**ROTATIONAL ATHERECTOMY OF A COMPLEX CALCIFIC VENOUS BYPASS GRAFT**

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**Objective:** Rotational Atherectomy (RA) is used in native coronary arteries when standard balloon dilation fails. RA in saphenous vein grafts is contraindicated. An 82 year old female with CABG in 1997, presented with NSTEMI. A complex calcific lesion, involving the ostial segment of the SVG graft required lesion modification with RA.

**Methods:** Coronary angiography revealed a 90% occluded, 20mm, complex type C, culprit lesion at the proximal aortic anastomosis of the vein graft to the 1st obtuse marginal (OM) (fig A). A JR4 guide was used. A Pilot 50 was used to wire the lesion. Direct stenting was unsuccessful due to inability to pass the stent. Pre-dilations with a 1.2 and 2.5 (mm) complaint balloon at high pressure were unsuccessful. A fine-cross catheter was used to exchange the pilot for a Rota-floppy wire and rotational atherectomy was then performed using a 1.25mm burr. This allowed passage of a 2.75 X 24 mm synergy stent which was deployed. After post dilation with a non-compliant balloon, a 30% residual stenosis was present (fig B). TIMI 3 flow was present in bypassed obtuse marginal branch artery.

**Results:** The calcified 90% ostial stenosis of the SVG underwent successful rotational atherectomy and placement of a drug eluting stent after failure of graft dilation with standard balloon techniques.

**Conclusion:**  Rotational atherectomy in patients with unfavorable characteristics and limited treatment options due to inability to dilate SVG lesions may be a safe and reasonable option.

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