

The case of ISR lesion which was difficult to point out in CAG, but was able to by OFDI.

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We report the case of ISR lesion which was difficult to point out in CAG, but was able to by OFDI. The case is a 79 years old woman. July 11 2015, PCI was performed under the diagnosis of acute myocardial infarction. PromusPremier 2.25/24mm(distal) and PromusPremier3.0/24mm(proximal) were deployed at HL 100%. After that, She passed without a symptom. Eight months later, follow up CAG was performed. From multiple directions in CAG, We did not recognize the stenosis, but admitted the ISR in OFDI which underwent in order to confirm the neo-intimal covering state of the stent. Findings of the CAG and OFDI were dissociated, so we evaluated by IVUS. IVUS was similar to OFDI. We checked the stenosis by IVUS , and marked the point, but, stenosis could not be identified by rotation angiography. PCI was performed under the OFDI and IVUS. We used SequentPlease2.5/15mm after inflation of LacrossNSEalphe2.5/15mm and NC TENKU2.5/8mm. It was confirmed that the lesion was expanded well in IVUS and OFDI. Although stent fracture was considered as the cause of the stenosis , It is rare case that stenosis cannot be identified in CAG, we report it based on consideration from paper.