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A 60-year-old man was introduced our hospital because of abnormal electrocardiogram on medical check. Myocardial scintigraphy revealed old myocardial infarction and angina on the inferior region. July 2008, coronary angiography (CAG) showed chronic total occlusion (CTO) of the mid-segment of the right coronary artery (RCA segment 2) with collateral flow from left anterior descending coronary artery (LAD). Percutaneous coronary intervention (PCI) for CTO lesion by retrograde approach was performed in January 2008 successfully. Six Taxus Liberté™ stents were implanted for RCA from segment 1 to segment 4AV. We observed lesions with intravascular ultrasound (IVUS) and confirmed complete stent correct apposition. Six months later, follow-up CAG showed in-stent restenosis (ISR) of #3 75%. PCI was performed in July 2009. IVUS and optical coherence tomography (OCT) demonstrated diffuse long length of late malapposition from segment 1 to segment 4 with non-restenotic lesion. We treated with plain old balloon angioplasty (POBA) for not only in-stent restenosis lesion but also stent malapposition lesion. We should note the possibility of late stent malapposition after PCI for CTO lesion.