



21/23 ROME
MARCH 2024
FELLOWS COURSE **20 MARCH**

Intravascular Lithotripsy Leading on Perivascular Hematoma After PCI on Proximal Left Anterior Descending Artery

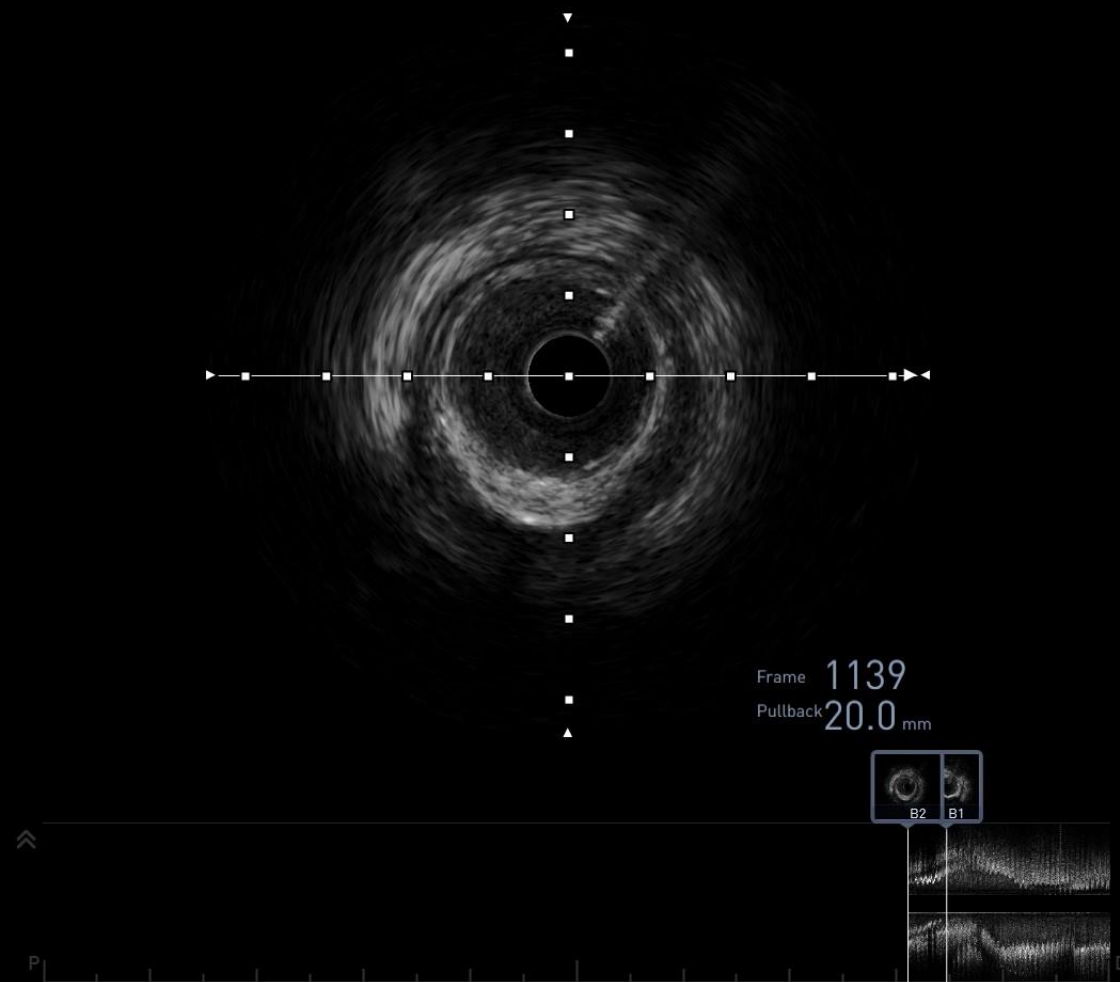
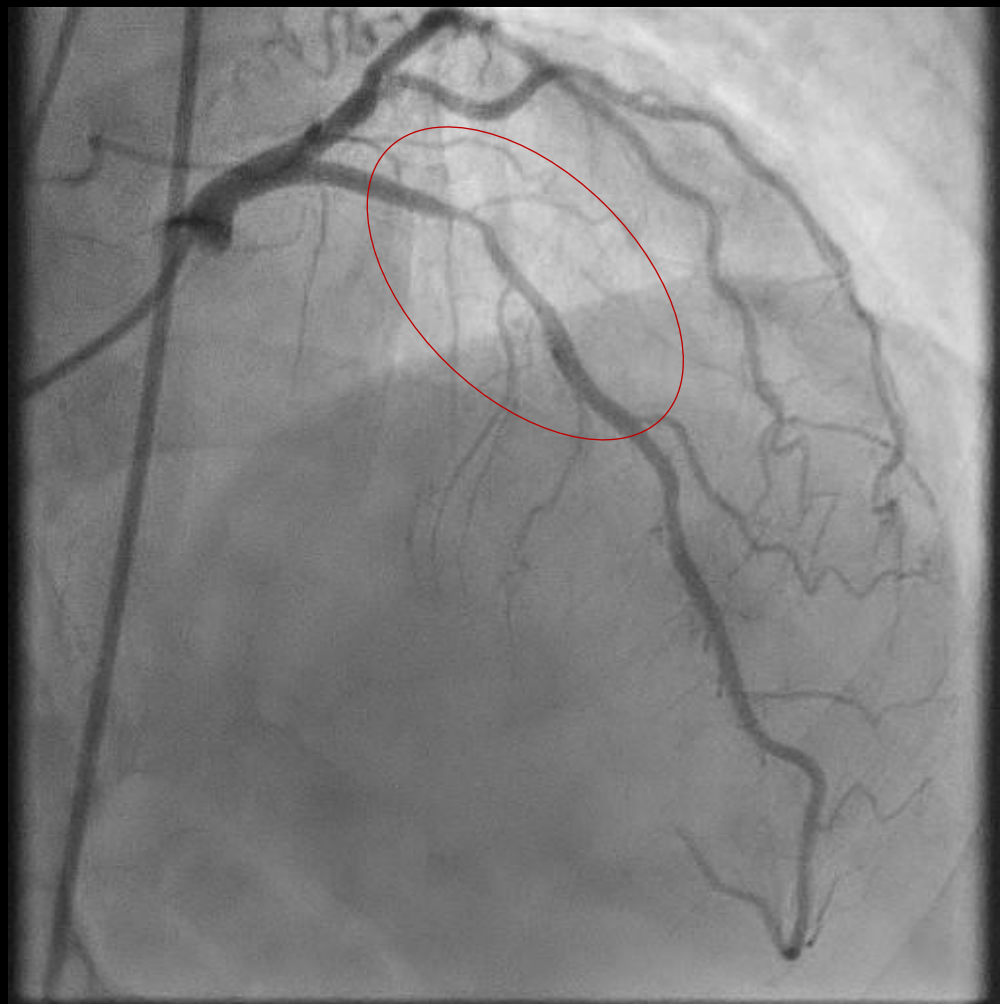
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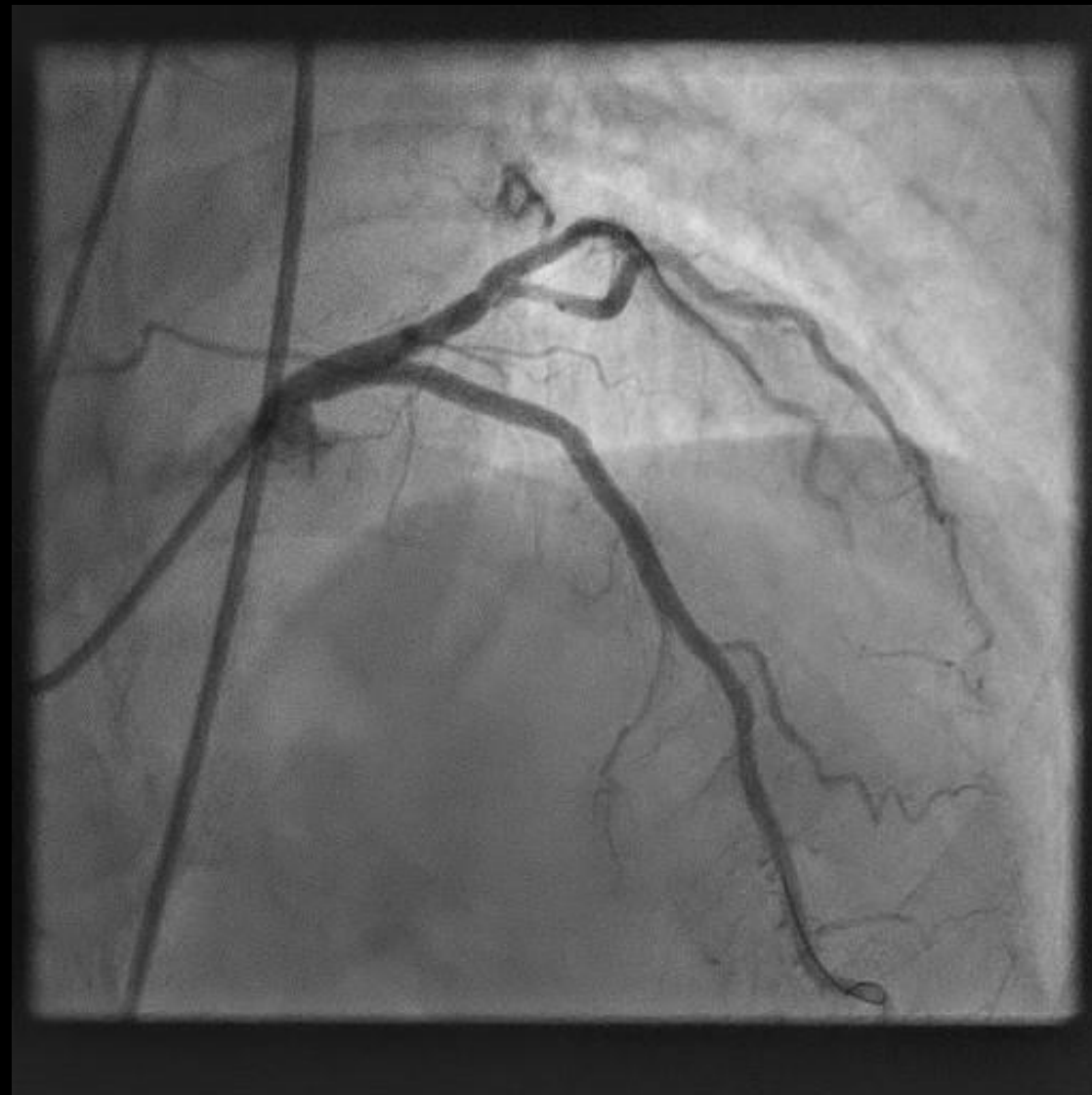
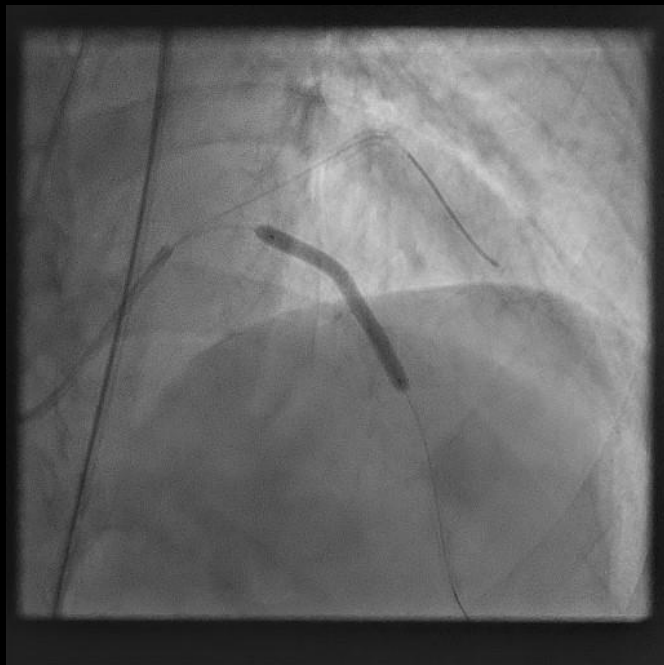
Rationale:

Drug-coated balloons (DCB) treatment approach for de novo stenosis of left anterior descending (LAD) is emerging as a new revascularization method. Optimal lesion preparation is a key to achieve final optimal results and include the use of shockwave intravascular lithotripsy (S-IVL)

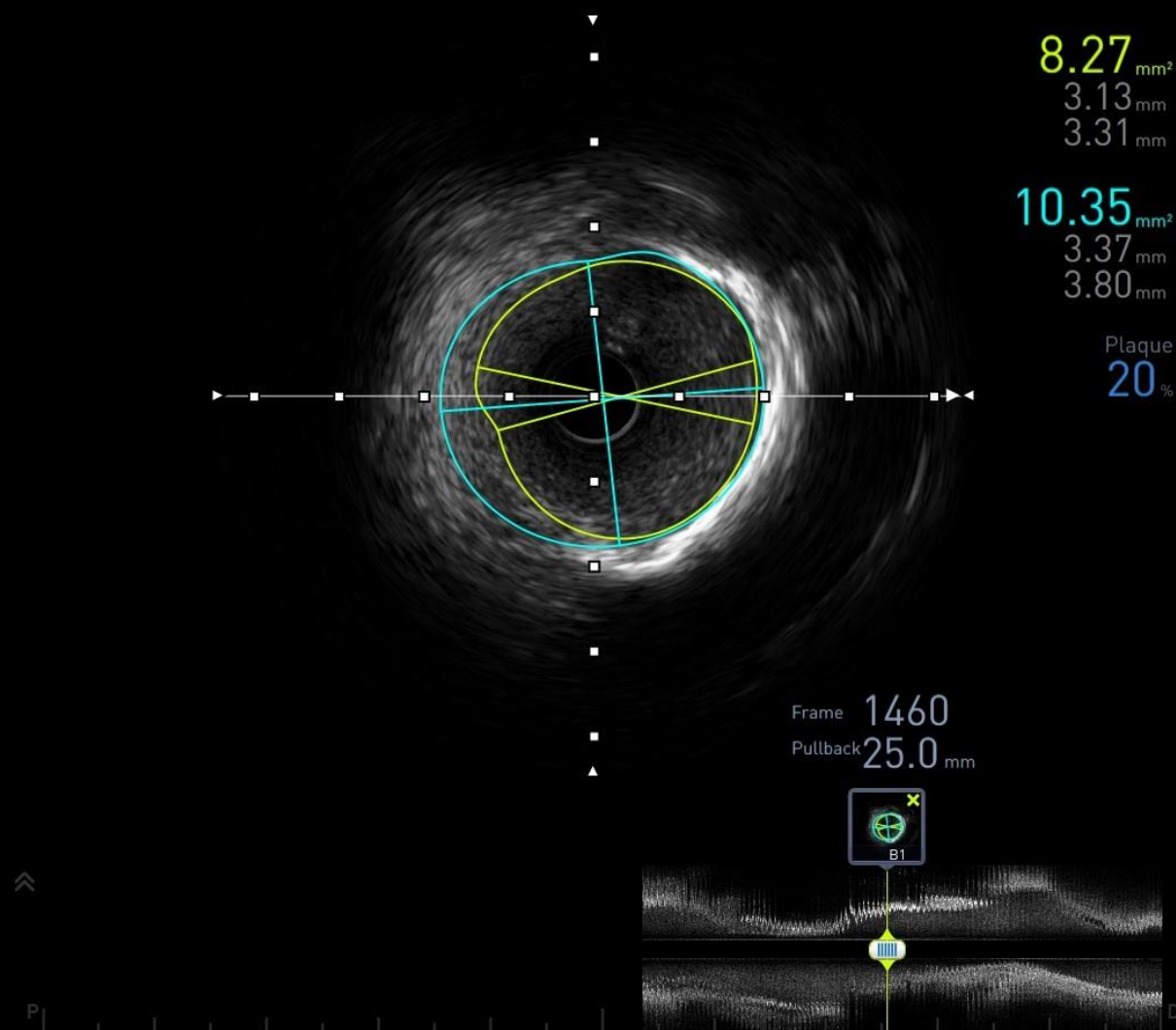
A 73 years old man presented with effort angina. His proximal LAD revealed calcified 70% stenosis on angiogram and on intracoronary imaging (IVUS).



The lesion was treated with 20 pulses of S-IVL to create discontinuity and a sirolimus eluting drug-eluting balloon (3.5x20 mm).

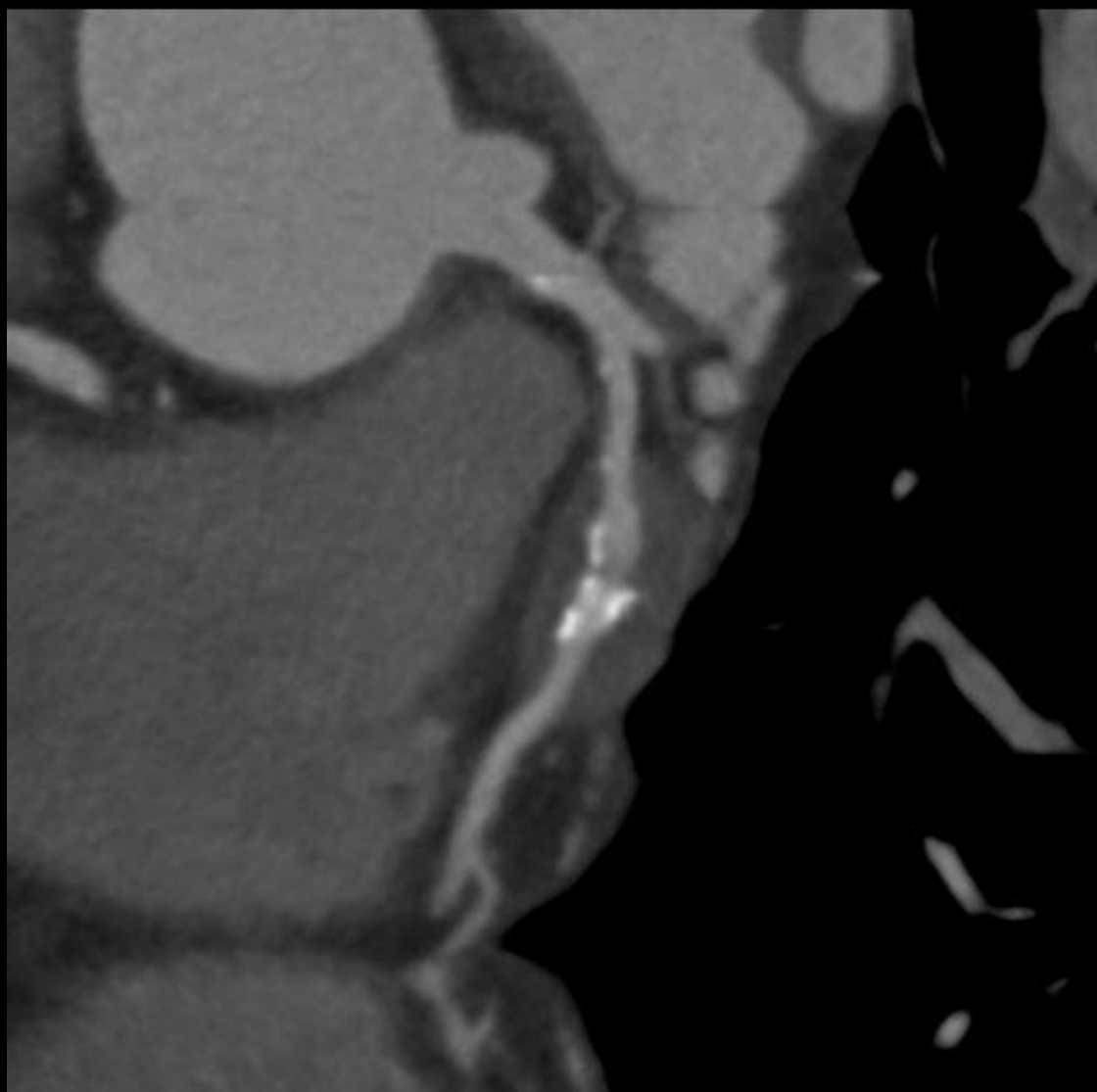


A final IVUS was performed to exclude the presence of dissection and residual critical stenosis in order to avoid stenting.

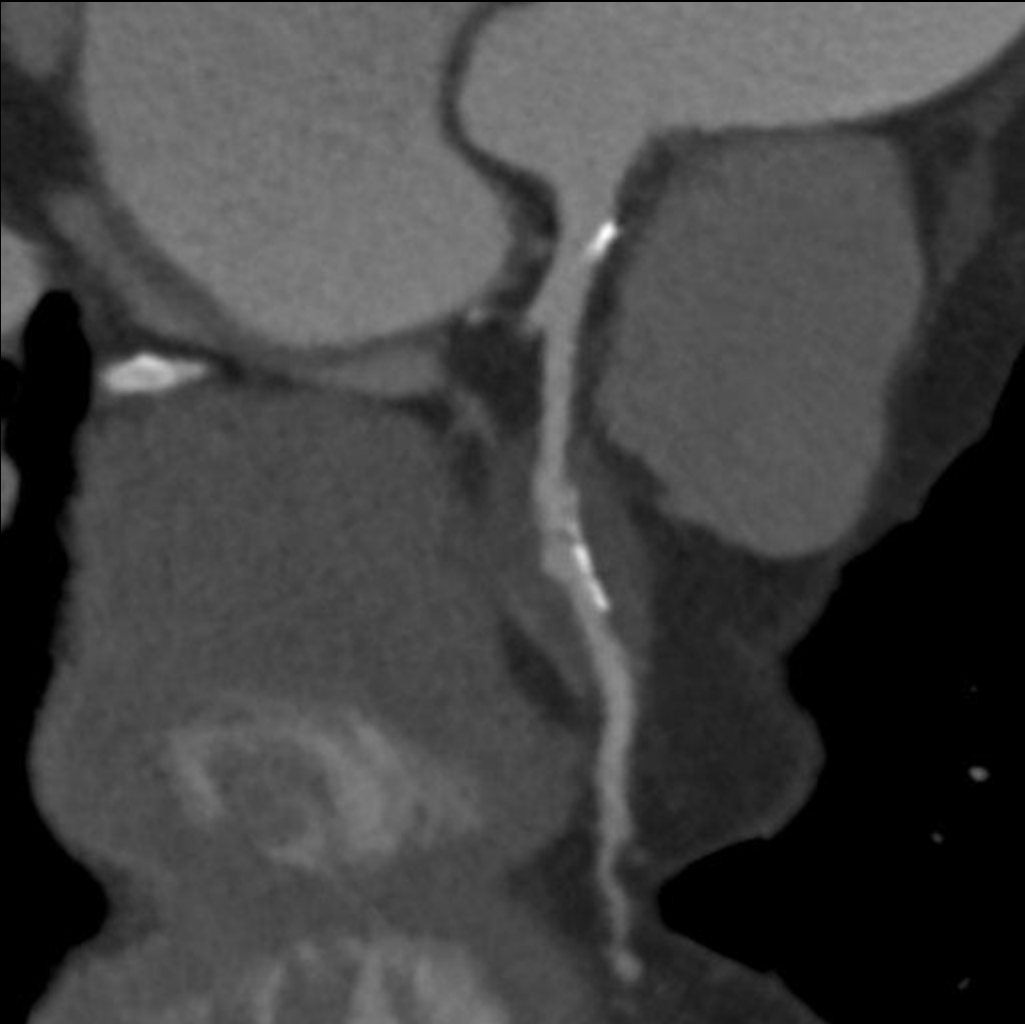
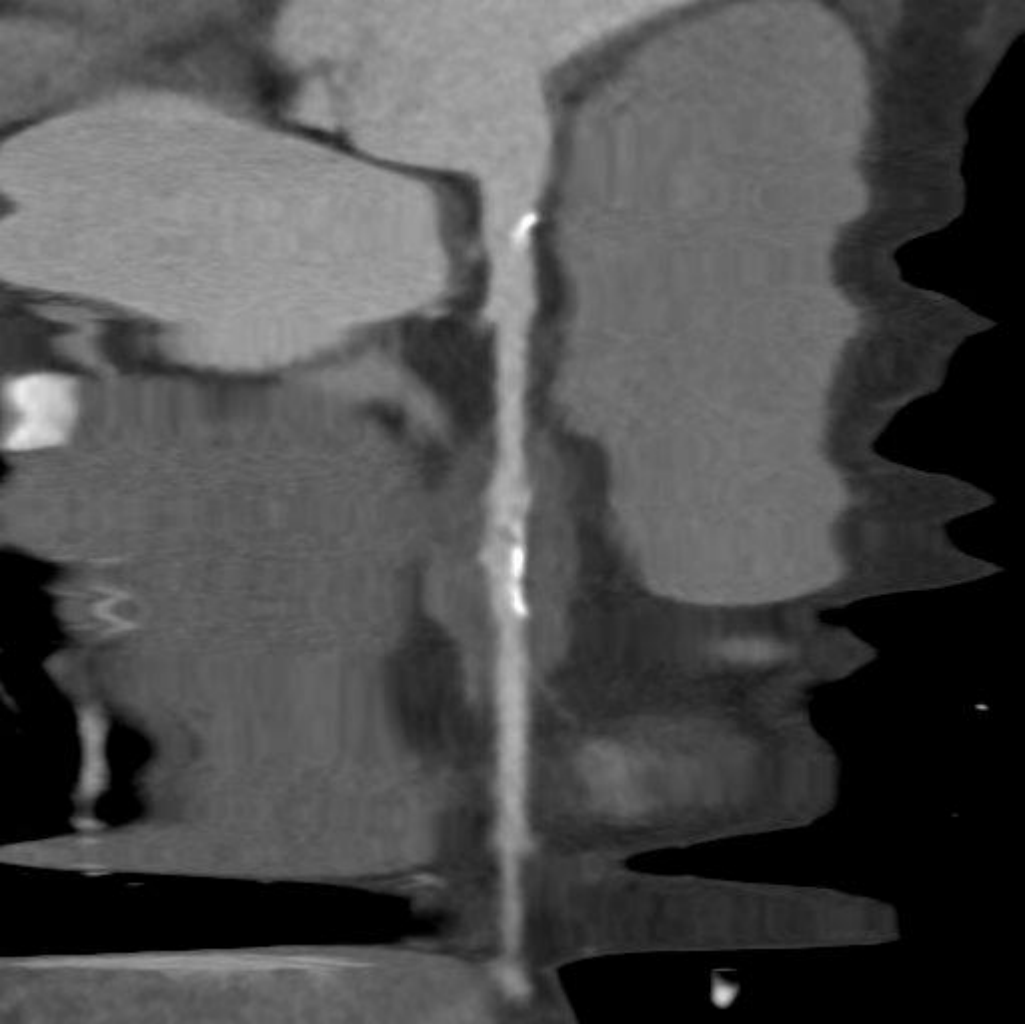


The patient remained asymptomatic.

A coronary CT scan performed at 1 year from the procedure showed the patency of LAD but revealed also the presence of perivascular hypodense image compatible with organized hematoma corresponding with the coronary segment treated with S-IVL and DCB.



A second CT scan after 6 months confirmed the same image.



S-IVL is an emerging and efficient tool for managing intracoronary calcium and can be particularly useful in lesion preparation during percutaneous coronary intervention. The evidence of perivascular hematoma after S-IVL can be observed. In our report this event did not lead to adverse events.



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