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Case 1: 71 y/o male. Coronary CT was performed for evaluation of chest pain with suspected stenosis. Coronary angiography revealed severe stenosis of the proximal RCA. Dobutamine stress echocardiography resulted in biphasic response, and PCI was performed. After IVUS, Taxus Element 3.5X24mm was implanted. Stent was not dilated enough, and post-stent ballooning was performed with Voyager NC 4.0X8mm from the distal edge to the proximal edge. Stent was still not dilated enough, and ballooning with Voyager NC 4.5X8mm at 18atm was added to the proximal edge. Stent was deformed longitudinally every time balloon was inflated. Measurement with IVUS revealed stent prolongation from 24.8mm to 26mm. Case 2: 64 y/o male. Patient has history of ML Vision stent placement at proximal LAD. PCI was performed for UAP due to in-stent restenosis. After IVUS, Xience Prime 3.0X33mm was implanted. Sprinter Legent 3.5X20mm was used for post-stent ballooning. After the ballooning, stent proximal edge shifted proximally to the just proximal edge of the LAD. IVUS measurement revealed stent prolongation from 33mm to 35.6mm. Conclusion: PERSEUS and PLATINUM randomized clinical trials which was reported in ACC 2012, longitudinal stent deformation was reported to be a rare complication, but this may happen in circumstances. We will discuss this issue with the results of the out-of body testing and QCA analysis.