Acta Cardiologica

ISSN: 0001-5385 (Print) 0373-7934 (Online) Journal homepage: https://www.tandfonline.com/loi/tacd20

Coronary lithotripsy: a new treatment for severe calcified lesions

Claudiu Ungureanu, Marc Blaimont, Jacques Auslender & Antoine de Meester

To cite this article: Claudiu Ungureanu, Marc Blaimont, Jacques Auslender & Antoine de Meester (2020) Coronary lithotripsy: a new treatment for severe calcified lesions, Acta Cardiologica, 75:2, 162-164, DOI: 10.1080/00015385.2018.1558749

To link to this article: https://doi.org/10.1080/00015385.2018.1558749

Published online: 02 Jun 2019.

ACTA CARDIOLOGICA
2020, VOL. 75, NO. 2, 162–164
https://doi.org/10.1080/00015385.2018.1558749

IMAGE FOCUS

Coronary lithotripsy: a new treatment for severe calcified lesions

Claudiu Ungureanu, Marc Blaimont, Jacques Auslender and Antoine de Meester

Department of Cardiology, Jolimont Hospital, La Louvière, Belgium

ARTICLE HISTORY Received 21 November 2018; Accepted 10 December 2018

KEYWORDS Calcified lesions; coronary complex angioplasty

A 72-year-old male was admitted for unstable angina due to severe in-stent restenosis (Figure 1).

After several attempts using high pressure non compliant balloons, it was impossible to properly prepare the vessel as a result of severely underexpanded first stent implantation (Figure 2).

A Shockwave catheter (Shockwave Medical, Fremont US) was used and after 30 pulses the stent was expanded (Figure 3(A,B)). The treatment was completed by a new drug eluting stent with an excellent final angiographic result (Figure 4).

A 83-year-old female was admitted for non-ST-myocardial infarction due to a subocclusive ostial circumflex lesion (Figure 5). Previous history included a patent LIMA graft to proximal occluded LAD and patent RIMA graft to PD. The first attempt with low profile semi-compliant balloons failed due to a previous stent implanted in the left main and to severe calcified ostial plaque.

A second attempt was made with a Shockwave catheter which successfully crossed after placement of a second more supportive coronary wire (Sion Blue Extra Support, Asahi Intecc.). A good expansion of the balloon was obtained after 40 pulses and the treatment was completed by a drug eluting stent with an excellent angiographic result (Figure 6).

Angioplasty of heavily calcified coronary artery lesions remains today is a difficult challenge and can lead to adverse outcomes.

We present two clinical cases treated with a novel technology after failure with classical angioplasty. The coronary lithotripsy technique was very efficient, safe and straightforward despite the complexity of the coronary anatomy. No adverse clinical outcome was noticed 30 days after the procedures.

Disclosure statement

No potential conflict of interest was reported by the authors.

CONTACT Claudiu Ungureanu ungureanu.claudiu@ymail.com Department of Cardiology, Jolimont Hospital, Rue Ferrer 159, 7100, La Louvière, Belgium

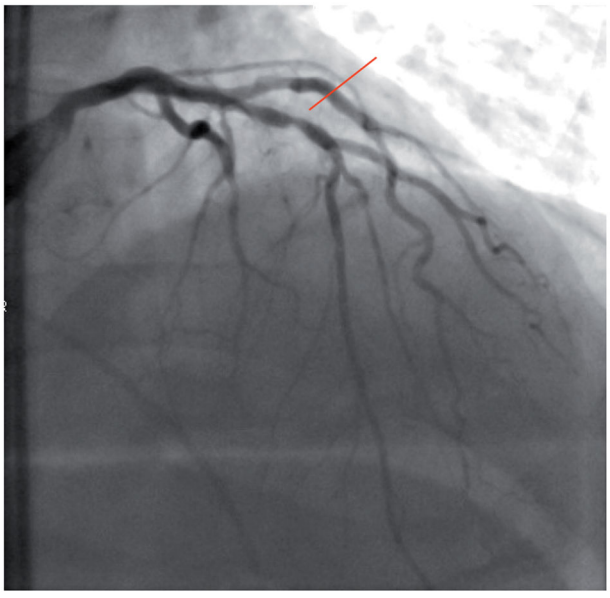

Figure 1.

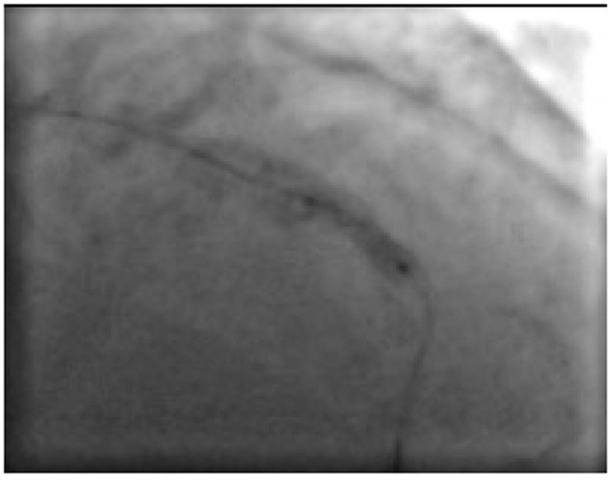

Figure 2.

(a)

(b)

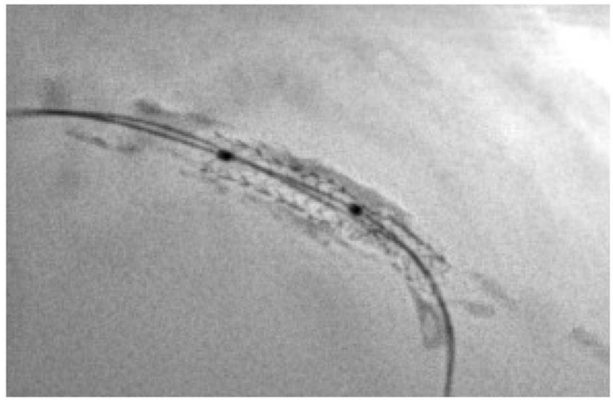

Figure 3.

Figure 4.

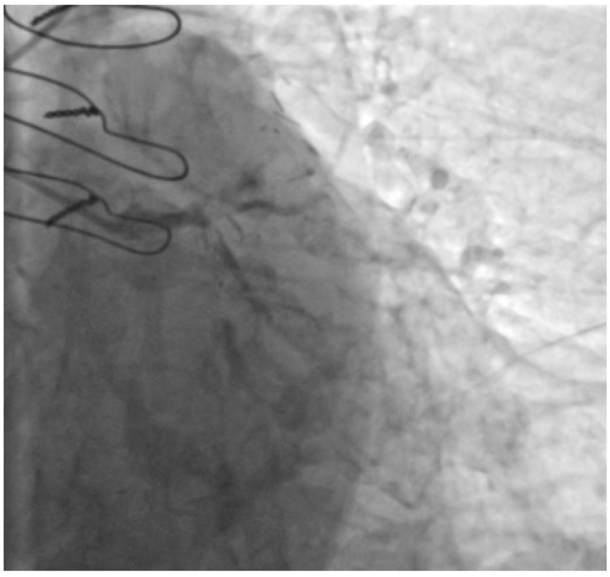

Figure 5.

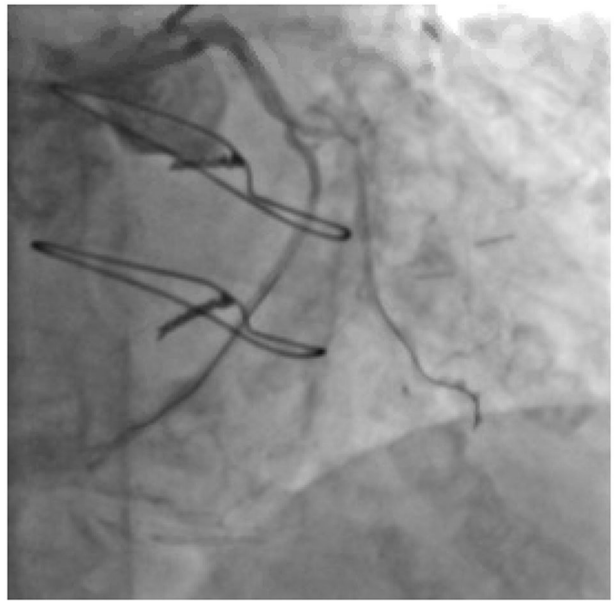

Figure 6.