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The patient was a 62-year-old man who was brought to our hospital for chest pain. The previous year, he had been admitted to another hospital for subacute myocardial infarction, where he was treated by placement of a bare-metal stent in the left anterior descending branch of the coronary artery, after which he chose to discontinue the treatment. At the time of admission to our hospital, the blood pressure was palpable, an electrocardiogram showed ST elevation in leads II, III, and aVF, and he was diagnosed with a complete atrioventricular block. Emergency coronary arteriography was performed and revealed a complete occlusion of the right coronary artery at RCA proximal lesion. Further, there was a 90% stenosis of the main trunk of the left coronary artery from LMT to the proximal portion of the region where the previous stent had been placed. A Nobori stent was placed in the right coronary artery, after which PCI was performed in the main trunk of the left coronary artery, and a Nobori stent was placed at mid-LMT-LAD proximal lesion. However, this was followed by an absence of blood flow in the left circumflex coronary artery due to blockage by a thrombus. The lesion in the left coronary artery was believed to have been caused by stent thrombosis occurring after the previous stent placement. Eventually, the procedure was completed by performing the kissing balloon technique.