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A case of unstable angina pectoris due to sirolimus eluting stent in-stent restenosis resulting from chronic phase neoatherosclerosis

A 57-year-old man was admitted for effort related chest pain over the duration 3 weeks. He underwent percutaneous coronary intervention (PCI) for left anterior descending artery (LAD) #6 and left circumflex artery #14 with sirolimus eluting stent (SES) in both lesions 8 years ago. His coronary angiography showed that in-stent restenosis (ISR) at LAD SES lesion, and PCI was performed for the ISR lesion. Optimal coherence tomography was performed to observe the ISR lesion, and it consisted of a high attenuation area, which we regarded as neoatherosclerosis. As many cases of ISR consist of high intensity, low attenuation area considered to be fibrous plaque, this case caused us to consider the relationship between ISR and neoatherosclerosis. Some cases of drug eluting stent (DES) ISR due to neoatherosclerosis at long-term follow up have been reported in recent years. It has been reported that neoatherosclerosis is an important indicator of late stent thrombosis and ISR. We report a rare case of ISR resulting from chronic phase neoatherosclerosis.

