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Case 1: Eighty-six year-old woman with hypertension, dyslipidemia, and end-stage kidney disease was admitted to our hospital due to stable angina pectoris. We performed PCI to RCA proximal complex lesion using SYNERGY stent. We performed staged PCI to residual LCX lesion 7 days later, we observed SYNERGY stent in RCA by optical coherence tomography (OCT). OCT showed 29.3% of covered stent strut rate and 4.9% of stent malapposition. Case 2: Forty-eight year-old man with hypertension and familial hyperlipidemia was admitted to our hospital due to acute myocardial infarction. We performed emergent PCI to culprit LAD lesion using SYNERGY stent. We performed early follow up CAG 15 days later. OCT showed 71.5% of covered stent strut rate and 0% of stent malapposition. Case 3: Sixty-five year-old man with hypertension, dyslipidemia, and diabetes mellitus was admitted to our hospital due to unstable angina pectoris. We performed elective PCI to culprit LAD proximal lesion using SYNERGY stent. We performed staged PCI to residual LCX proximal lesion 20 days later. OCT showed 73.8% of covered stent strut rate and 0% of stent malapposition. These 3 cases demonstrated over 70% of covered stent strut rate and 0% of stent malapposition within 1 month, thus we might consider early cessation of dual antiplatelet therapy after SYNERGY stent implantation from the perspective previous pathological study.