

# Prepare to succeed

## In-stent restenosis case review

### Operator/facility

Allen Jeremias, MD, MSc, St. Francis Hospital, Heart Center, New York, NY

### Case history

- 82 year old male – diabetic, hypertension, prior PCI in RCA 2001 (BMS)
- Returned with ISR in 2002 – PCI with second BMS and brachytherapy
- Returned with chest pain 2018

### Intervention

1. Angiogram was performed and showed significant restenosis. (Figure 1)
2. Treated the RCA with a 1.4 mm ELCA coronary laser atherectomy catheter (1-pass @ 60/40 setting) to create a channel for IVUS.
3. Used a Revolution rotational IVUS catheter to assess the cause of in-stent restenosis. IVUS revealed under-expansion due to calcium behind the stents distal and neo-atherosclerosis in-segment. (Figure 2)
4. Utilized a 3.5 mm x 15 mm AngioSculpt PTCA scoring balloon catheter at 18 atm pressure and directed the precise placement with CoreVision's Device Detection technology. (Figures 3 and 4)
5. Delivered a 4.0 mm x 38 mm DES and post-dilated with a 4.0 mm NC balloon at 20 atm.

### Results and conclusion

Final angiograms and IVUS confirmed excellent results. (Figures 5 and 6)

The opinions and clinical experiences presented herein are for informational purposes only. Individual results may vary depending on a variety of patient-specific attributes and related factors.

Results from this case study are not predictive of future results.

Images provided courtesy of Allen Jeremias, MD.

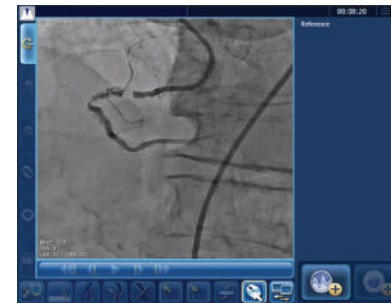


Figure 1 - Initial angiogram

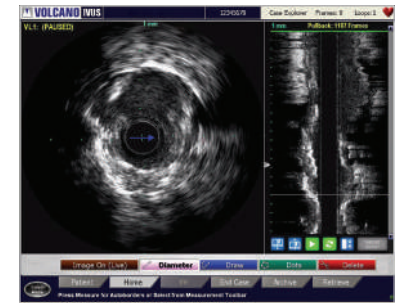


Figure 2 - Pre-therapy imaging



Figure 3 - Device detection



Figure 4 - Post-therapy AngioSculpt PTCA angiographic result



Figure 5 - Final angiographic result

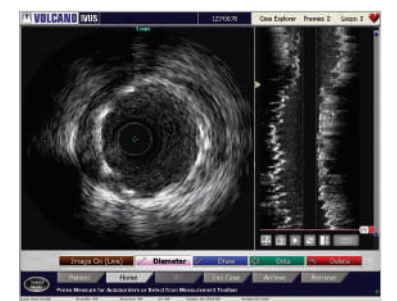


Figure 6 - IVUS confirmation post-therapy