Distal Embolization
A Threat to the Coronary Artery?

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A 67-year-old man with a history of hypertension and hypercholesterolemia was scheduled for elective direct stent implantation for a severe proximal left descending artery stenosis. Using the femoral approach, a 7-French Judkins left guiding catheter was placed in the left coronary ostium. To keep the activated clotting time \(>300\) s, \(10\,000\) IU of heparin and \(250\) mg of aspirin were given intravenously. After introducing an intermediate guide wire (Guidant Inc), we placed an Angioguard™ (Angioguard Inc) distal to the target lesion. This guidewire-based, filter-type device captures embolic debris while maintaining distal perfusion by means of an expandable umbrella. Successful direct stenting was performed with an Tristar 3.5/18-mm premounted stent (Guidant Inc) at an inflation pressure of 18 atm.

Final coronary angiography showed a good result (24% diameter stenosis by online quantitative coronary angiography) and TIMI 3 flow. When retrieving the Angioguard™ device, we found it filled with tiny white fibers (Figure, a and b), which were obviously from the swabs used to clean the angioplasty wire during the procedure (Figure, c and d). Only once before has swab fiber material been described in pathological specimens.1 Direct evidence for such a finding is available from this case.

Reference

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