

## A challenging case using the COMBO Stent in a RCA with a shepherd's crook angulation

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The patient is a 51 year old male with a history of smoking and diabetes. He was admitted to a nearby hospital because of acute coronary syndrome and subsequently transferred to the Amphia Ziekenhuis. Coronary angiography showed a subtotal lesion at the mid segment of the Right Coronary Artery (RCA) (see *Figure I*, white circle) as well as a severe shepherd's crook angulation at proximal RCA, making it a challenge for any stent delivery (see white arrow).

Coronary intervention was performed via radial access. Due to weak backup support, the JR4 guiding catheter was replaced with an AL1 curve. Upon successful engagement, a standard workhorse 0.014" guidewire was positioned and the lesion was predilated with a 2.0 x 15 mm **Sapphire™ II Coronary Dilatation Catheter**. Afterwards, a 2.75 x 13 mm **COMBO Dual Therapy Stent** was selected and deployed at 14 atm. The ease of stent delivery as shown under fluoroscopy reflected **COMBO's** excellent flexibility and trackability. Due to coronary spasm after stent balloon deflation, nitrates were administered. The stent was subsequently postdilated with a 3.0 x 10 mm non-compliant balloon to ensure complete stent apposition. Post angiography showed excellent final results (see *Figure II*).

*"Due to the complexity of the shepherd's crook angulation it was excellent to see that this stent passed through this section so easily," said Dr. Schölzel.*

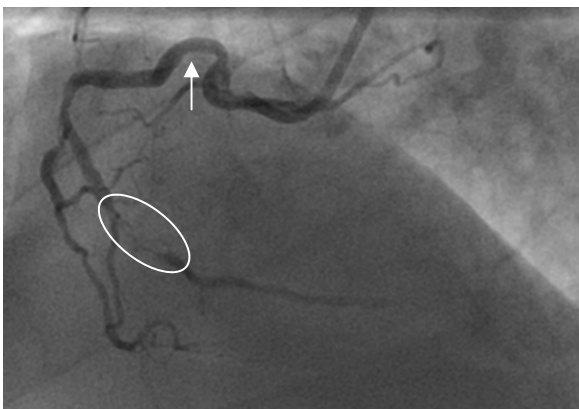


Fig. I: Pre-procedure

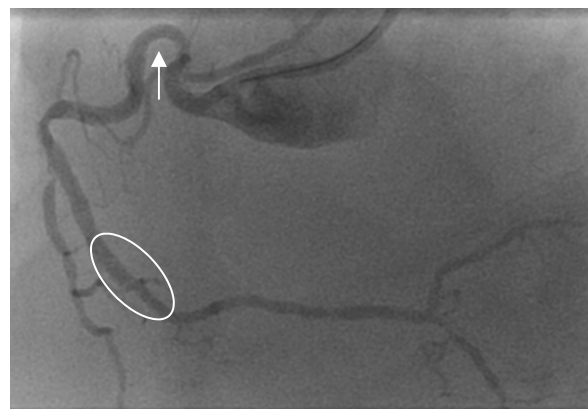


Fig. II: Post procedure