Home alone – how to catch a “floating” stent

Vanja Hulak-Karlak,
Tomislava Bodrožić
Džakić Poljak*,
Boris Starčević,
Mario Sičaja,
Ante Lisičić,
Irzal Hadžibegović

University Hospital Dubrava,
Zagreb, Croatia

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*ADDRESS FOR CORRESPONDENCE: Tomislava Bodrožić Džakić Poljak, Klinička bolnica Dubrava, Avenija Gojka Šuška 6, HR-10000 Zagreb, Croatia. / Phone: +385-98-9691881 / E-mail: tobodrozic@gmail.com

ORCID: Vanja Hulak-Karlak, <https://orcid.org/0000-0003-0614-215x>

Tomislava Bodrožić Džakić Poljak, <https://orcid.org/0000-0002-7293-3972> • Boris Starčević, <https://orcid.org/0000-0002-3090-2772>

Mario Sičaja, <https://orcid.org/0000-0003-0773-4720> • Ante Lisičić, <https://orcid.org/0000-0002-4365-9652>

Irzal Hadžibegović, <https://orcid.org/0000-0002-3768-9134>

Introduction: Rare complication of percutaneous coronary intervention is coronary stent dislodgement (incidence between 0.32 and 8%) and it is more common in severely calcified lesions. This complication may lead to more severe complication: myocardial infarction (MI), cerebral and peripheral embolizations, sometimes even death.¹ We report a case of stent dislodgement in ostial right coronary artery (RCA) after rotablation, that is after all, successfully retrieved through 12 french (Fr) femoral artery sheath.

Case report: 68-old-male patient was admitted to the cardiology department because of unstable angina pectoris. This patient had MI 13 years ago and he had coronary stent in left anterior descendent artery (LAD), he has diabetes mellitus and arterial hypertension. He complained that he has been suffering from severe chest pain in rest, up to 10 minutes with spontaneous resolving and it was precipitated by exercise. Electrocardiography (ECG) showed biphasic T waves in inferior leads, but laboratory parameters, including troponin were in normal range. Due to his symptoms and ECG, coronarography was performed. LAD and circumflex artery had diffuse calcifications but no significant stenosis, in proximal RCA, which arises atypical in right coronary sinus, was shown significant calcified stenosis. After rotablation, percutaneous angioplasty with semicompliant balloons was done and just after stent was partially inserted into ostial RCA, it detached from the stent balloonsit, with consequent stent dislodgement. Despite a small balloon technique and a double wire technique, stent could not be retrieved, so we used loop snare, femoral 8Fr sheath was replaced with 12Fr and after adequate technique it was successfully removed. The patient was discharged in great condition fourth day after.

Conclusion: Although losing stent a rare situation, it is necessary to know how to solve this complication; every interventional cardiologist should be familiar with it and every catheterization laboratory should be adequately equipped.

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LITERATURE

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