CASE VIDEO



RotaWireTM entrapment in distal right coronary artery in dialysis patient

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Key Clinical Message

Rotablation had been performed on a highly calcified lesion, enabling various devices to be brought distally for removal of the Entrapped RotaWire.

KEYWORDS

dialysis, Entrapped RotaWire, micro snare, percutaneous coronary interventions

Wire fracture and lost are uncommon in percutaneous coronary intervention procedures. However, they can occur during more complex procedures, like those involving calcified lesions in dialysis patients or CTO PCI. In such cases, micro-snaring or multiwire technique may be attempted to retrieve the lost guidewire. 1,2 However, micro-snaring tends to be more successful when the fragment is proximal, and it becomes more challenging when the fragment is distal. In this case, the fractured and lost RotaWire™ (Boston, Japan) was successfully and safely removed from within the distal right coronary artery using a Goose Neck™ (Medtronic, Japan) (Video S1). Rotablation has cracked the advanced calcification, enabling the device to be brought in to the distal region.

AUTHOR CONTRIBUTIONS

Yoji Watanabe: Data curation. Daisuke Fukamachi: Resources; writing - original draft. Naoya Matsumoto: Supervision. Yasuo Okumura: Supervision.

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FUNDING INFORMATION

None.

CONFLICT OF INTEREST STATEMENT

Yaso Okumura has COIs from Daiichi-Sankyo, Bayer Healthcare, Bristol-Myers Squibb Company, AstraZeneca K.K., ONO PHARMACEUTICAL CO., LTD., MEDTRONIC JAPAN CO., LTD, Boston Scientific Japan, JAPAN LIFELINE, FUKUDA DENSHI, Abbott Medical Japan, BIOTRONIK Japan, and Medtronic Japan.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

CONSENT

Written informed consent was obtained from the patient to publish this report in accordance with the journal's patient consent policy.

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REFERENCES

- 1. Leibundgut G, Achim A, Krivoshei L. Safe and predictable transcatheter removal of broken coronary guidewires: the 'knuckletwister' technique: a case series report. *Eur Heart J Case Rep.* 2023;7:ytad311.
- 2. Al-Moghairi AM, Al-Amri HS. Management of retained intervention guide-wire: a literature review. *Curr Cardiol Rev.* 2013;9:260-266.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.