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An autopsy case of Taxus Element stent deformation upon crossing a post dilatation balloon

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(Clinical history) A case was 80yo gentleman. He was admitted to our hospital due to pneumonia. On the next day he had had NSTEMI. After stabilization we performed CAG. It showed severe stenosis in proximal LMT and LAD, total occlusion of the RCA. So, we implanted 2 BMS in RCA. Because he could not be weaned from IABP, we performed PCI to the LM and LAD. He was implanted PROMUS3.5(15) to the LM ostium. After this, he was implanted Taxus Element2.75(28) to the LAD. We employed KBT using the 2.5(15)balloon to the 2nd diagonal branch and Taxus Element2.75(28) balloon to the LAD. There was a bit of resistance when Taxus Element balloon was crossed to the site of the stent implantation. We inspected the IVUS, which demonstrated that implanted this stent disappeared between the 1st diagonal branch and the proximal LAD, and this stent was shortened and deformed. We implanted another PROMUS3.5(28) from the LM ostium to the proximal LAD for coverage of all these lesions. Unfortunately, he died from low output syndrome. We performed autopsy, and his heart was investigated by the 64 slices CT and the fluoroscope. We will show these images and pathologic results. (Summary and Conclusion) Similar experiences have been reported as to the deformation of Taxus Element, Omega or Ion stent presumably due to weakness against the longitudinal strength. Therefore, we must be careful to cross a post dilatation balloon after these stents implantation to avoid the stent deformation.