



A Basic Rule of Thumb in Interventional Cardiology: Never Pull What Doesn't Come, Never Push What Won't Proceed

Girişimsel Kardiyolojide Temel Kural: Gitmiyorsa İtme, Gelmiyorsa Çekme

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Diagnostic coronary angiography was planned for a 71 year old hypertensive and diabetic patient for stable angina pectoris. Six French sheath was placed in the right femoral artery and left Judkings 6 french catheter was used. Due to tortuosity of common iliac artery and abdominal aorta, left main coronary artery could not be engaged. Clockwise rotation of the catheter was done in vain for better engagement to left main coronary artery. Before trying with another catheter, left Judkings 6 was pulled back and got broken in the proximal 20 cm. Catheter was seen twisted and broken when pulled back. The twisted end got caught at the tip of the sheath (Figure 1A). The broken end of catheter was in the arch of aorta. An 8 French sheath was placed in the contra lateral femoral artery, and a snare was used to catch the tip of broken catheter (Figure 1B). The twisted end was untwisted counterclockwise first in order not to damage the vasculature (rupture or dissection) while being pulled out (Figure 1C, 1D).

Young enthusiastic interventional cardiologists should be very gentle in manipulating wires, stents or balloon catheters. They should be aware that a complication might have occurred in cases of resistance to pulling or pushing, and look for an underlying problem. Moreover, all available percutaneous strategies should be tried first to solve complications unless the patient is clinically or hemodynamically unstable.

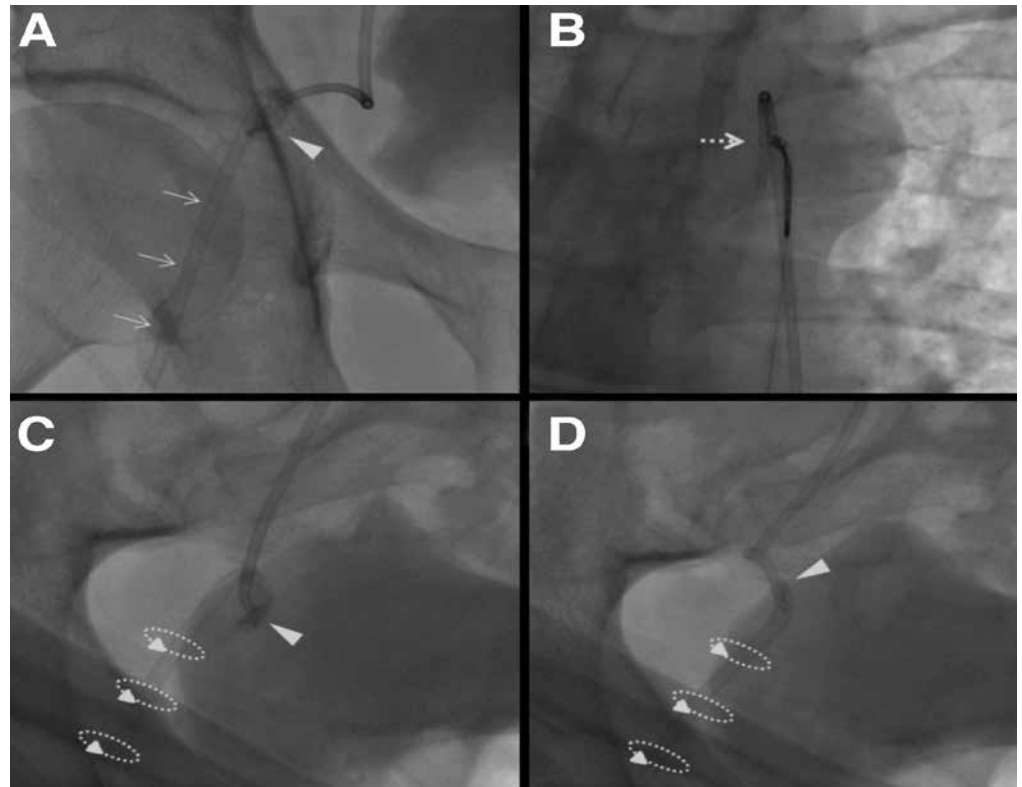


Figure 1. (A) The twisted end got (arrowhead) caught at the tip of the sheath (arrows). (B) The snare (dotted arrow) was used to catch the tip of broken catheter in the arch of aorta. (C, D) The twisted end (arrowheads) was untwisted counterclockwise first in order not to damage the vasculature while being pulled out

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