

A mysterious fluff in the ascending aorta retrieved with a snare system

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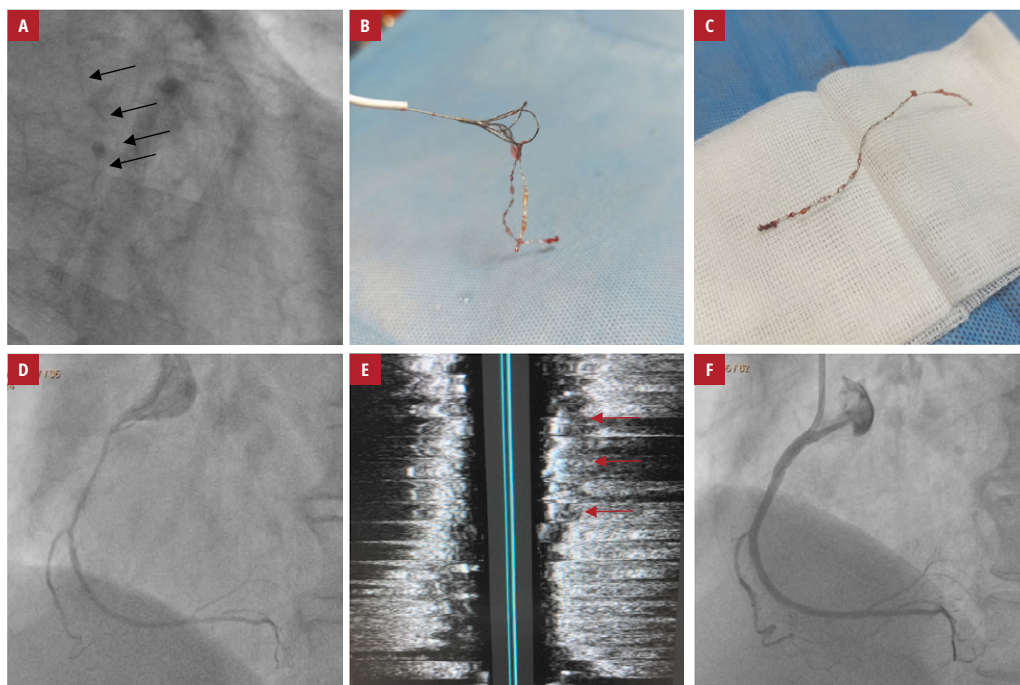


FIGURE 1 **A** – a fluff visible under fluoroscopy (arrows); **B** – the removed unwoven stent on the snare; **C** – the removed unwoven stent on dressing; **D** – the right coronary artery just after removal of the unwoven stent fragment; **E** – intravascular ultrasound visualization of the residual stent fragment in the mid-right coronary artery (length of approximately 15 mm); **F** – final view of the right coronary artery after deployment of 3 drug-eluting stents

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A 59-year-old male patient with a history of non-ST-segment elevation myocardial infarction treated with percutaneous coronary intervention (PCI) with a drug-eluting stent (Supraflex Cruz 2.5 × 44 mm; SMT Polonia, Gdańsk, Poland) in the right coronary artery (RCA) in April 2020, was referred to his cardiologist in October 2020 due to recurrence of chest pain and exertional dyspnea. On echocardiography,

a foreign, free-floating body in the RCA ostium and aorta was disclosed. It was confirmed by fluoroscopy which revealed a foreign body extending from the proximal RCA to the ascending aorta (FIGURE 1A; Supplementary material, Video S1 and S2). Due to the lack of visible markers and/or radio-opacity, the hypothesis that it was a broken fragment of a balloon catheter or guidewire was ruled out. The foreign body

was removed using the EN Snare Endovascular Snare System (MeritMedical; Jordan, Utah, United States). It turned out to be a stretched stent about 8 cm long (FIGURE 1B and 1C). The subsequent coronary angiography revealed significant diffuse stenosis in the proximal and medium segments of the RCA, including in-stent restenosis in a stent deployed in segment 2 (according to available medical records) (FIGURE 1D). However, on intravascular ultrasound (IVUS), the stent had a length of only about 15 mm (FIGURE 1E; Supplementary material, Figure S1). Under IVUS guidance, PCI with implantation of 3 everolimus-eluting stents (Synergy 3.0 × 24 mm, 3.5 × 24 mm, and 4.0 × 8 mm; Boston Scientific; Marlborough, Massachusetts, United States) was performed (FIGURE 1F). The patient was discharged on acetylsalicylic acid 75 mg daily and ticagrelor 90 mg twice a day for 12 months.

The EN Snare Endovascular Snare System is designed with 3 interlaced loops to retrieve and manipulate foreign objects in the body.^{1,2} However, in our case, it is not completely understood what led to an almost entirely unwoven stent to be located in the ascending aorta. We believe that at some point during the initial PCI, the guidewire was advanced at least partially behind the struts of the long (44 mm) and underexpanded stent. During stent optimization, the balloon catheter broke the struts in the distal/mid-portion of the stent, and when the balloon was being withdrawn, it initiated the process of stent unweaving.

SUPPLEMENTARY MATERIAL

Supplementary material is available at www.mp.pl/kardiologiapolska.

ARTICLE INFORMATION

CONFLICT OF INTEREST None declared.

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