

## Transcatheter retrieval of an embolized stent together with a failed snare from the descending aorta

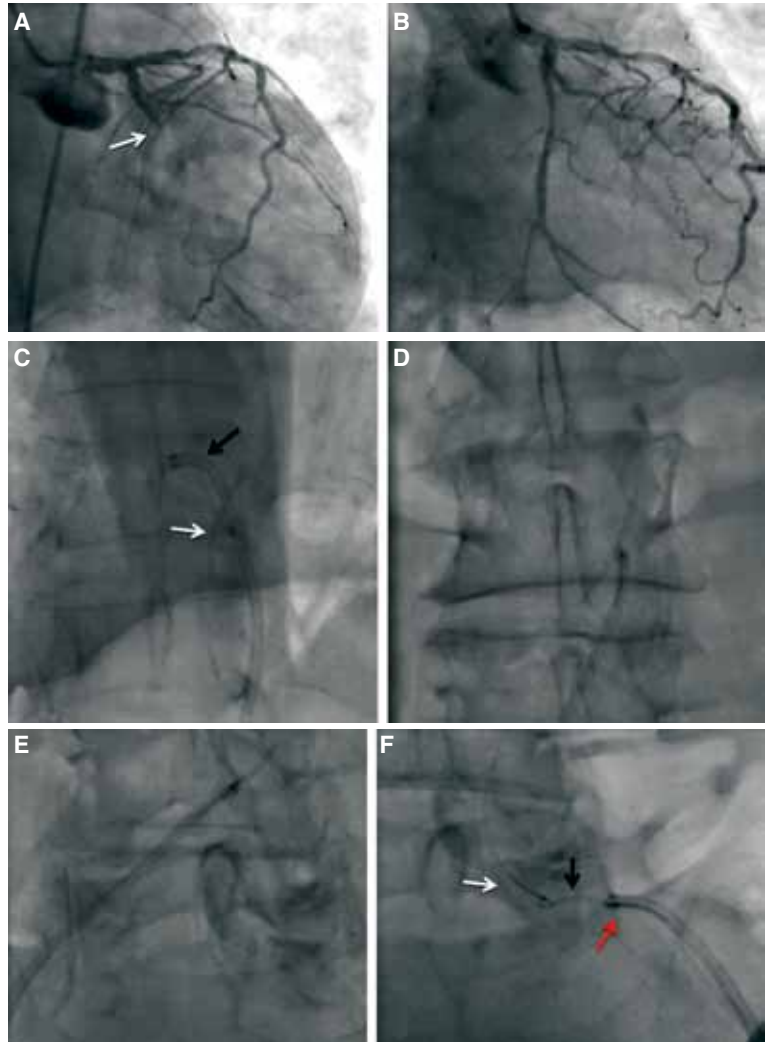
### *Embolize stentin başarısız kısıkaç sistemiyle birlikte inen aorttan transkateter yolla çıkarılması*

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A 60-year-old man was admitted with acute posterior myocardial infarction. Coronary angiography showed total occlusion of the middle segment of the left circumflex artery (Cx) (Fig. A) and primary percutaneous coronary inter-

vention was performed. A JL4 guiding catheter was engaged to the left main coronary artery using a 7-Fr sheath in the right femoral artery. The lesion was crossed with a 0.014-inch guide wire and predilated with a 2.0 x 20-mm balloon, resulting in TIMI 2-3 flow (Fig. B). A 3.0 x 24-mm paclitaxel-eluting stent was advanced to the lesion, but the proximal part of the Cx could not be crossed because of an acute angle take-off of the Cx and suboptimal guide position. During catheter manipulations, the guiding catheter sprang uncontrollably into the aortic root, pulling the stent-balloon assembly together with the guide wire outside the coronary artery. For better crossing of the lesion, we planned to change the 0.014-inch guide wire with an extra-support guide wire. Upon retrieval of the system, we discovered that the stent was stripped off the delivery balloon. The dislodged stent was found in the abdominal aorta at the suprarenal level. The JL4 guiding catheter was placed in the descending aorta near the stent (Fig. C). A 5-mm coronary snare was advanced through a snare catheter. The middle portion of the stent was grasped and the catheter was advanced to close the snare loop (Fig. D). However, the stent could not be taken into the catheter (Fig.



E). Moreover, the snare was trapped between the struts of the stent and could not be reopened. The entire system was then pulled below the level of renal arteries. An 8-Fr sheath was placed in the left femoral artery and another snare loop was used to grasp the edge of the stent. Subsequently, the stent grasped by the snare and the snare complex were pulled out together (Fig. F). Thus, the embolized stent and the snare complex were successfully removed by using a second snare and a larger catheter from the contralateral femoral artery.

**Figures.** (A) Total occlusion of the middle segment of the left circumflex artery (arrow) and (B) balloon dilatation resulting in TIMI 2-3 flow. (C) The JL4 guiding catheter placed in the descending aorta near the stent (white arrow: stent; black arrow: guiding catheter). (D) The stent was grasped and the catheter was advanced to close the snare loop. (E) The stent could not be taken into the catheter. (F) The embolized stent and the snare complex were pulled out as a unit (white arrow: first snare; black arrow: stent; red arrow: second snare).