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A case of late thrombosis after implanting EES

Drug-eluting stent (DES) is superior to bare-metal stent (BMS) in reducing restenosis and revascularization, however DES has some problem such as late thrombosis and so on. Everolims-eluting stent (EES) is thought to be superior to Sirolimus-eluting stent (SES), however long term outcome of EES is still unknown. A 63 year-old female admitted with effort angina. Her coronary risk factor was smoking. Coronary angiography was performed, and revealed severe stenosis of mid RCA. We implanted EES for this lesion, and her chest pain was disappeared. However she suddenly suffered from chest pain 6 months after PCI, emergent CAG was performed. CAG showed total occlusion with thrombus at the site of EES. We performed aspiration thrombectomy and balloon dilatation, TIMI 3 flow was obtained. Follow up CAG was performed 4 months after re-PCI, severe restenosis was observed. We implanted Biolims-eluting stent (BES) for the restenosis site. After 8 months, CAG showed no restenosis. In our hospital, stent thrombosis of EES was lower tendency than SES (0.8% vs 1.1%), however a risk of late thrombosis still existed even if using EES.