

## **The treatment of heavy calcified and tortuous vessel**

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The treatment of heavily calcified and tortuous vessel is always very challenging. Rotablation is always needed, but this sometimes will cause severe complications, like slow flow, burr entrapment and vessel perforation. To avoid these complications, I personally think that there are some issues should be addressed. First, I have to select suitable and safe burr parking platform in tortuous vessel to avoid over-ablation of proximal vessel. Second, carefully evaluation of wire bias is very important, and intravascular imaging, including IVUS and OCT will give more detailed evaluation of wire bias. Third, slow advancement of burr is also very important, to avoid too much burr speed deceleration and risk of vessel perforation. Nevertheless, PCI for lesions with heavy calcification and tortuosity remained the most challenging cases and being familiar with the complications of rotablation and their management is mandatory.