

<sup>1</sup>China Medical University Hospital

Chung-Ho Hsu<sup>1</sup>, Jen-Ji Lin<sup>1</sup>, Ping-Han Lo<sup>1</sup>, Kuang-Cheng Chang<sup>1</sup>, Jui-Sung Hung<sup>1</sup>

A 65 year-old man with a history of hypertension suffered from exertional dyspnea for about 2 months. 64-MDCT revealed ostial left main (LM) disease and ostial right coronary artery (RCA) diseases. There is 70% stenosis over ostial LM and 80% over ostial RCA. CABG was deferred hence sequential percutaneous coronary intervention (PCI) was performed. RCA was intervened at first under IVUS guidance and a 3.0/15 mm Endeavor stent was deployed. LM was intervened several months later and a 4.5/15 mm Endeavor stent was deployed under IVUS guidance. Due to consideration of the special pictures from 64-MDCT with coronary lesions only involving ostial portion of RCA and LM, we check the titers for syphilis. The RPR titer was extremely high (1:128000) hence he was placed on Penicillin therapy. The RPR titers go down after antibiotics therapy and recath disclosed patency of ostial RCA stent and ostial LM stent.