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A 67-year-old man had undergone successful percutaneous coronary intervention with paclitaxel-eluting stent(PES), placed in the proximal to mid right coronary artery (RCA)(3.5 x 28 mm, and 3.5 x 28 mm) and distal RCA (2.5 x 12 mm). Two years later he presented with myocardial infarction, due to total occlusion at the proximal RCA with very late stent thrombosis, caused by discontinuing dual antiplatelet therapy. Successful angioplasty was performed by thrombectomy and ballooning(4.0mm). Seven years later he was ambulance in the diagnosis of heart failure to our hospital. After treatment of heart failure, we performed coronary angiography. Angiography revealed coronary aneurysm(16 x 17 x 28 mm) and complete transverse fracture with displacement of paclitaxel-eluting stent at mid RCA, and critical stenosis at the distal end of the aneurysm, and severe stenoses at the LAD and the hi-lateral branch. Due to the potential risk of aneurysmal rupture, he underwent coronary artery bypass grafting and ligation of the aneurysm. There are very few cases of PES fracture associated with coronary aneurysm, despite several reports of cases of sirolimus-eluting stent fracture associated with coronary aneurysm.