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A case of very late stent malapposition of sirolimus-eluting stents at proximal portion of left anterior descending artery

A 67-year-old woman underwent percutaneous coronary intervention (PCI) due to antero-septal acute myocardial infarction (AMI) at September 2006. She was implanted sirolimus-eluting stents (SES) 3.0x23mm for #6 and 2.5x23mm for #7 of left anterior descending artery (LAD). We performed follow-up coronary angiography at April 2007 and May 2008 and in-stent restenosis and peri-stent contrast staining (PSS) were not observed. She showed no clinical symptom, however we found very late PSS in LAD #6 proximal at CAG performed in June 2011. PSS is an abnormal angiographic finding which suggests the presence of a space outside the stent struts at the site of stent implantation. PSS is considered to be strongly associated with late stent malapposition (LSM). In recent reports, the patients with late acquired stent malapposition more frequently experienced late stent thrombosis than the patients without late acquired stent malapposition. We do not know how should be treated the presence of LSM. However, LSM may lead to late stent thrombosis and dual antiplatelet therapy should be continued. In this case, PSS was not observed at 2 years but observed at 5 years after stent implantation. This mechanism may be one of reason for very late stent thrombosis.