

# My Worst Nightmare:

# Angiographic Catheter Stuck in TAVI Struts During Primary PCI

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Buenos Aires, Argentina

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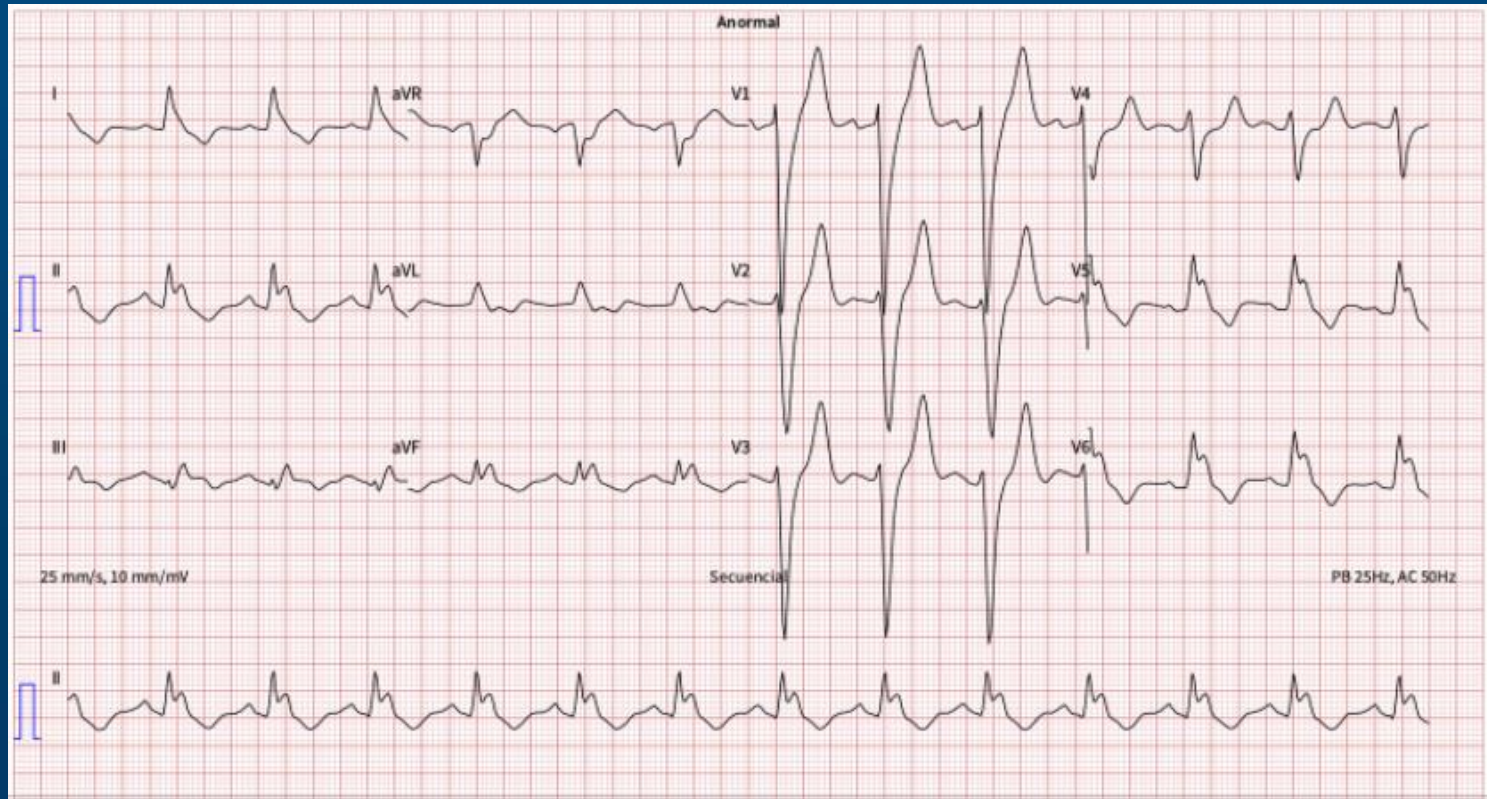
# Disclosure of Relevant Financial Relationships

I, **Camila B. Gallardo** DO NOT have any financial relationships to disclose.

# History

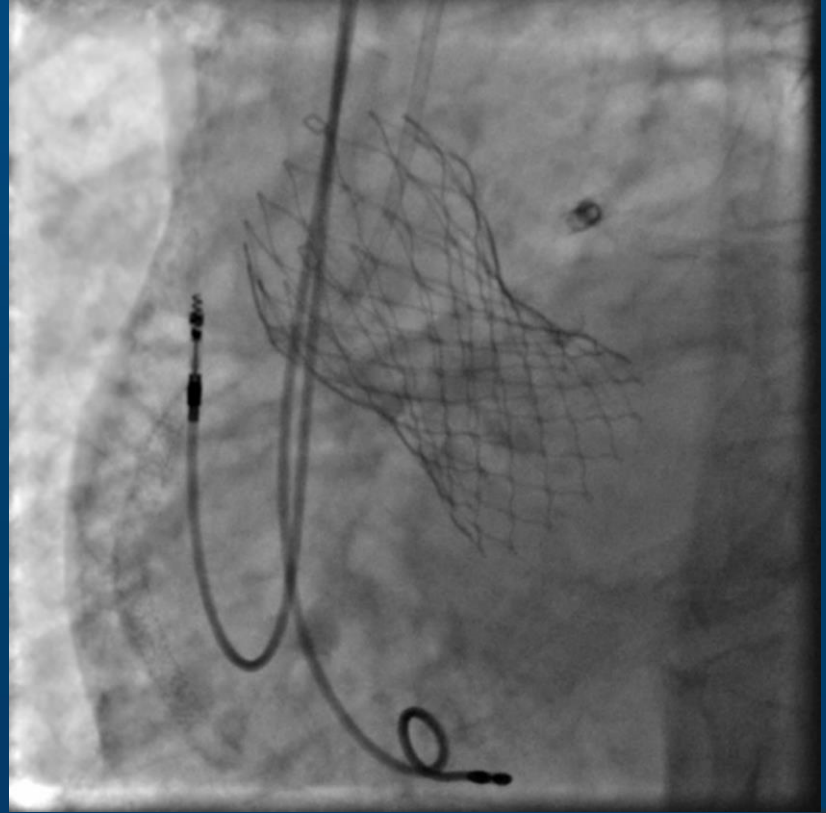
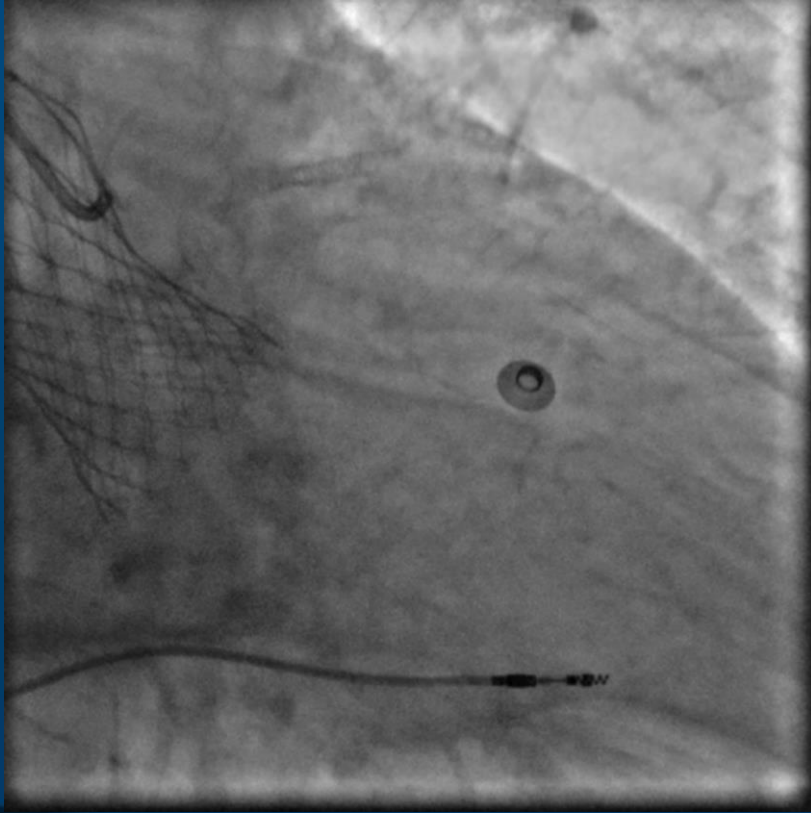
- A 79-year-old man with a history of CoreValve self-expandable TAVI (31 mm) implanted in 2016, requiring a *permanent pacemaker* post-procedure due to complete AV block, and *coronary artery disease* with prior stents in the RCA and LAD (last PCI to proximal RCA in 2020), was admitted to the coronary unit in February 2025 with inferior STEMI.

# EKG

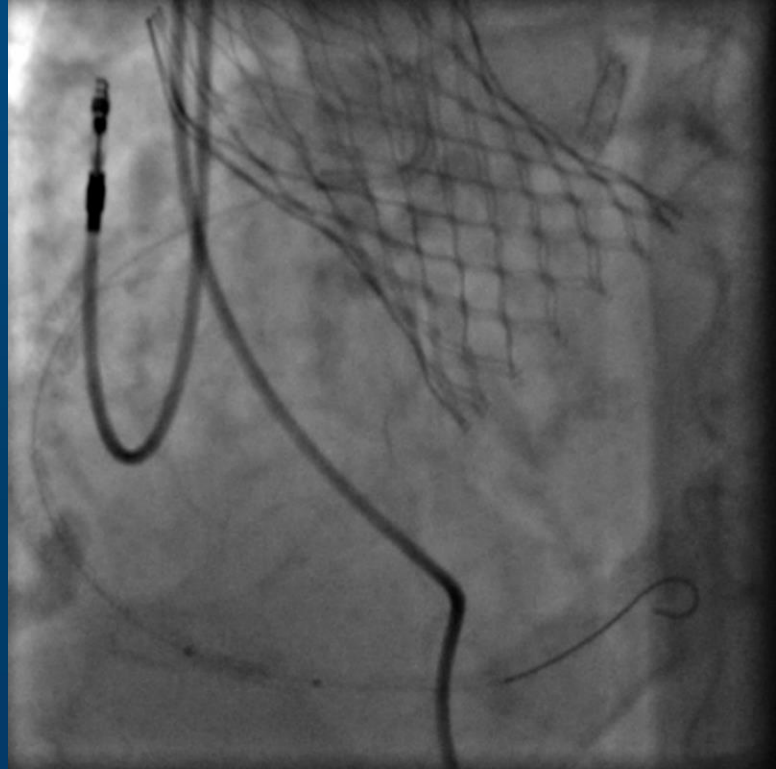
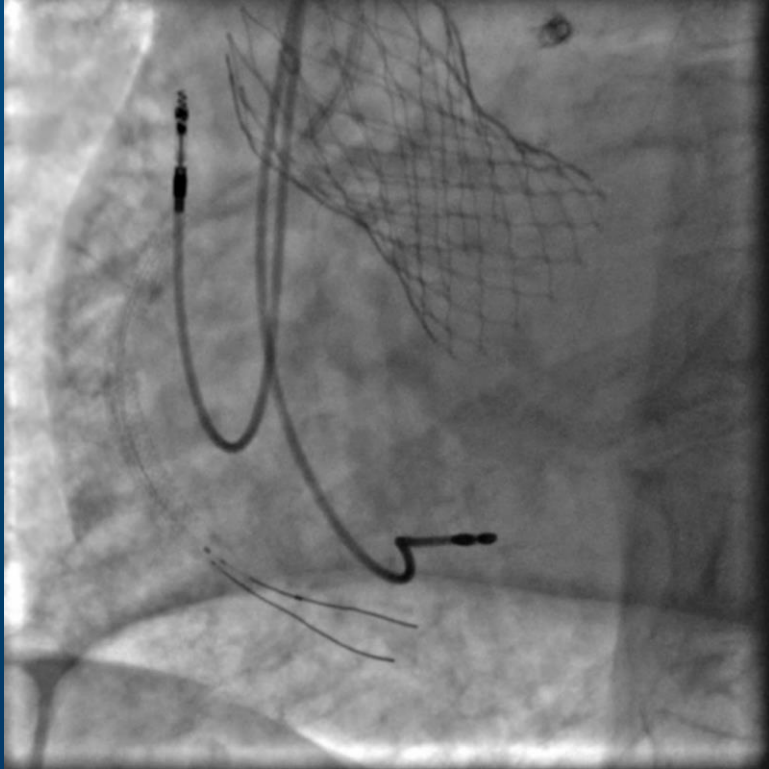




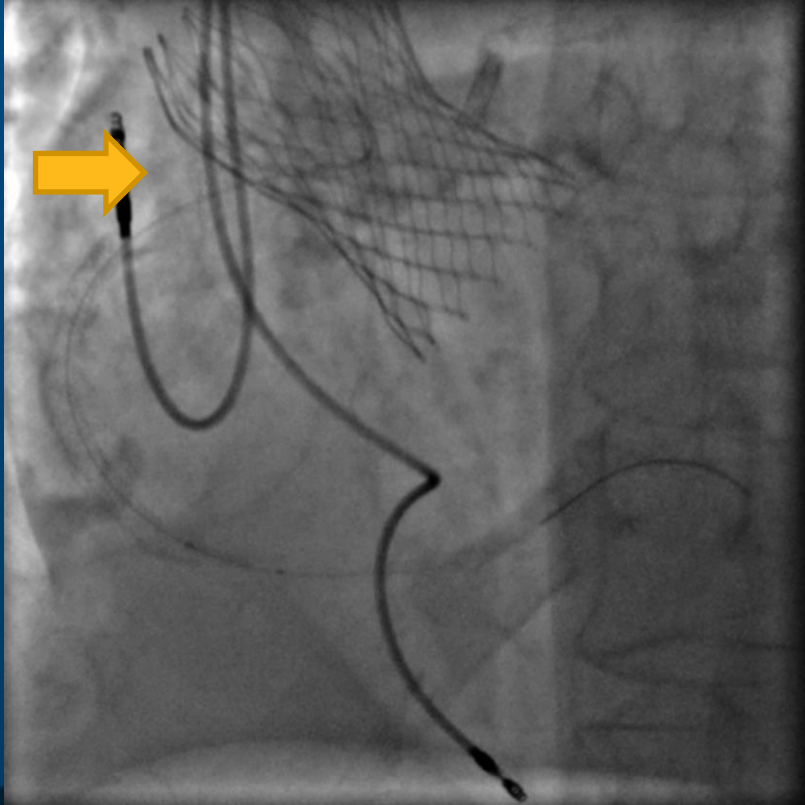
# Coronary Angiography



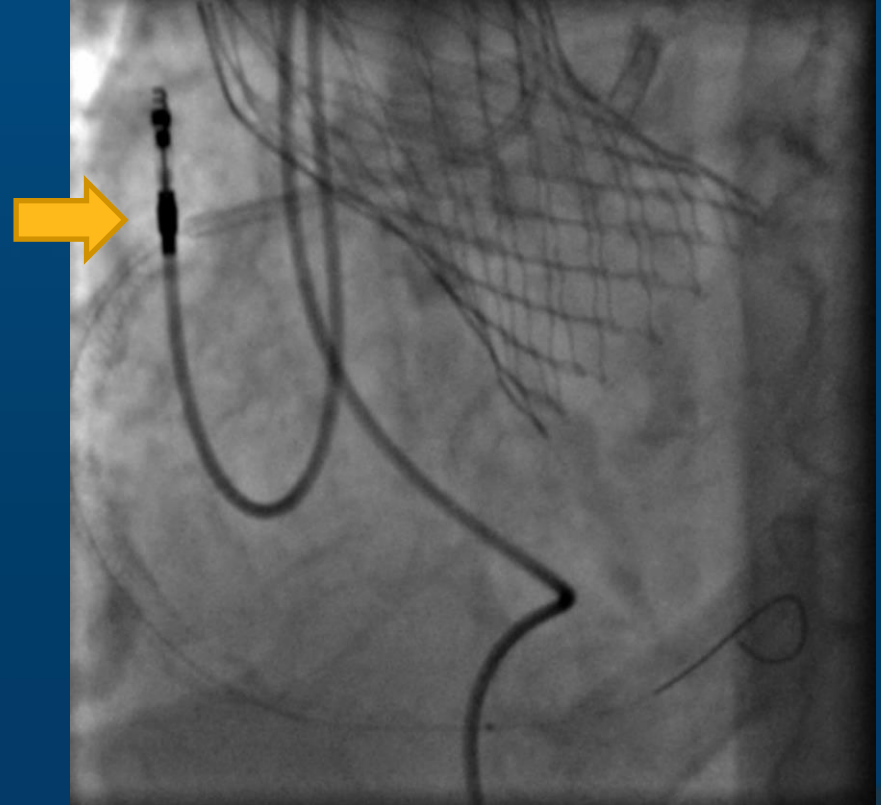
# Primary PCI



# Primary PCI

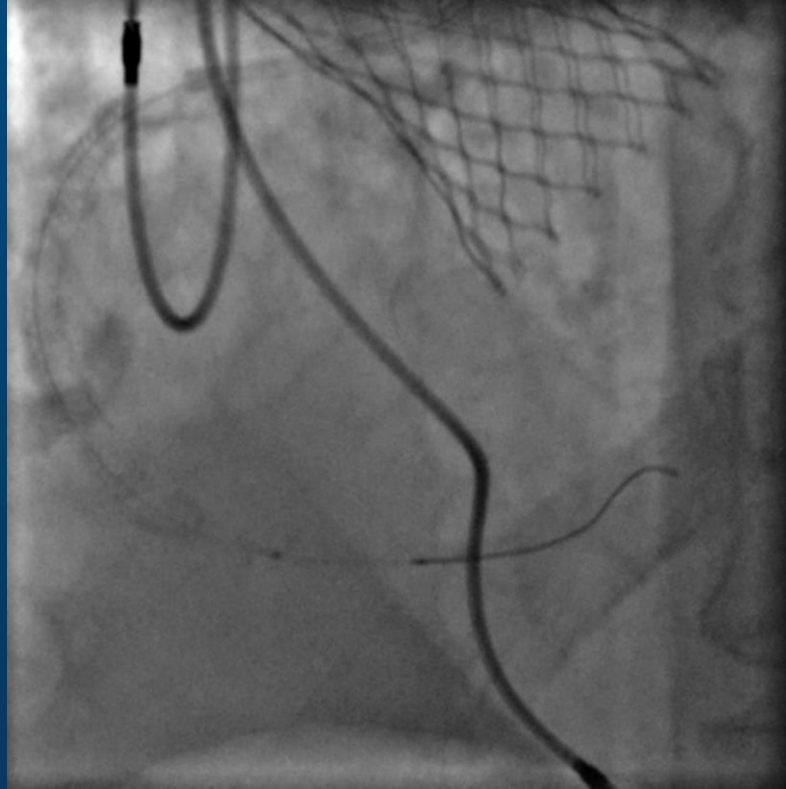


Difficult balloon angioplasty (1.5 and 2.0 mm), with poor support.



Selective engagement over the TAVI struts

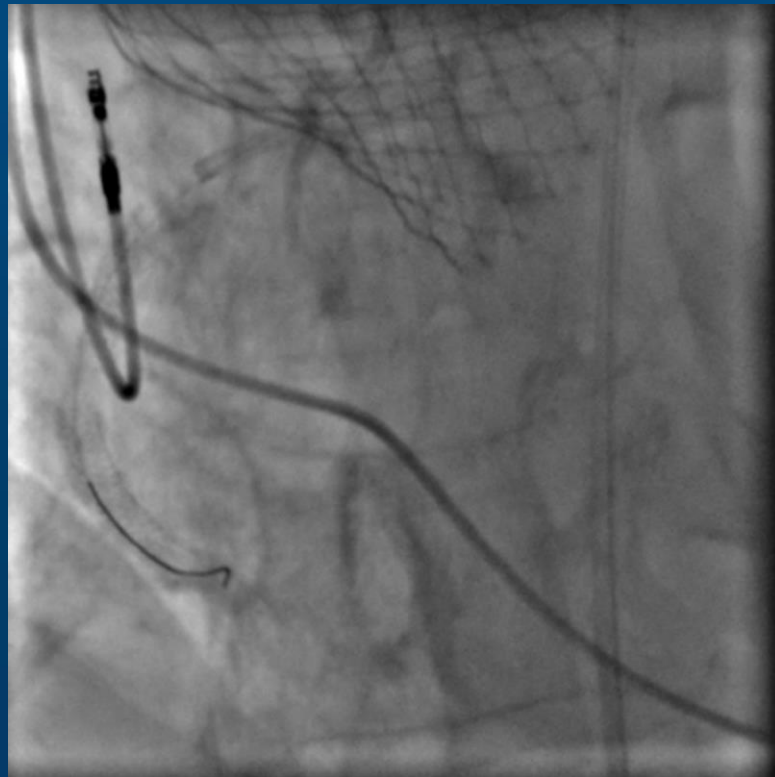
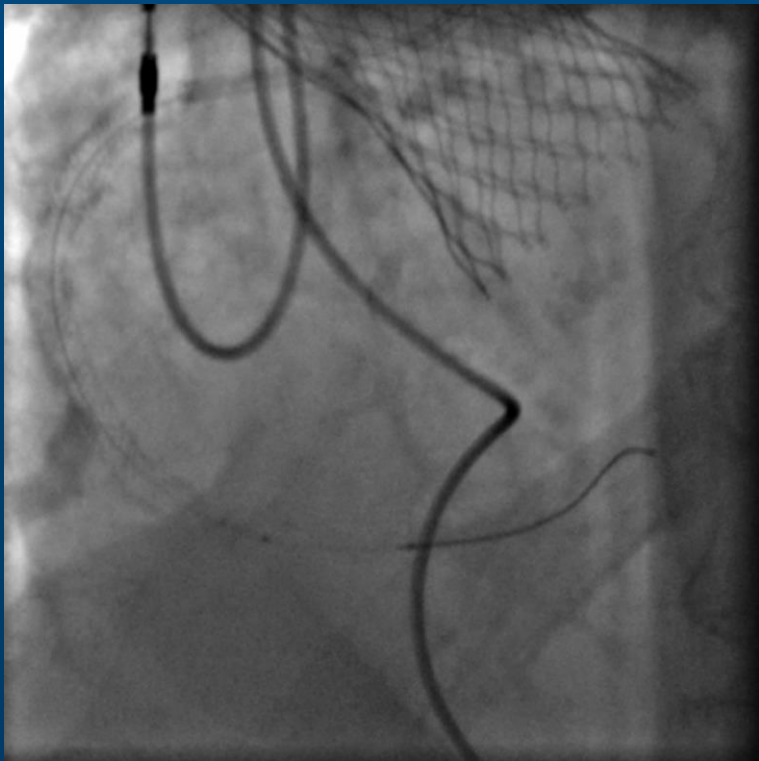
# Primary PCI



Primary PCI with DES (2.5 × 12 mm) and a drug-coated balloon (2.5 × 15 mm) to distal RCA bifurcation with the PDA.



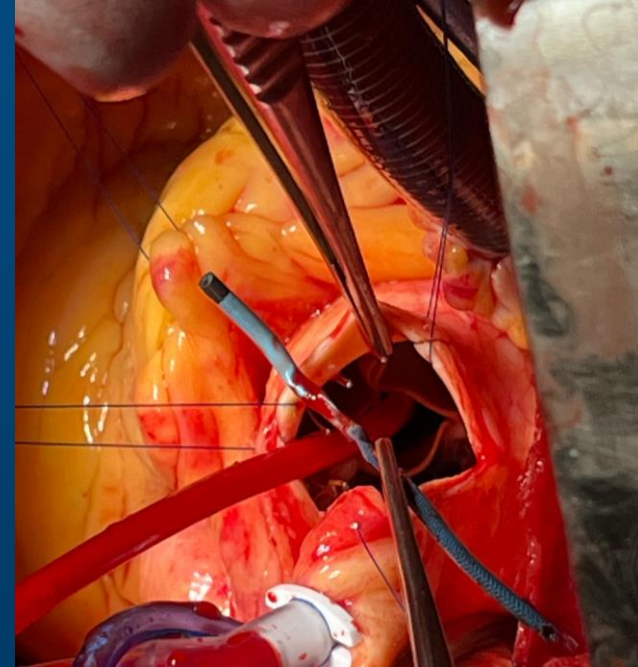
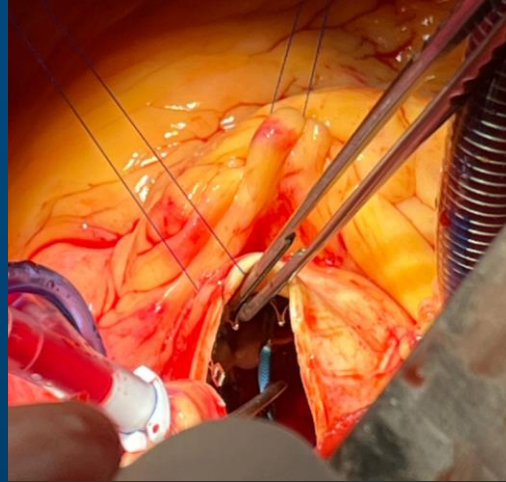
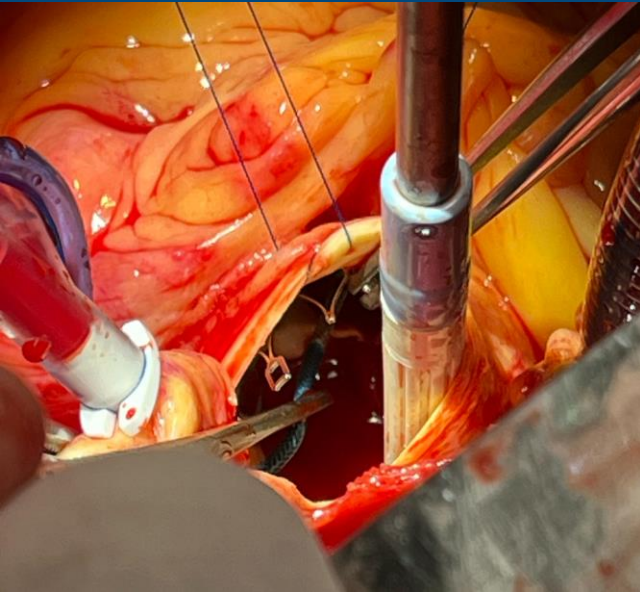
# Final Result



# Complication



# Emergency CV Surgery



Several struts of the TAVI frame had to be cut. The prosthesis remained functional.

# Conclusion

- This case highlights the difficulty of performing coronary procedures such as PCI in patients with prior TAVI, emphasizing the need for careful catheter selection and procedural planning when an intervention is needed, as well as TAVI device selection in patients with known coronary artery disease.