

¹Nagoya Daini Red Cross Hospital

Yutaka Aoyama¹, Yasuhiro Ogura¹, Hirohiko Suzuki¹, Hiroki Kamiya¹, Mamoru Nanasato¹, Yukihiro Yoshida¹, Haruo Hirayama¹

We experienced 3 cases of PCI for In-stent restenosis (ISR) chronic total occlusion (CTO) lesions with drug coated balloon (DCB). Case 1: A 61-year-old man had a history of angina pectoris treated with Cypher stent at proximal RCA in 2008. He had a typical chest pain 7 years after PCI and angiogram showed in-stent restenosis chronic total occlusion (ISR-CTO) lesion. We performed PCI to this ISR-CTO lesion with DCB. Case2: A 65-year-old man had a history of treated with Promus stent at mid LAD in 2011. He experienced angina 5 year after PCI and angiogram showed ISR-CTO lesion. We treated this ISR-CTO lesion with DCB. Case 3: A 74-year-old man had a history angina pectoris treated with Bare Metal Stent (BMS) at proximal RCA in 2004. He complained chest pain 4 month after first treatment. Angiogram showed diffuse ISR lesion and we treated this ISR lesion with Cypher stent. In 2013, he had a typical chest pain and angiogram showed ISR-CTO. We performed PCI with Cutting balloon. Unfortunately re-ISR-CTO occurred 6 month after third PCI and we performed PCI to re-ISR-CTO with DCB. In these 3 cases, follow up CAG at 6 months after PCI with DCB showed no significant restenosis at treatment site. The treatment for ISR-CTO with DCB is efficacious.