

My Worst Nightmare: Angiographic Catheter Stuck in TAVI Struts During Primary PCI

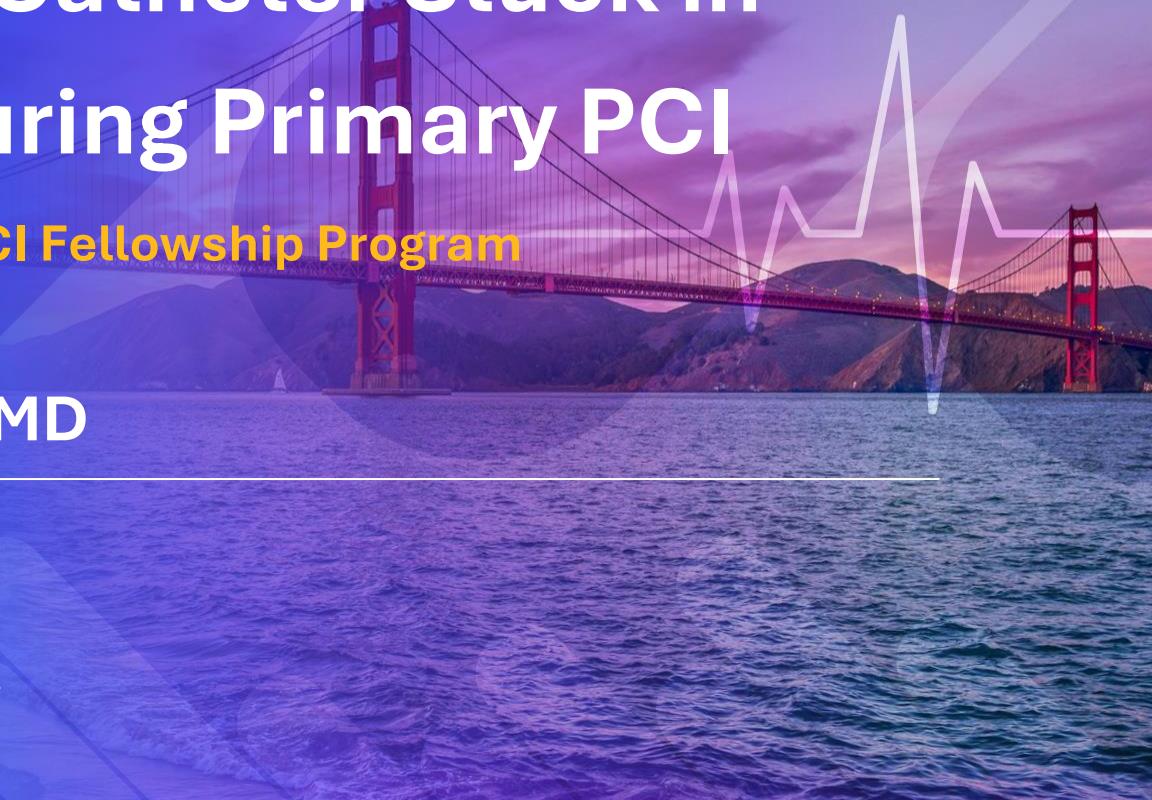
Sanatorio Otamendi / CECI Fellowship Program

Buenos Aires, Argentina

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TRANSCATHETER
CARDIOVASCULAR
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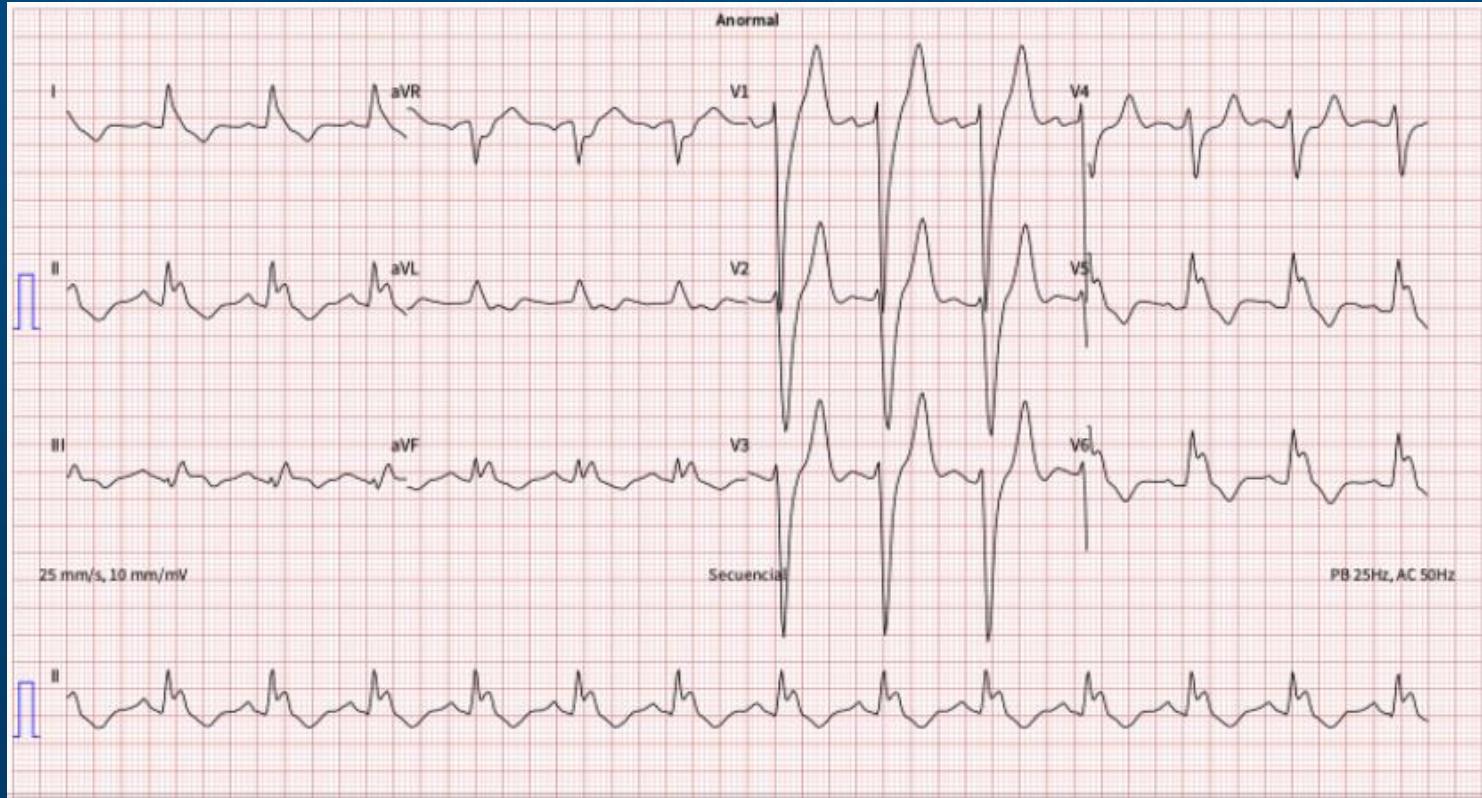
Disclosure of Relevant Financial Relationships

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

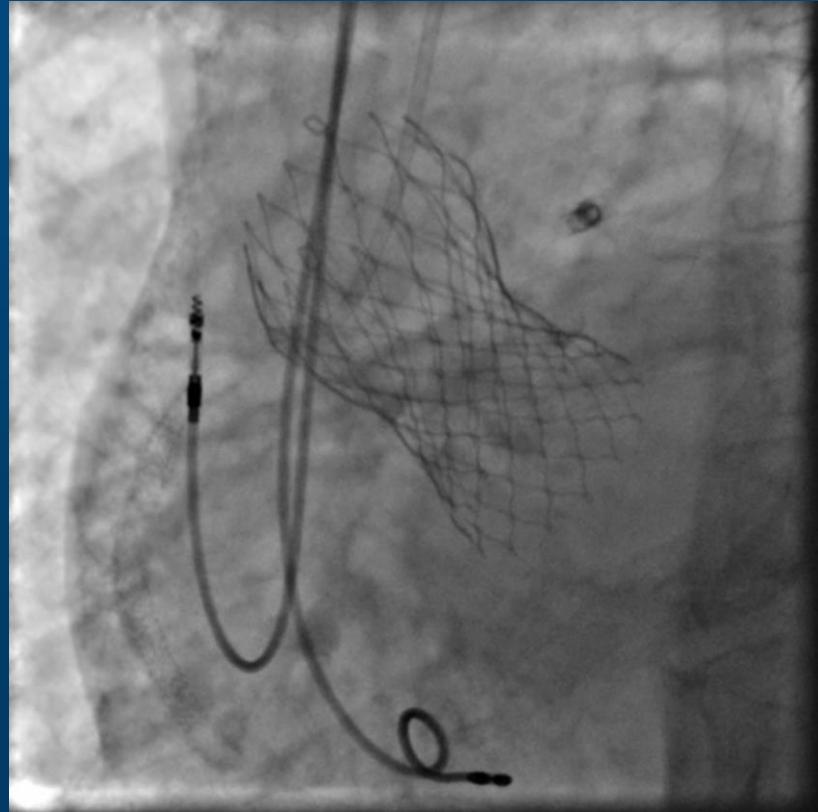
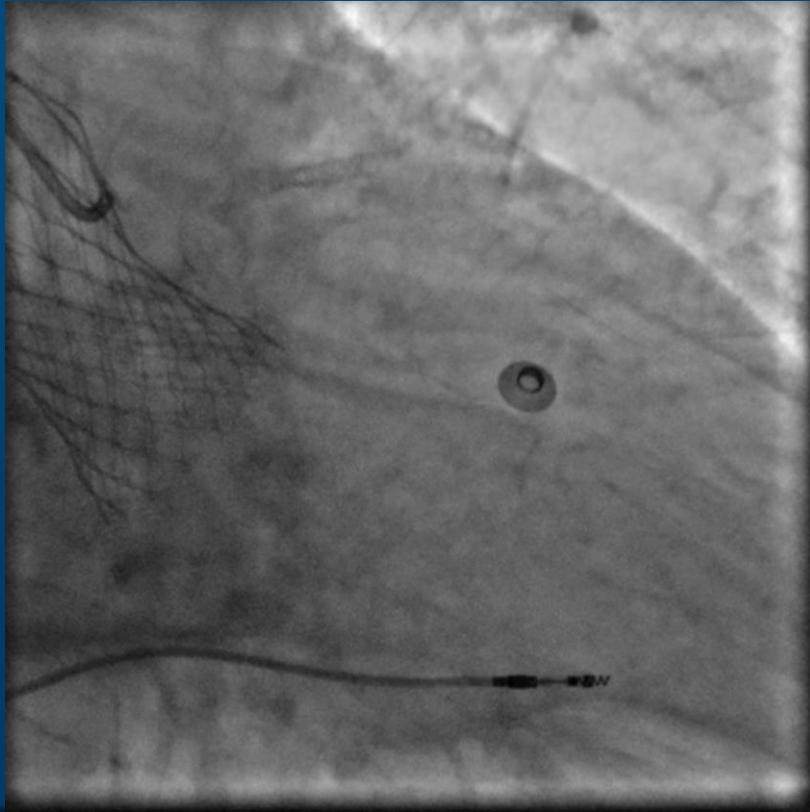
History

- 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

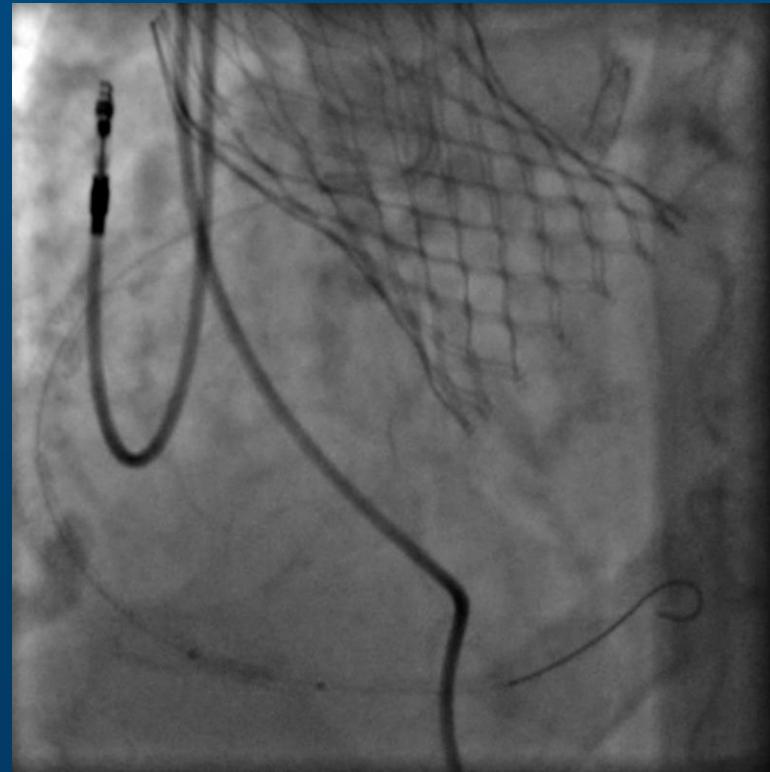
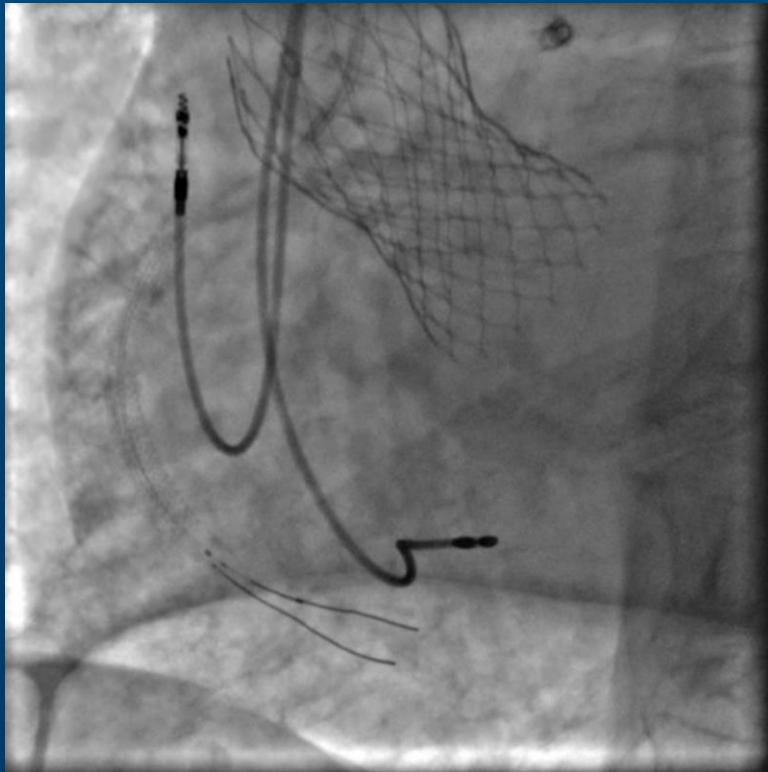


Coronary Angiography

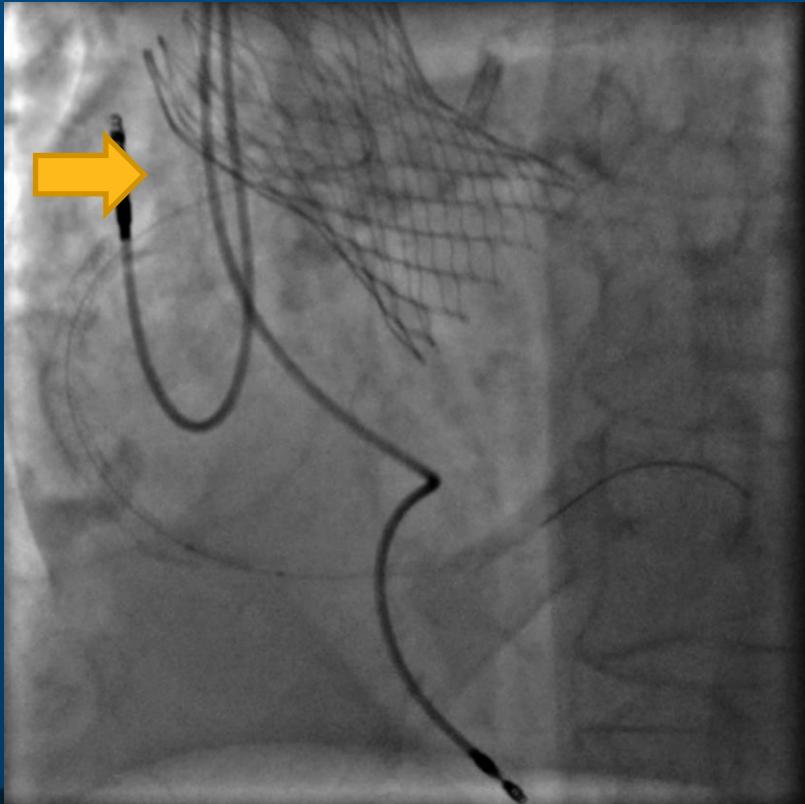


Angiography revealed thrombotic occlusion of the distal RCA.

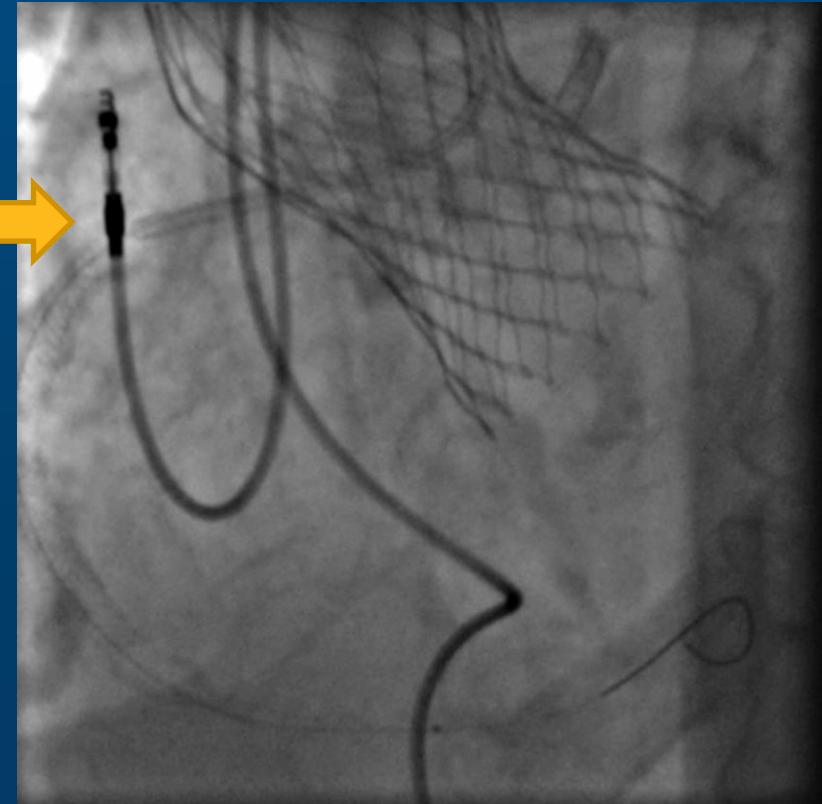
Primary PCI



Primary PCI

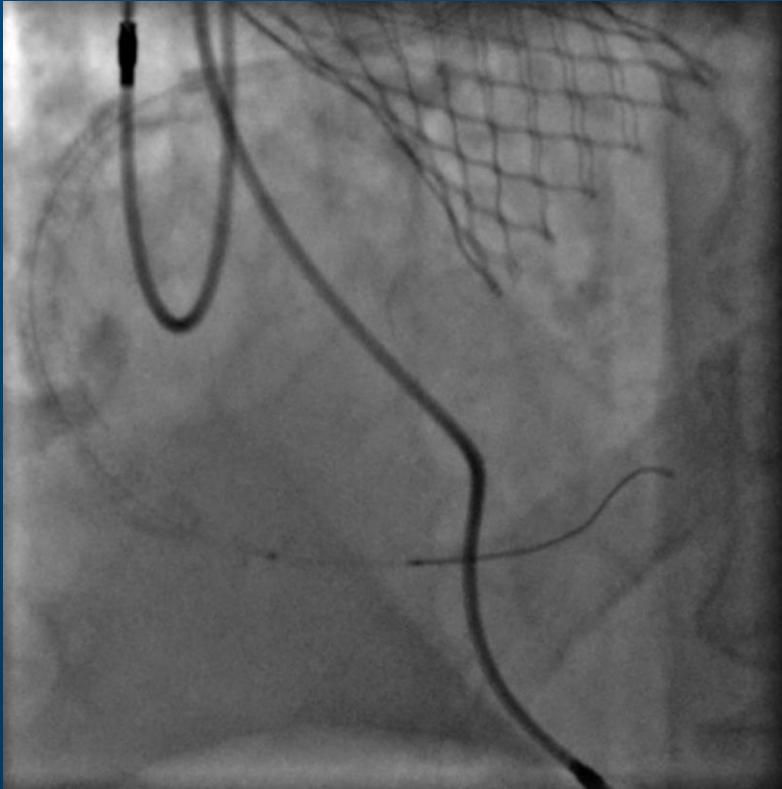


Difficult balloon angioplasty (1.5 and 2.0 mm), with poor support.



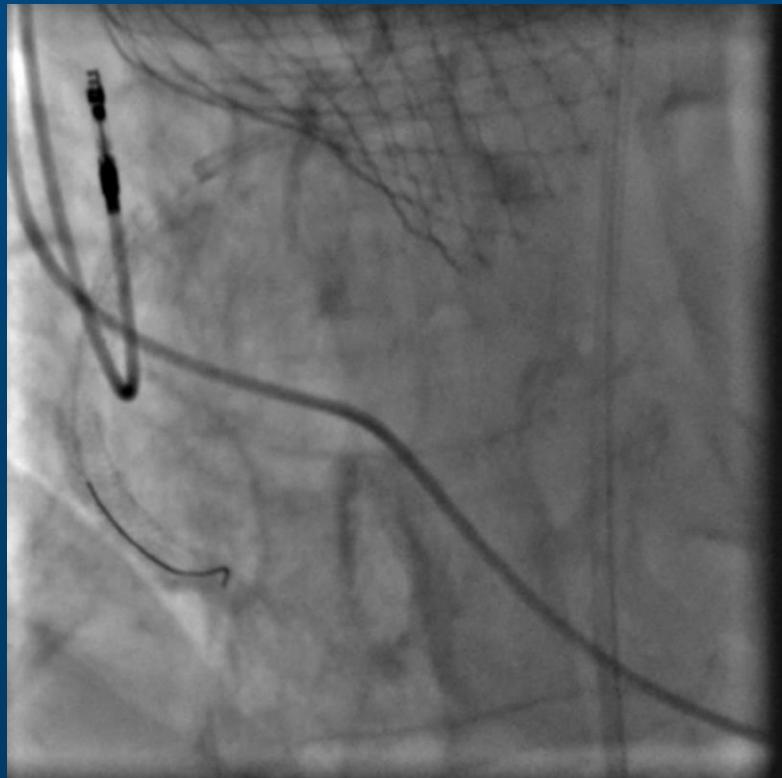
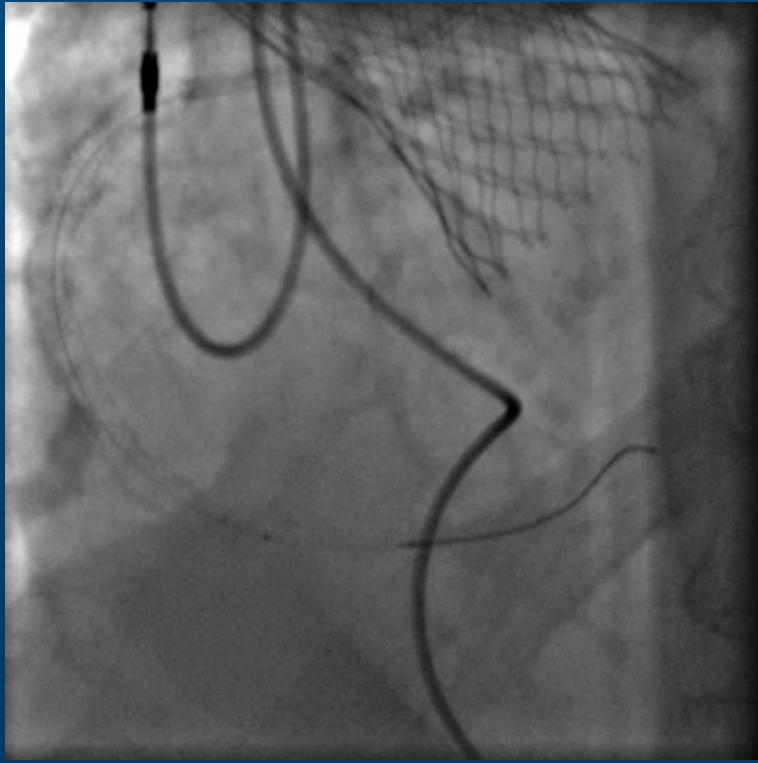
Selective engagement over the TAVI struts

Primary PCI



Primary PCI with DES
 $(2.5 \times 12 \text{ mm})$ and a
drug-coated balloon
 $(2.5 \times 15 \text{ mm})$ to distal
RCA bifurcation with the
PDA.

Final Result

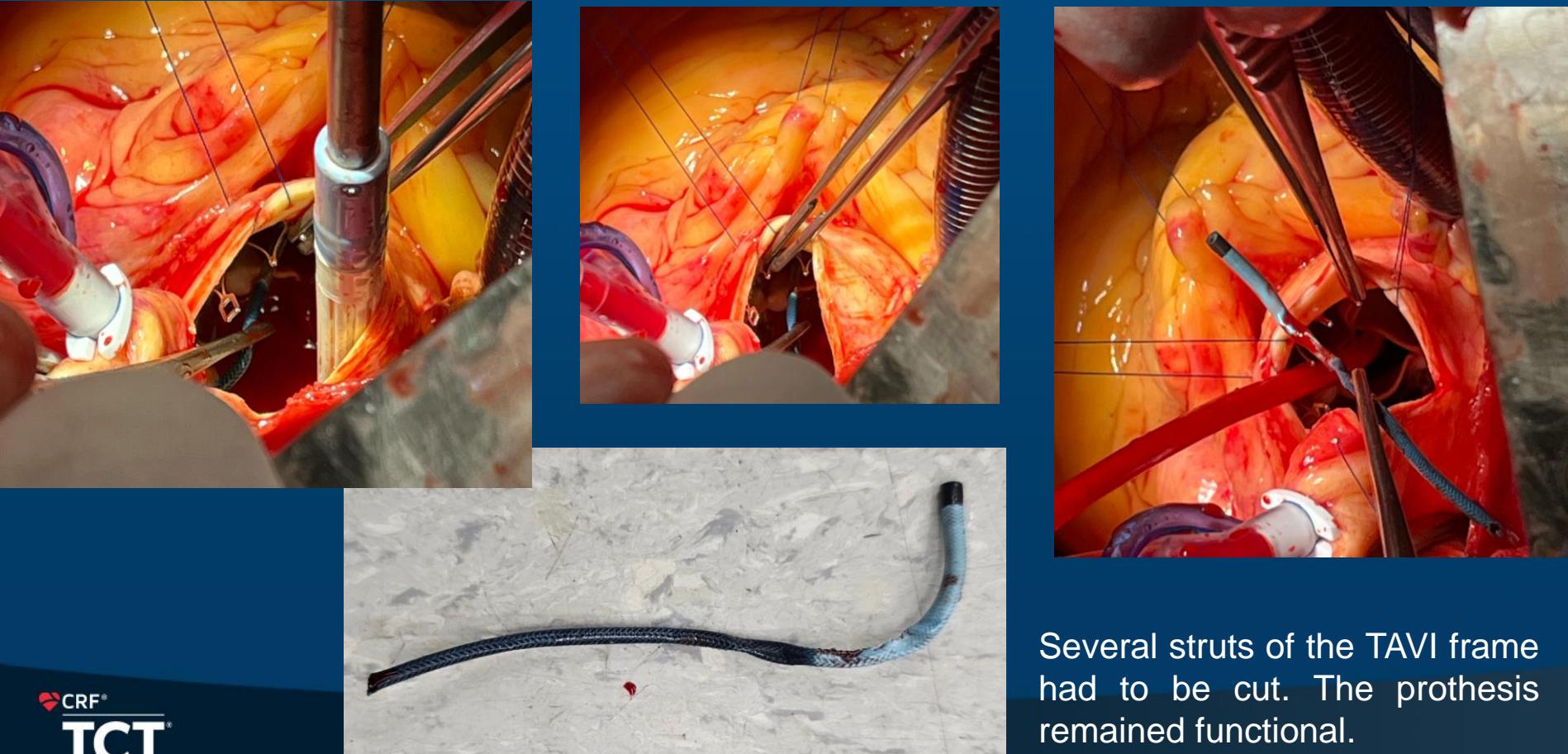


Complication



Catheter trapped within TAVI struts. Several retrieval strategies attempted (snare which successfully grasped the catheter, failing to extract it)

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.