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Coronary aneurysm after implantation of drug eluting stent (DES) emerged as a clinical issue, because these phenomena may contribute to future coronary event, such as stent thrombosis. We report a case that developed coronary aneurysm after implantation of Sirolimus-eluting stent (SES). 83-year-old woman was admitted to our hospital for effort angina and underwent coronary angiography (CAG). CAG revealed total occlusion of mid portion of left anterior descending coronary artery (LAD) and severe stenosis in mid portion of LCX. The patient underwent PCI to both lesions and SES was implanted in LAD. Paclitaxel-eluting stent (PES) was selected in LCX lesion because of tortuosity of LCX. 6 months later, follow-up CAG was performed and showed coronary aneurysm where SES was implanted in LAD. On the contrary, in-stent restenosis (ISR) was identified in LCX where PES was implanted. After that, we performed PCI to new lesion located at proximal portion of LAD with SES. Restricted coronary dissection was identified behind stent, although further treatment was not required. Four months later, follow-up CAG showed new coronary aneurysm in proximal LAD where second SES was implanted. We experienced the case that developed coronary aneurysm after implantation of SES repeatedly, although there was no coronary aneurysm in lesion treated with PES. Vulnerability of coronary artery and coronary dissection associated with PCI may be involved in the development of coronary aneurysm. In addition, it is suggested that SES and PES may have different influences on the development of coronary aneurysm.