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A 90-year-old male was admitted hospital due to chest pain. Electrocardiogram showed ST elevation in V1 to V4 leads. Emergency coronary angiography showed proximal LAD artery (pLAD): 75%, mid LAD (mLAD): 99%, proximal left circumflex artery (pLCX): 75% and diffuse right coronary artery (RCA): 50-75% stenosis respectively and LAD was thought to be the culprit lesion. After pre-dilatation using semi-compliant balloon (2.0/5mm), EES (2.25/38mm) was delivered to mLAD, however, it was trapped at pLAD. When we tried to pull the stent into guide cath, guide cath was pulled inside the LAD and EES was shortened by it. EES was stacked at pLAD and it was thought to be difficult to retrieve the EES, the EES was deployed with rated burst pressure from distal left main artery to pLAD. Post dilatation was performed using non-compliant balloon (2.25/10mm). Although we tried to deliver another EES (2.25/38mm) to mLAD, which caused the flow limit, it was stacked inside the pLAD stent and abandoned to deploy. Intra-aortic balloon pumping was inserted so that maintains the coronary flow and Thrombolysis in Myocardial Infarction Trial (TIMI) - flow grade 2 was achieved. Several days after the procedure, non-contrast cardiac computed tomography showed EES longitudinal shortening from 38mm to 28mm. Although, longitudinal stent deformation is rare complication, it affects the stent failure. Therefore, we should deliver the stent carefully.