
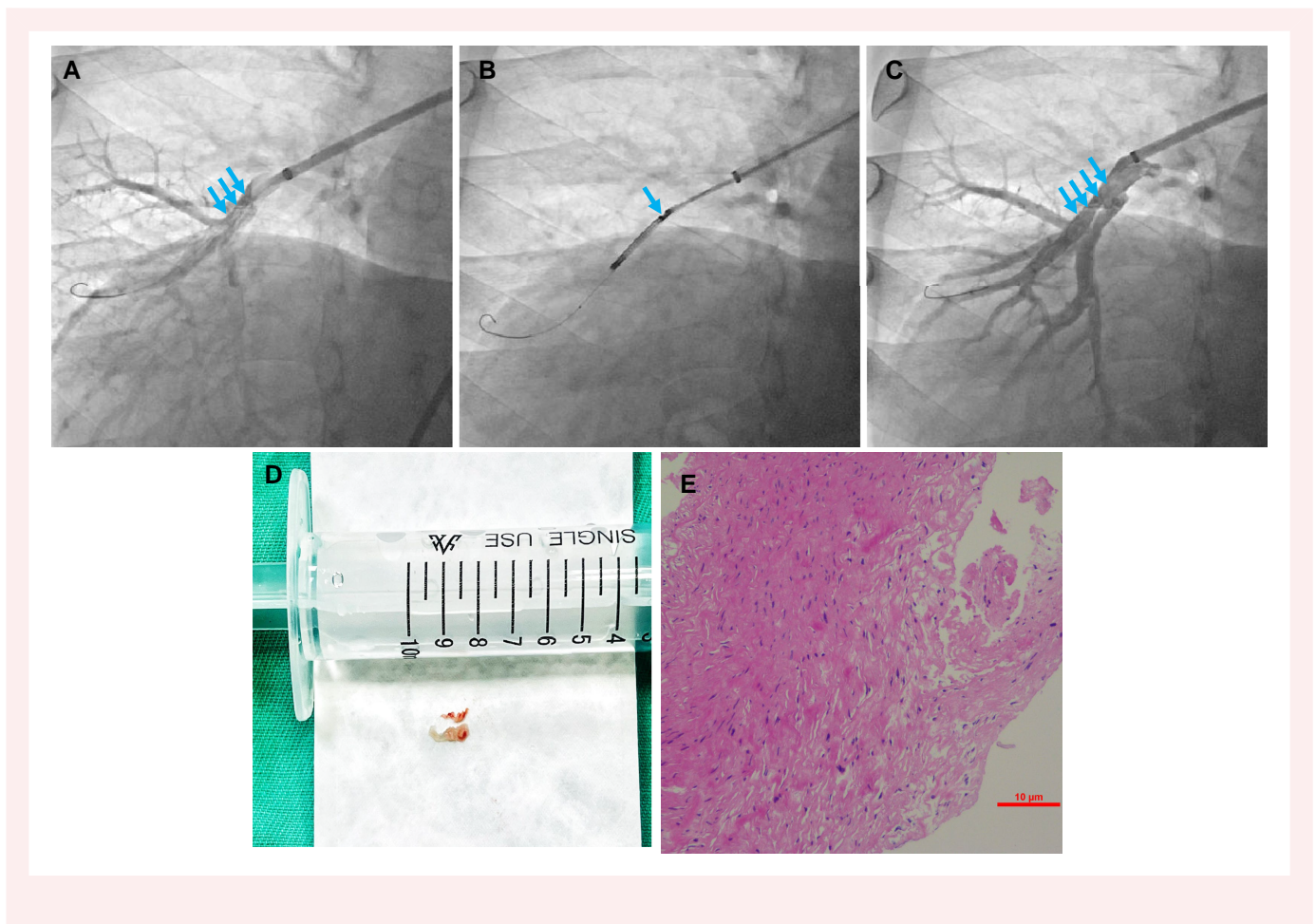


# TurboHawk plaque rotation system for chronic thromboembolic pulmonary hypertension

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A 27-year-old man was diagnosed with chronic thromboembolic pulmonary hypertension (CTEPH) in our hospital due to exertional dyspnoea. After evaluation by a multidisciplinary team, balloon

pulmonary angioplasty was performed, and his symptoms improved with 3-session balloon pulmonary angioplasty. However, the flow of the right inferior pulmonary artery still has not reached Grade 3 due

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to the lesions at basal trunk presenting as a complex mesh with a slit by pulmonary artery angiography. Multiple ballooning failed to improve the flow distally (arrows in *Panel A*, [Supplementary material online, S1](#)). Thus, hyperplastic intima lesions were suspected rather than organized thrombus-forming web-like one. After multidisciplinary consultation, TurboHawk peripheral plaque excision system (TurboHawk™ Peripheral Plaque Excision System, Medtronic, Inc., MN, USA; arrow in *Panel B*, [Supplementary material online, S2](#)) was used and proliferative tissues were removed partially and successfully without any complications. Pulmonary artery angiography showed improved imaging at the right basal trunk (arrows in *Panel C*, [Supplementary material online, S3](#)) and no complications were observed. The removed tissues were stripped hyperplastic lesion in gross morphology (*Panel D*). Pathologic analysis showed fibrinous exudate with degeneration (*Panel E*) which is consistent with previous findings in the literature. Unfortunately, intravascular imaging was not performed to get more detailed information. The TurboHawk™ Peripheral Plaque Excision System is designed for the treatment of atherosclerotic lesions in peripheral arteries, which is slowly advanced across the lesion over a 0.014" (0.36 mm) guidewire, shaving occlusive material from the artery and storing the excised tissues in the tip of the device. The minimum sheath size recommended is 6F. To the authors' knowledge, this is the first time this

technique has been used in a patient with CTEPH, which might provide a promising insight for interventional endarterectomy in the future. However, further studies are still needed to confirm safety and feasibility.

## Supplementary material

[Supplementary material](#) is available at *European Heart Journal – Case Reports*.

**Consent:** The authors confirm that written consent for submission and publication of this case report including images and associated text has been obtained from the patient in line with COPE guidelines.

**Conflict of interest:** None declared.

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## Data availability

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.