

A case of stent thrombosis associated with neoatherosclerosis in the very late phase of after BMS implantation.

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70-year-old woman was admitted to our hospital because of effort angina. He had undergone bare metal stent (BMS) (3.0*18mm) implantation at proximal left descending coronary artery (LAD) 12 years previously due to acute coronary syndrome. She was maintained on antiplatelet therapy with aspirin (100mg once daily). Follow up coronary CT at 12 months before the current admission revealed moderate local proliferation of neointima with low CT attenuation at mid portion of the stent, but she had no clinical symptoms. Coronary angiography (CAG) revealed significant in-stent stenosis with flow delay. After thrombus aspiration and pre-small ballooning, optical coherence tomography (OCT) showed homogenous neointimal coverage at most part of in-stent area. No delayed arterial healing and stent malapposition were recognized. However, ruptured lipid-laden neointima and thrombus was identified in the culprit lesion. Scoring balloon(2.75*13mm) and drug-coating balloon (3.0*15mm) were used to treat the lesion. TIMI III flow was observed after final CAG. These findings suggest that neoatherosclerosis and subsequent plaque rupture may be important mechanism of very late stent thrombosis after BMS implantation. OCT could be useful for the diagnosis.