Coronary Aneurysm and Stent Malapposition after Sirolimus Eluting Stent Implantation in Chronic Phase

Nara Medical University First Department of Internal Medicine

Yu Sugawara, Shiro Uemura, Yoko Dote, Yutaka Goryo, Tomoya Ueda, Makoto Watanabe, Yoshihiko Saito

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Case presentation

- 61-years-old Male
- He admitted to our hospital due to chest discomfort on May 2014.
- Past history: PCI for RCA in 2006
- Coronary risk factor: Hypertension and dyslipidemia
- Unstable angina was suspected, so we performed CAG.



There was 90% stenosis at proximal site of left circumflex artery (LCX).

We implanted BES at culprit lesion successfully. But...



There was coronary aneurysm at RCA. We performed FD-OCT after CAG.

This patient was performed CAG for RCA three times.

2006/9/14
 2008/3/4
 2014/5/8

2006/9/14



2008/3/4 (About 1.5 years after PCI)



There was no stenosis at PCI site. TD-OCT was also performed.

TD-OCT



Still images of TD-OCT

2008/3/4





FD-OCT (OFDI)



OFDI still images









2014/5/8





Discussion

- We experienced a case of very late stent malapposition, this might have occurred sometime from 1.5 to 8 years after stent implantation.
- Slota et al reported that coronary aneurysm occurred in 0.3% to 6.0%.
 (Am J Cardiol 1997; 79: 1104- 1106)
- And they also said that the patients with late stent malformation are more likely to have a risk of late stent thrombosis than patients without late stent malformation.
- Hassen et al reported that in DES implanted patients, this rare complication was about 4 times higher than it was in patiens with BMS. (Eur Heart J 2010; 31: 1172-1180)
- The mechanism is not fully understood, however **DES polymer** may cause delayed formation of endothelialization and chronic inflammatory changes in the media of coronary artery and hypertensive reactions.

(J Am Coll Cardiol 2009; 53: 2053-60)

• Ung Kim et al reported that the risk factors of coronary aneurysm after DES implantation are a lesion over 33mm, a lesion in the LAD, a lesion in an infarcted related artery and chronic total occlusion.

(Circ J 2011; 75: 861-867) This patient had CTO lesion.

- Optical coherence tomography (OCT) is an intravascular device, which has higher resolution and it can evaluate the stent struts and neointimal more accurately.
- To prevent very late stent thrombosis, this patient should have lifelong dual antiplatelet therapy.
- To discover this complication, long-term surveillance should be necessary.

Conclusion

- Coronary aneurysm and stent malapposition may be one of the causes of very late stent thrombosis, so discovering these phenomena are important.
- It occurs in chronic stage and that complication is often asymptomatic.
- So stent-follow up in chronic stage after DES deployment is necessary.