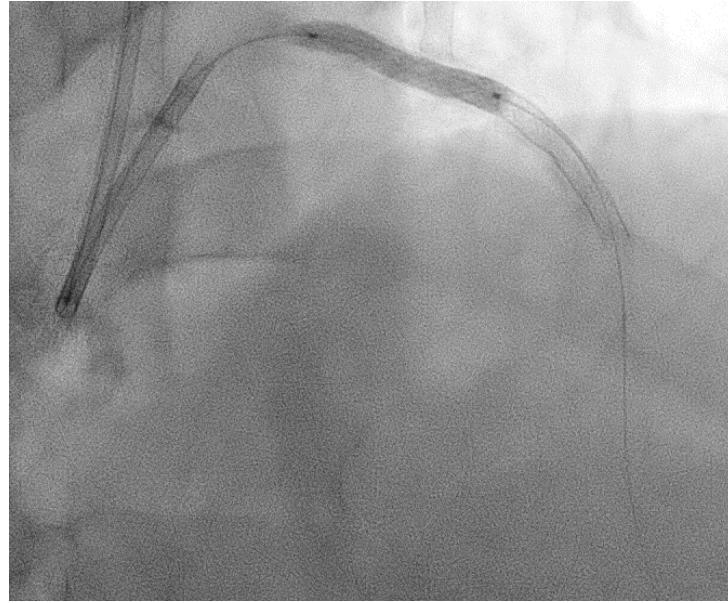
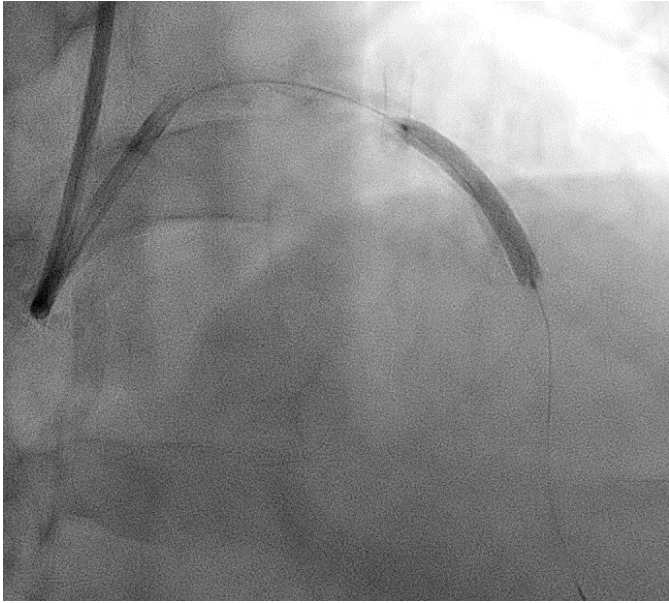


- 1.25 mm burr
- Shorter runs
- Pecking motion
- Manual advancement through the ISR (no dyna)





Type II dissection in mid-distal LAD

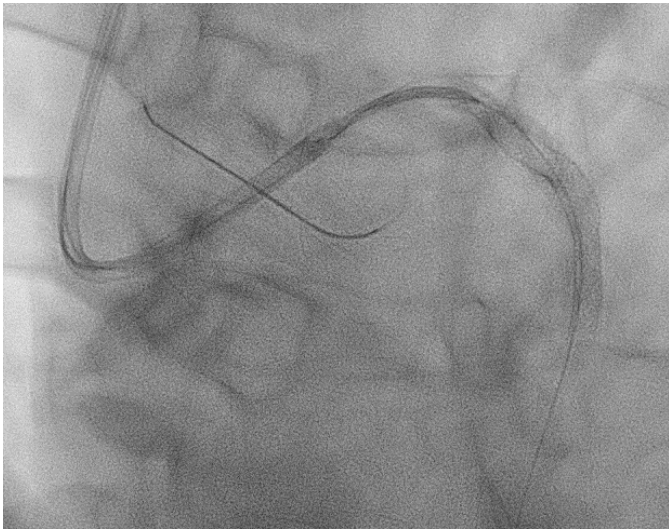


## DES implantation

mid-distal LAD: DES 3.5 x 28 mm

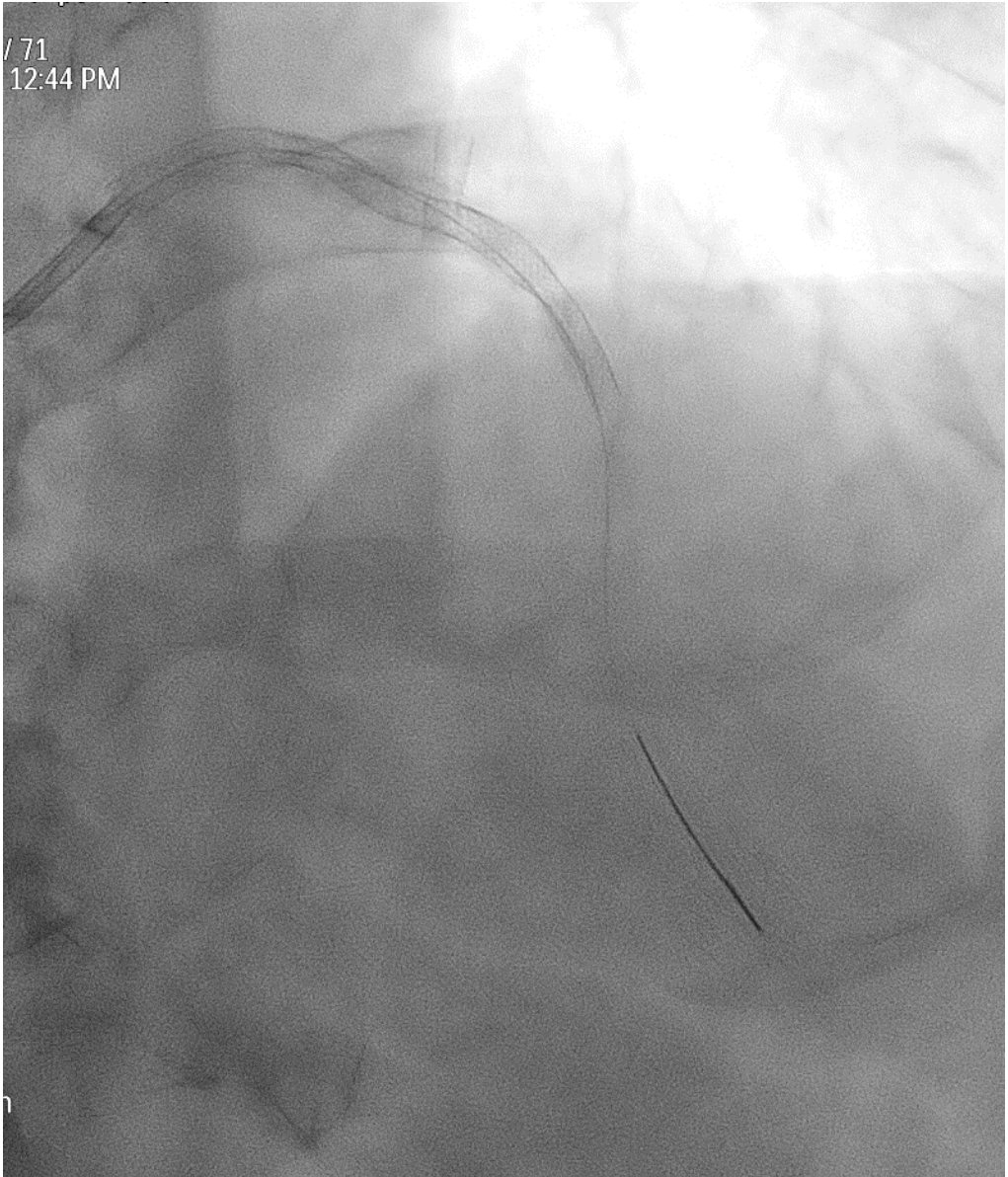
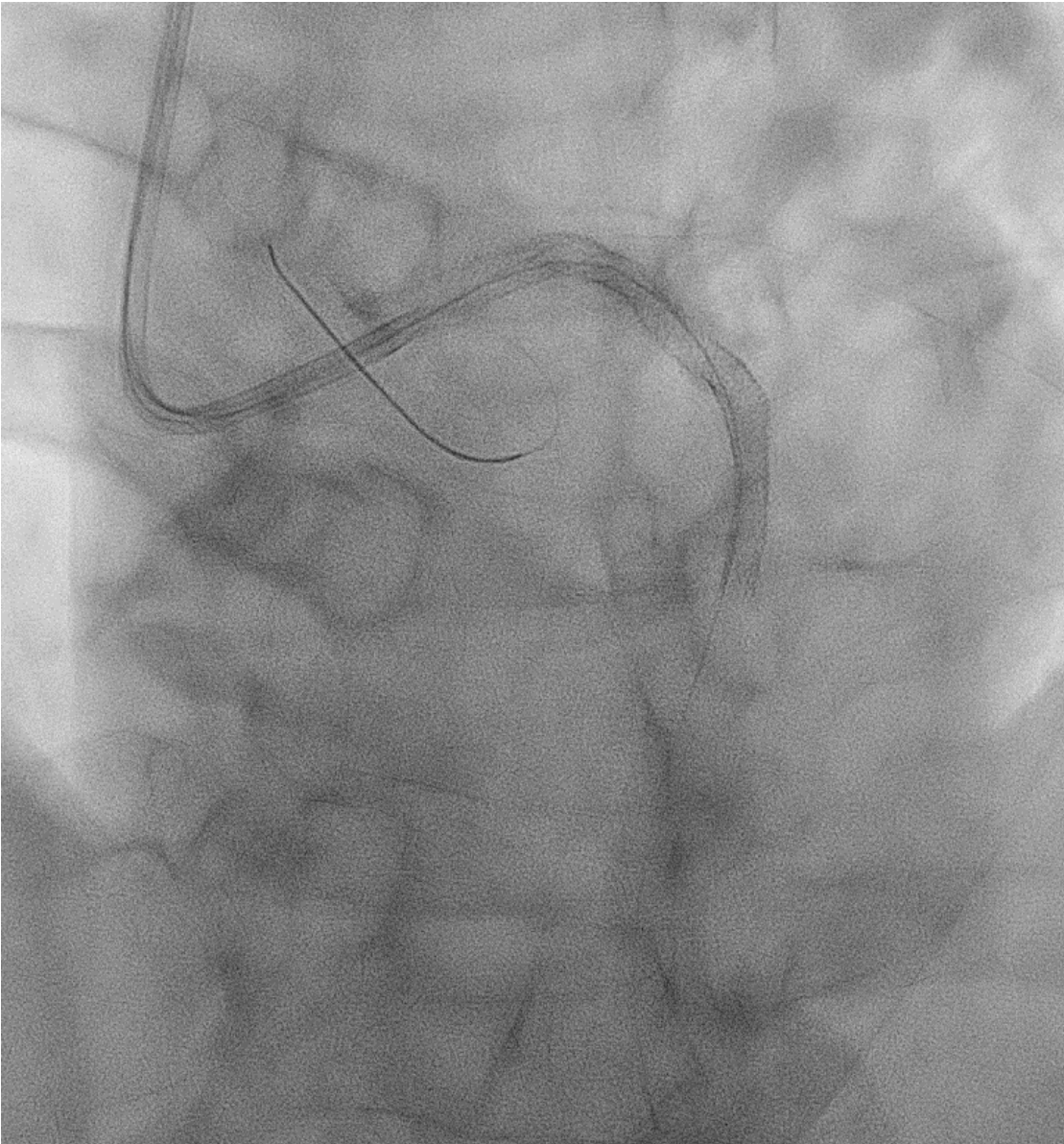
mid LAD: DES 4 x 20 mm

LM-LAD: DES 4.5 x 20 mm





**Final Result**



**Rotational atherectomy for severely calcific  
left main and left anterior descending artery  
with in stent restenosis: a stepwise approach**