

# GUIDEWIRE FRACTURE COMPLICATED BY ACUTE RIGHT CORONARY ARTERY THROMBOSIS

**Claudio Mauro, MD**



# PATIENT FEATURES



Uomo, 76 aa



- Ipertensione arteriosa, DM2, dislipidemia, HFrEF(40%), CABG AMIS-I MO/AMID-IVA(2016), PTA AFS sx e dx (2018-2025)



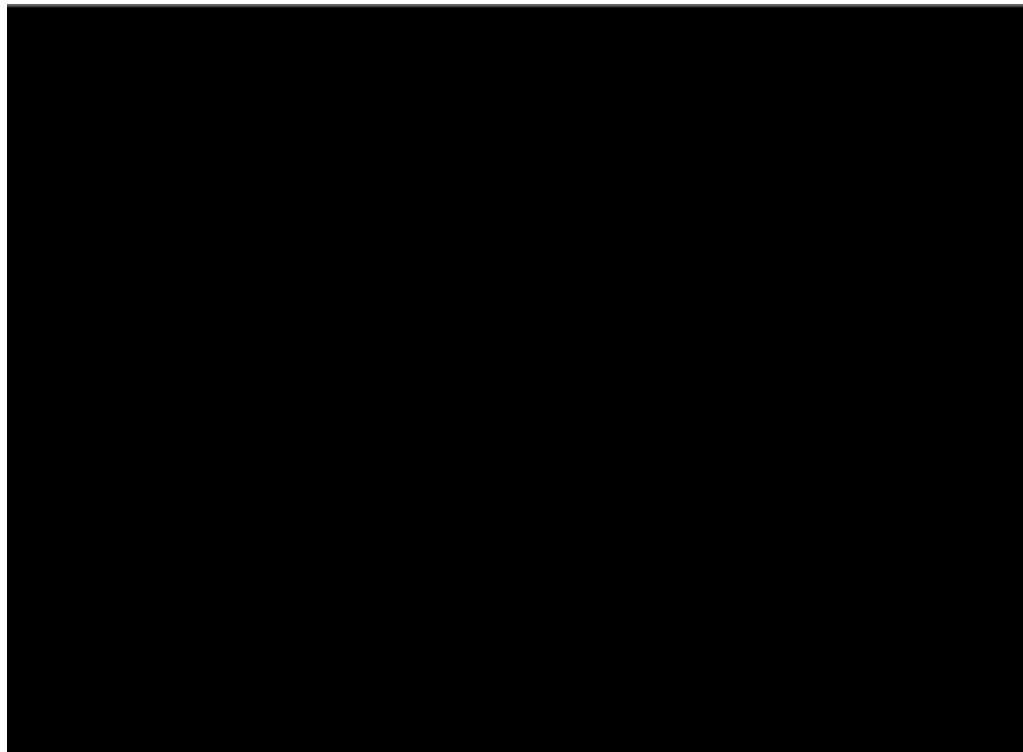
- Duoplavin 75/100 mg, Entresto(24/26 mg bid), Bisoprololo 10 mg, Luvion 50 mg, Furosemide 25 mg, Amlodipina 5 mg



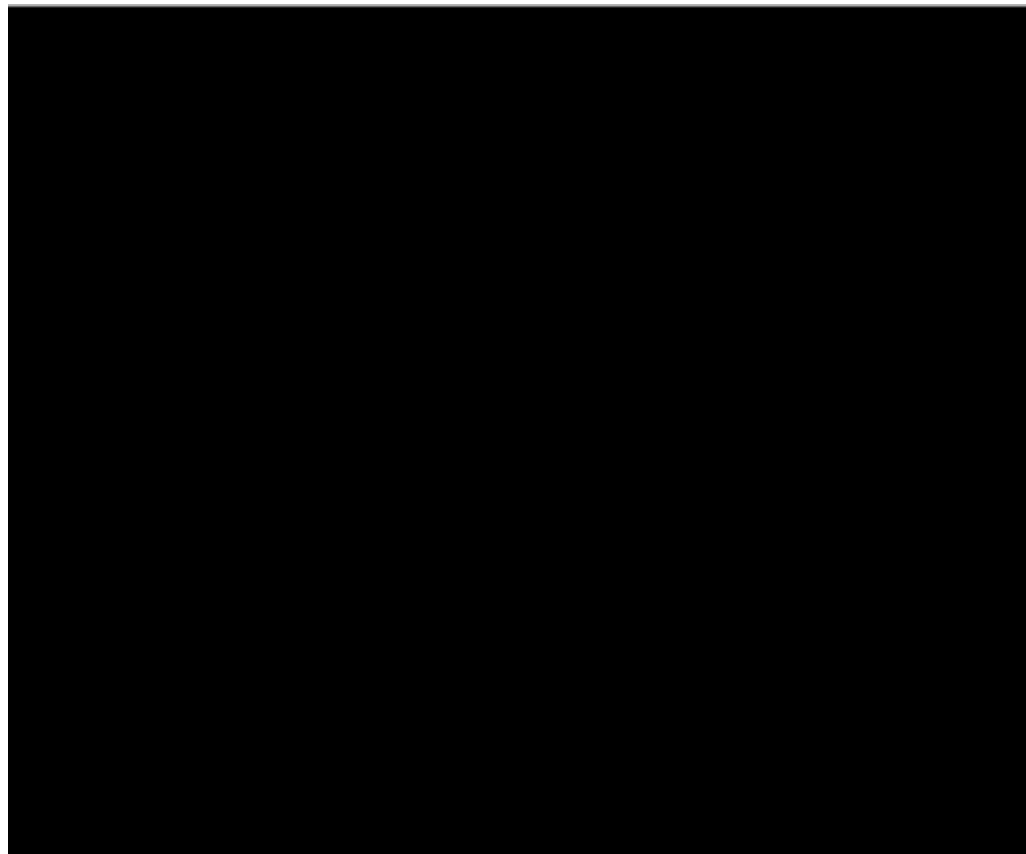
- Dispnea da sforzo associata a numerosi BEV



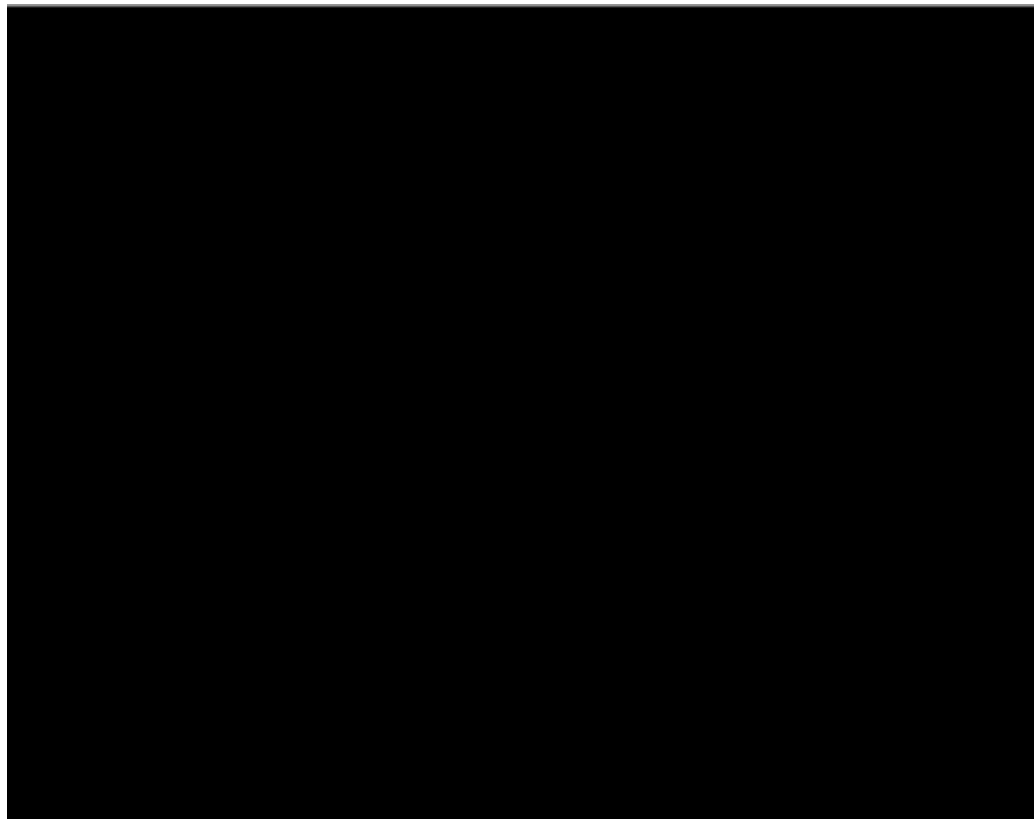
## AMID-IVA



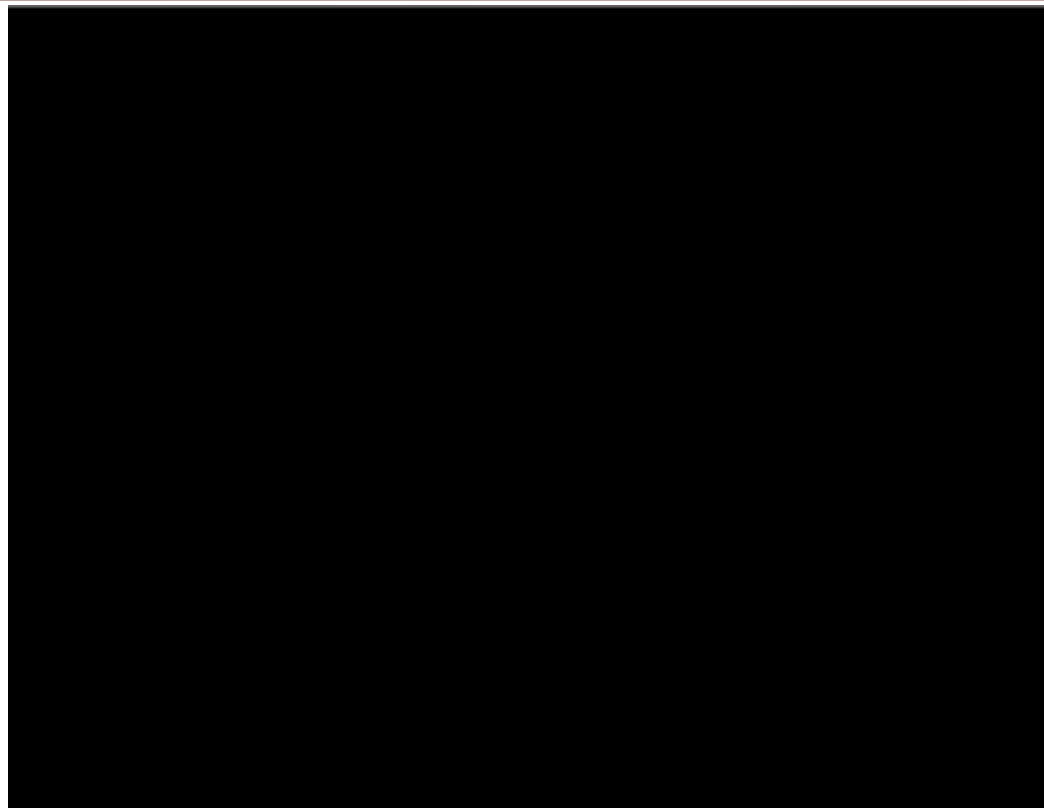
## AMIS-I MO



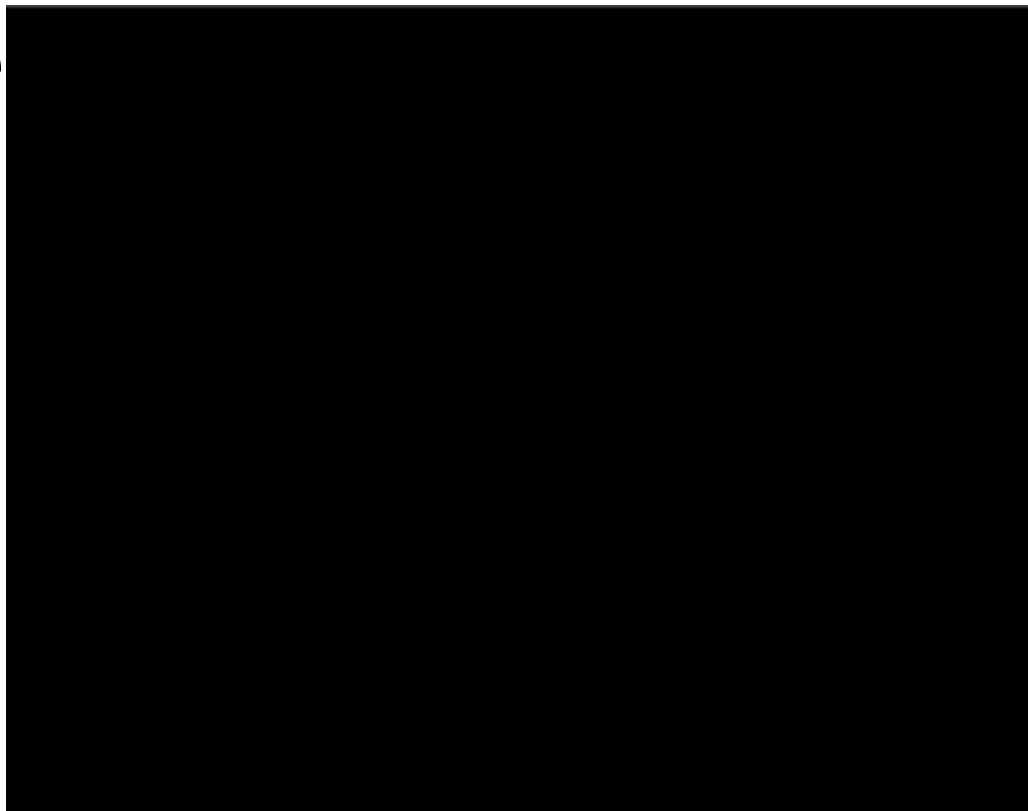
## VASI NATIVI



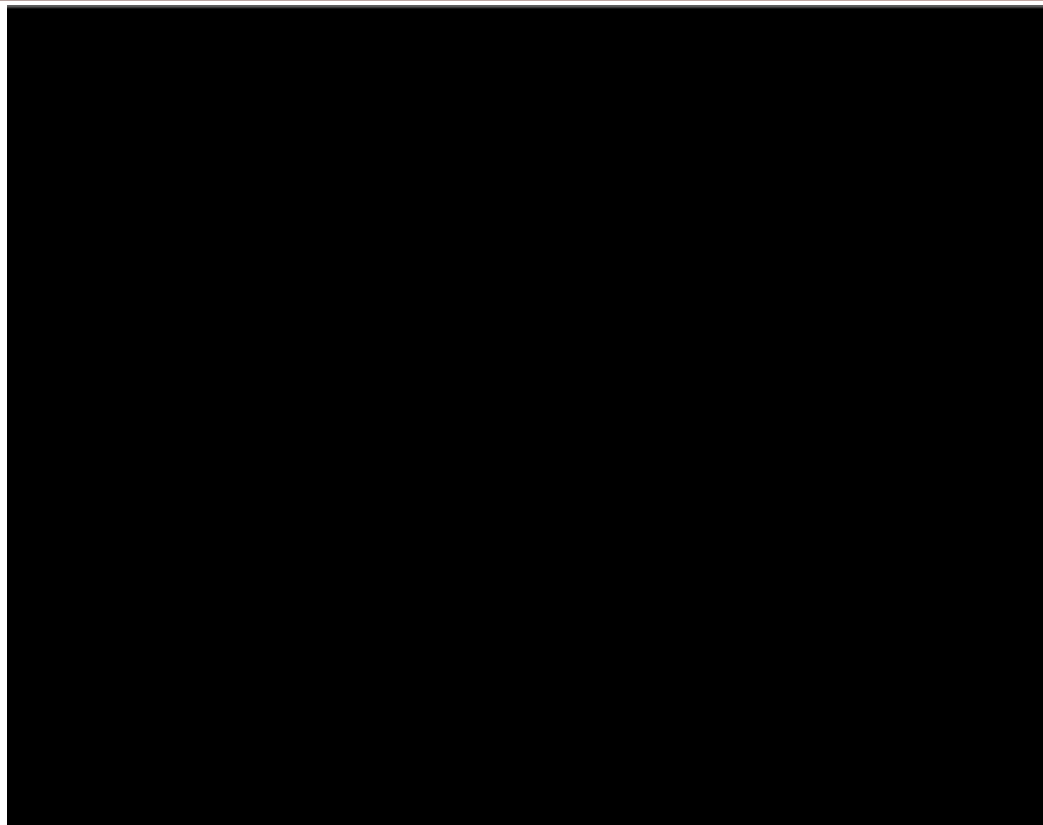
## VASI NATIVI



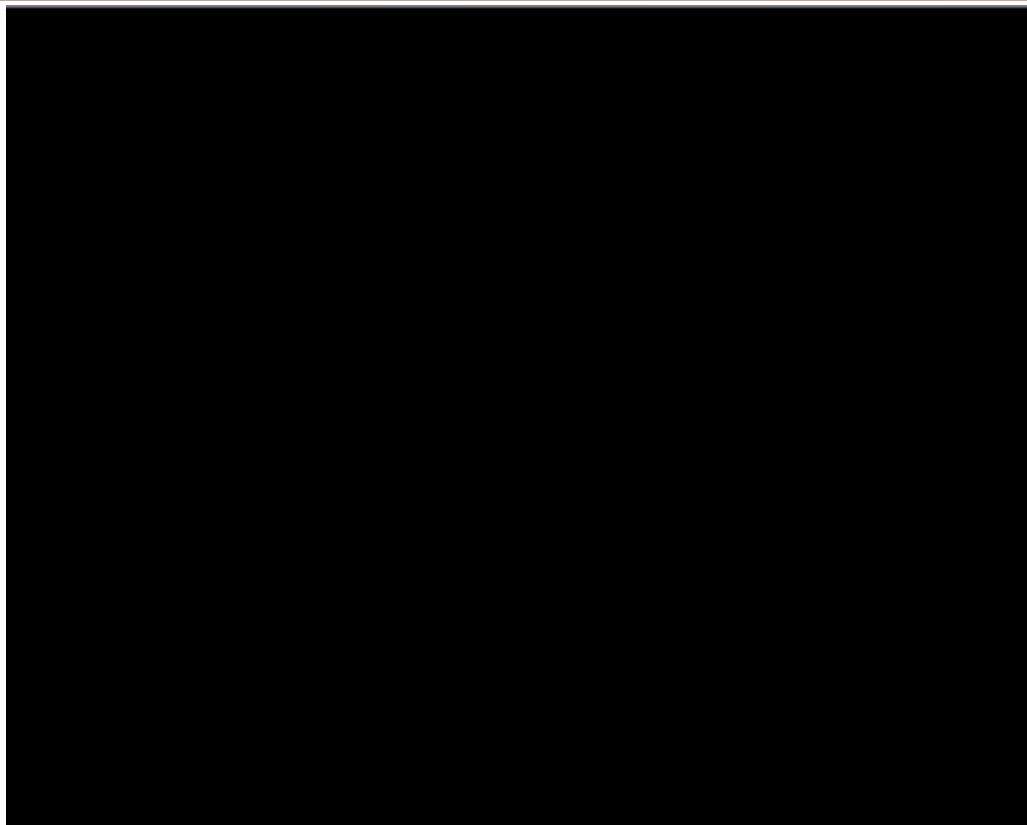
Predilatazione  
NC Trek Neo  
2.5 x 15 mm



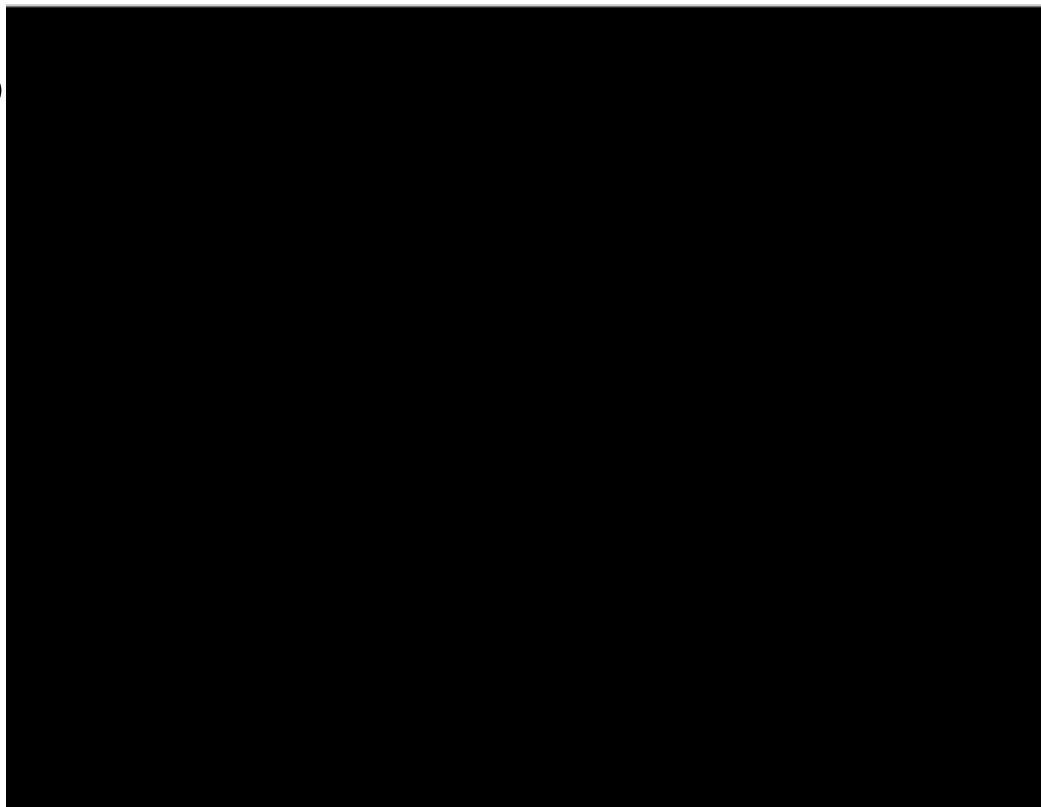
## BMW FRATTURATA e TROMBOSI ACUTA CDx



Tentativi con  
PILOT 200  
FIELDER XTA  
SION BLUE  
FINECROSS



4 x 8 mm DES  
«pinning the  
remnant»



- FLOPPY GUIDEWIRES
- LESIONI CALCIFICHE
- CTO
- OVER-TORQUING



- EMBOLIZATION
- ACUTE OR SUBACUTE  
VESSEL THROMBOSIS
- ACUTE OR SUBACUTE  
STENT THROMBOSIS
- VESSEL PERFORATION



**Do I need to worry about it?**

**No**

(very distal, small side branch)

**Leave it alone.**

Consider long-term DAPT.

**Yes**

(large vessel, long wire fragment)

**If possible, do OCT/IVUS**

How long is the wire fragment(s)?  
*Thin stretched segment might not be seen on Cine*

**Can it be stented?**

**Yes**

**Stent it.**

Consider long-term DAPT.

**No**

Protrusion into Aorta  
Very long wire fragment  
*Not ideal: LMT, Bifurcation*

**Retrieve it.**

Capture with a snare (*if in aorta or very proximal*)  
Capture using embolic protection device (*FilterWire*)  
Capture by twirling multiple wires around fragment

**Success?**

**Yes**

OCT/IVUS to assess for dissection.  
Stent if needed.

**No**

Re-consider stenting.  
**Surgical removal.**

C.W. HWANG ,Md, PhD



**GRAZIE PER L'ATTENZIONE**

**Mauro Claudio, MD**