

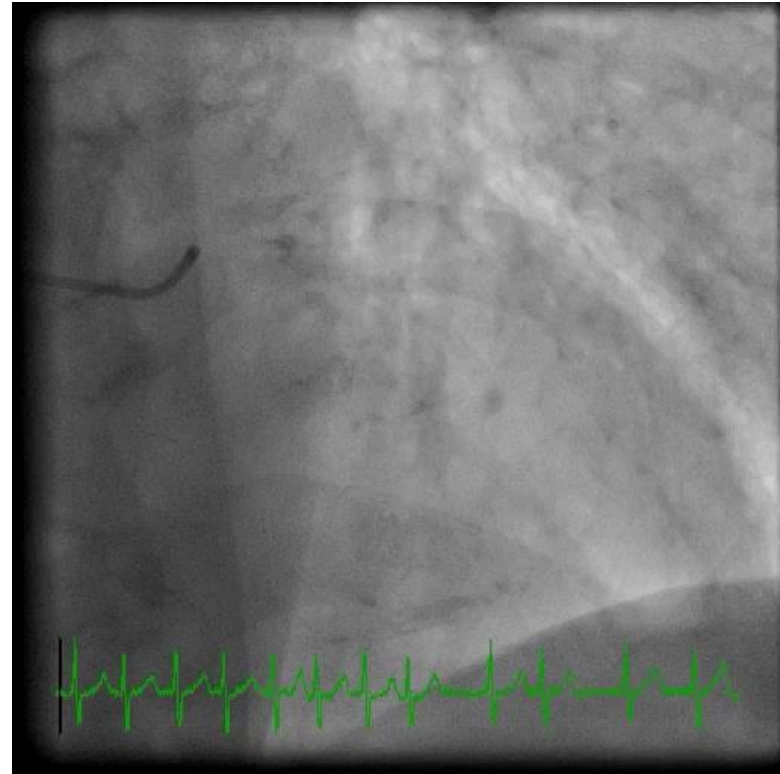
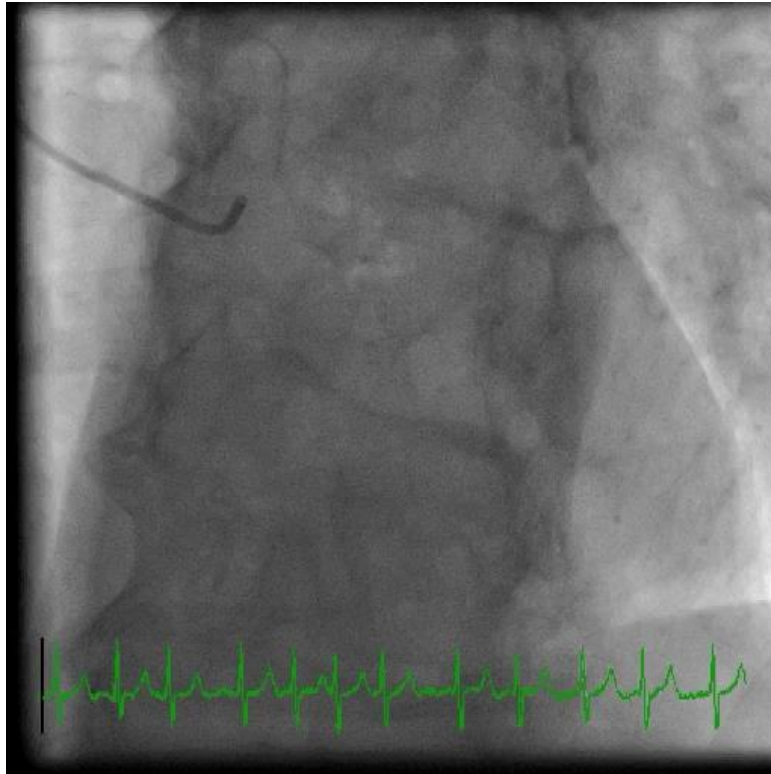
Rotablation and drug coated  
balloon for calcific LAD lesion: a  
case report with angiographic  
follow-up

# Report:

- Male
- 65 years old
- No CV past medical history
- Acceded for angina (CCS 2) with positive treadmill test

# CAG 05/06/2023

- RCA free from stenosis
- Long diffuse calcific LAD disease

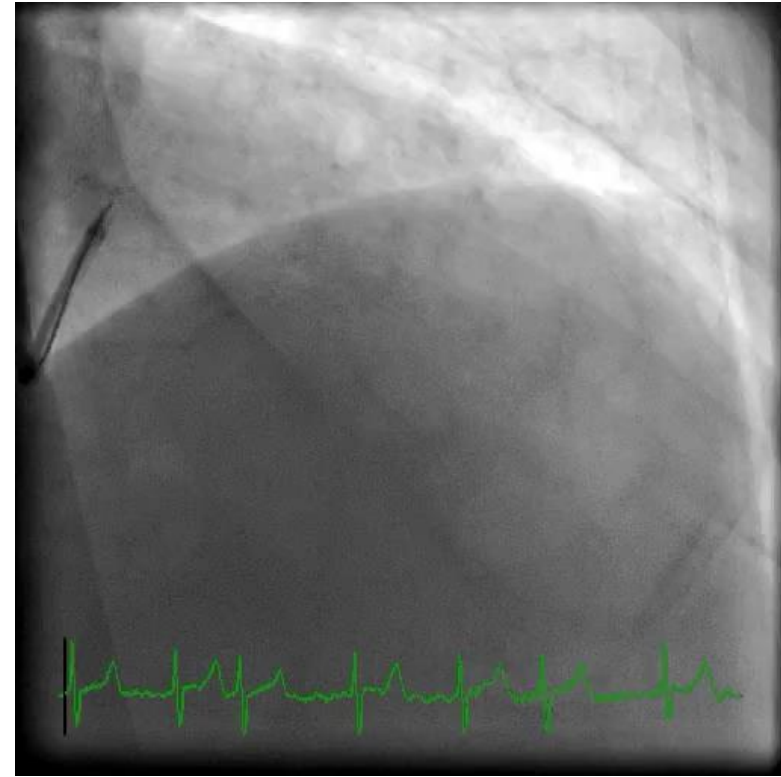
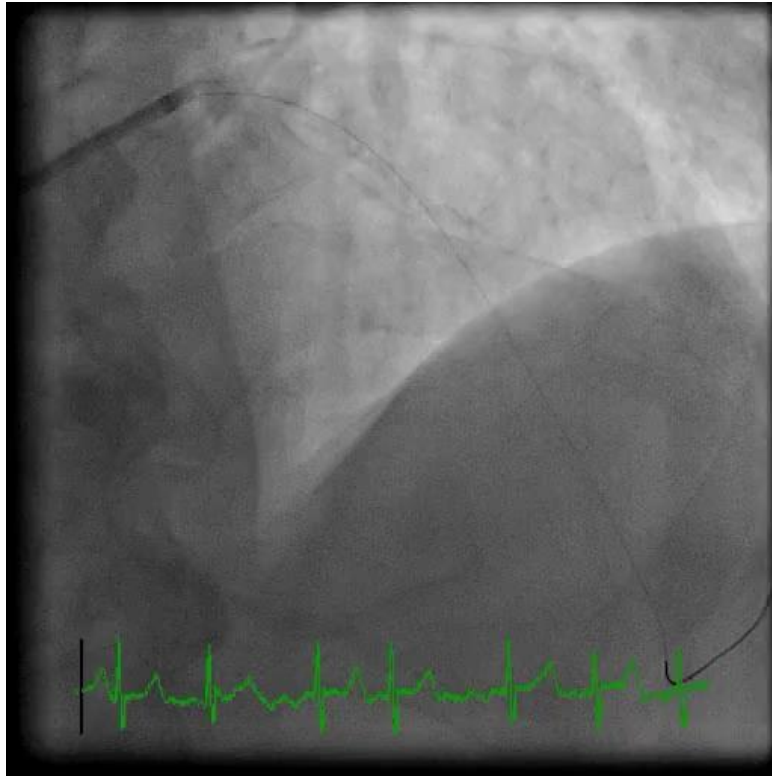


# RA/DCB 08/06/2023

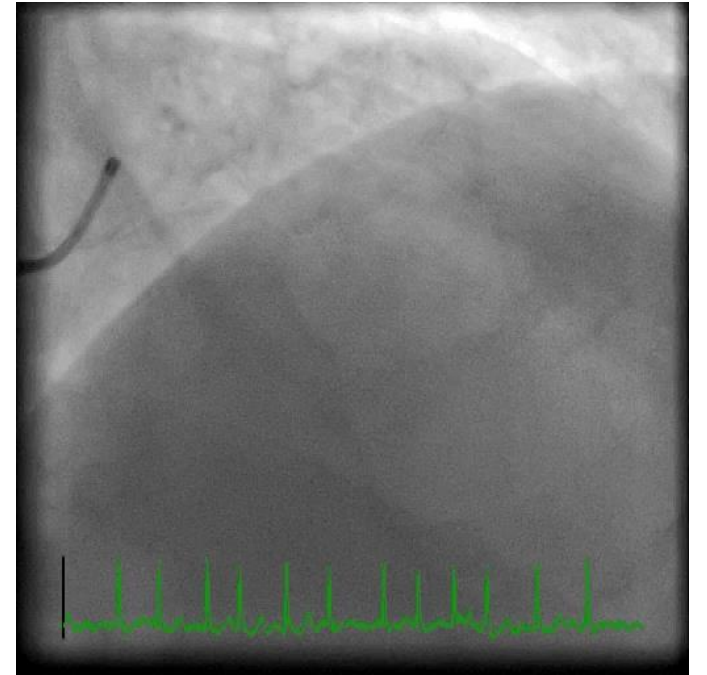
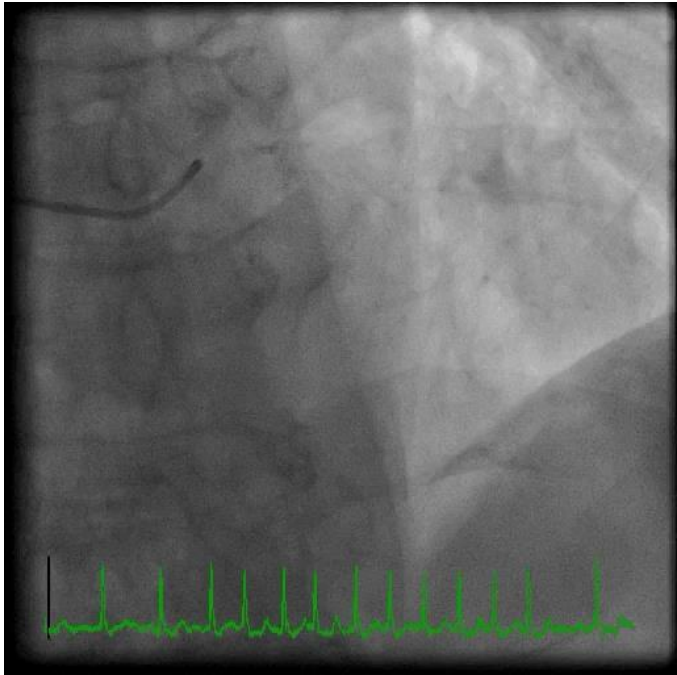
- Radial access, lesion crossing with workhorse guide-wire, change with in microcatheter with rotawire floppy
- 1.25 mm blurr multiple passages, predilation with s.c. e n.c. balloons
- Prevail 2x30 mm (distal), 2.5/30 mm (medium tract), 3/30 (proximal)



# Final result:



# 6 months follow-up 09/11/2023



# PERSPECTIVES

- Use of DCB in de novo lesions is gaining more evidence in recent years, however calcific lesions still represent a setting not widely explored
- When after proper debulking coronary vessels do not present flow limiting dissection DCB could represent an alternative to classic stenting
- Also, when in the index procedure the vessel do not appear proper target for stenting, DCB could represent a bridge therapy to stenting at an angiographic re-evaluation