

# Interventions in severely calcified coronary stenoses: lithotripsy or rotablation

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Severely calcified coronary lesions represent up to 30-40 % of all coronary stenoses, and bring greater risk of complications and recurrent events. Materials like non-compliant balloon, scoring and super-high pressure balloons, together with debulking devices (rotablation and intravascular lithotripsy) are essential in calcium management. Despite the availability of several plaque modification devices, their rates of use remain low despite the prevalence of the coronary artery calcium encountered in clinical practice.<sup>1,2</sup> Percutaneous coronary intervention (PCI) in a severely calcified coronary artery is often complex and requires knowledge of materials and methods. Patients with severely calcified lesions are older, more fragile and with more comorbidities and have a harder time tolerating more complex procedures. It is important to understand how each device can be utilized in clinical practice to improve outcomes after PCI. We will present the problems encountered during PCI in severely calcified coronary artery stenoses. We will refer to the guidelines, methods and algorithm of procedures when using rotablation and intravascular lithotripsy in our Cath Lab.

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## LITERATURE

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