

A case of recurrent restenosis due to calcified nodule under maintenance dialysis

This is a case report of 66y.o. male under maintenance dialysis for five years. We underwent first coronary angiography because of chest pain during dialysis, which revealed severe stenosis at the proximal-LAD. Then we preformed PCI to implant the drug eluting stent (EES) and medicated low dose aspirin (ASA) and clopidogrel. Second angiography nine month later revealed severe in the stent restenosis, where was filled red thrombi on OCT, so we performed POBA at the site. And then new lesion was exhibited in the mid-RCA, OCT showed calcified nodule, so we deployed another drug eluting stent (BES) at the lesion. We guessed that LAD-ISR may be caused by stent thrombosis, so we added cilostazol. Unfortunately third angiography revealed the recurrent restenosis of the LAD stent, so we performed POBA by the drug coating balloon, and changed antiplatelet from triple agents to ASA and prasugrel. Nevertheless mid-RCA was kept patency, new lesion at the RCA orifice and distal RCA appeared again. OCT indicated the calcification and much red thrombi, that is to say calcified nodule, so we deployed the BES at a time. We often find calcified nodule in the dialysis patient. How to perform PCI to recurrent ACS or in stent restenosis due to calcified nodules, or medicated antiplatelet agent had not yet been established and is thought with a future problem.