An 81-year-old man was admitted to our center to undergo elective percutaneous coronary intervention in a heavily calcified lesion of the circumflex artery (Cx). Past medical history revealed a coronary artery bypass graft surgery carried out 22 years ago (saphenous vein grafts to the right coronary artery and left anterior descending artery), arterial hypertension, persistent atrial fibrillation, and hypercholesterolemia. Three months before admission, the patient sustained a non–ST-segment elevation myocardial infarction followed by 2 unsuccessful percutaneous coronary interventions with rotational atherectomy in the medial Cx. The first procedure performed via radial artery access was unsuccessful due to insufficient backup support of an extra backup 3/5/6F guiding catheter (Medtronic), a Fielder guidewire (Asahi Intecc, Aichi, Japan) was placed distally in the Cx. The RotaWire Floppy Guide wire (Boston Scientific) was introduced into the target vessel with the Finecross MG microcatheter (Terumo, Tokyo, Japan). Subsequently, the rotablation in the medial Cx was performed using a 1.25 mm RotaPro burr (Boston Scientific). Seven runs at 145,000 rpm were performed, which allowed the burr to pass through the lesion. This strategy enabled smooth delivery and full expansion of a 2.0/12 mm non-compliant NC Solarice balloon (Medtronic) and safe implantation of a 2.5/18 mm drug-eluting Orsiro stent (Biotronik). Postdilatation with a 2.5/12 mm noncompliant NC Solarice balloon (Medtronic) and applying proximal optimization technique with a 3.0/8 mm non-compliant NC Solarice balloon (Medtronic) provided optimal angiographic results (Figure 1B).

The presented case shows that rotablation remains the treatment of choice in patients with uncrossable lesions. However, it requires the proper technique. As the procedure is discouragingly complex, it is underutilized. In this case, we used the new RotaPro system for the first time in Poland. In our opinion, the device is operator-friendly and easier to use in comparison with its previous model. It does not require the use of foot pedals, as a control panel is placed on an advance. Therefore, the system
is more accessible for less experienced operators. Experienced operators can also benefit from the new system, which allows them to fully concentrate on the patient and undertake even more complex procedures. We believe that a tried and tested, reliable device equipped with the new user-friendly console (FIGURE 1C and 1D) will allow operators to preserve good procedural results and simultaneously flatten the learning curve. The main benefit of the new RotaPro system is the simplification of the procedure, which may encourage interventional cardiologists to perform rotablation more willingly and, therefore, improve patients’ access to the treatment of complex lesions.

ARTICLE INFORMATION

CONFLICT OF INTEREST KR and Boston Scientific concluded a proctoring agreement with regard to rotablation procedures.

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