

Rotation atherectomy: complications after percutaneous coronary intervention on the right coronary artery

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Distal embolization, during coronary intervention, of thrombotic material resulting in compromised coronary flow is a common complication usually described in the context of invasive treatment of acute ST-segment elevation myocardial infarction (STEMI)¹. In our case, we report distal embolization, presumably with a calcified atherosclerotic plaque fragment. It occurred during an elective percutaneous coronary intervention on the subostial part of the right coronary artery. Fortunately, this embolization did not compromise distal flow, but it did result in a significant „de novo” lesion of the right coronary artery crux. This lesion was uncrossable with dilatation balloons using a variety of different basic and advanced tools and techniques. Therefore, we decided to perform a rotational atherectomy that enabled a successful percutaneous coronary intervention with stent implantation.

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LITERATURE

1. Cader FA, Khan SR. Cracking Recalcitrant Calcium in a Tortuous RCA: A Case Report. *J Inv Clin Cardiol.* 2021;3(2):87-91.