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A case of repeat stent restenosis of Everolimus eluting stent. Insight from OCT

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74 years old male with diabetes was admitted due to silent ischemia on December 2010. CAG showed # 1 75%, # 2 90%, #6-7 75% and # 13 90% stenosis. December 2010, PCI was performed # 1 #2 EES implantation. Follow CAG was performed September 2011. The #1 EES stents were no restenosis. But, CAG showed in-stent occlusion in the #2 EES. Both aspirin and ticlopidine were continued. After XTR with a corsair was successfully introduced into distal RCA, OCT demonstrated a high backscattering mass with attenuation protruding into the lumen implying thrombus. Following revascularization with balloon dilatation was performed. Follow CAG was performed January 2012. CAG showed the 90% restenosis at the #2 EES stent. OCT demonstrated a high backscattering with attenuation implying thrombus. It was the same findings as last time. Repeat stent restenosis after DES implantation is one of the problems. While the mechanism is yet to be completely understood, several factors have been suggested that late acquired incomplete stent apposition, stent fracture, stent underexpansion, and neoatherosclerosis. In this case, these OCT findings were not detected. The cause of was not able to be solved in OCT. Further examination and carefully follow up were required.