Challenging Case Competition with Lunch III

# A Case of Very Late Stent Thrombosis in Cross-over site developed at 10 days after the cessation of clopidogrel.

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# Case

#### Male / 60yrs

**C/C** Resting onset chest pain for 2 hours

#### **Risk Factor**

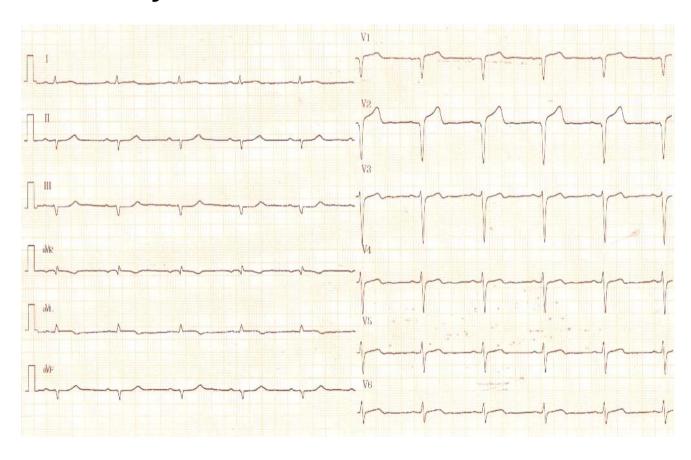
diabetes (15yrs), Current Smoker (30PY)

#### P/Hx

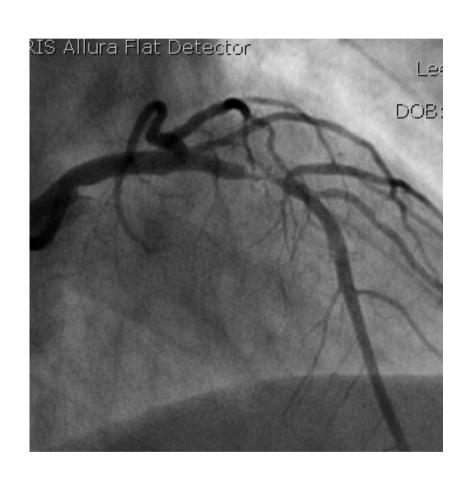
prior PCI due to STEMI 12months ago

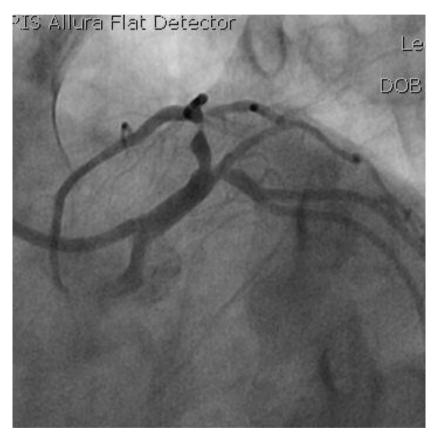
# 12 months ago...

Primary PCI d/t STEMI (ant. wall)



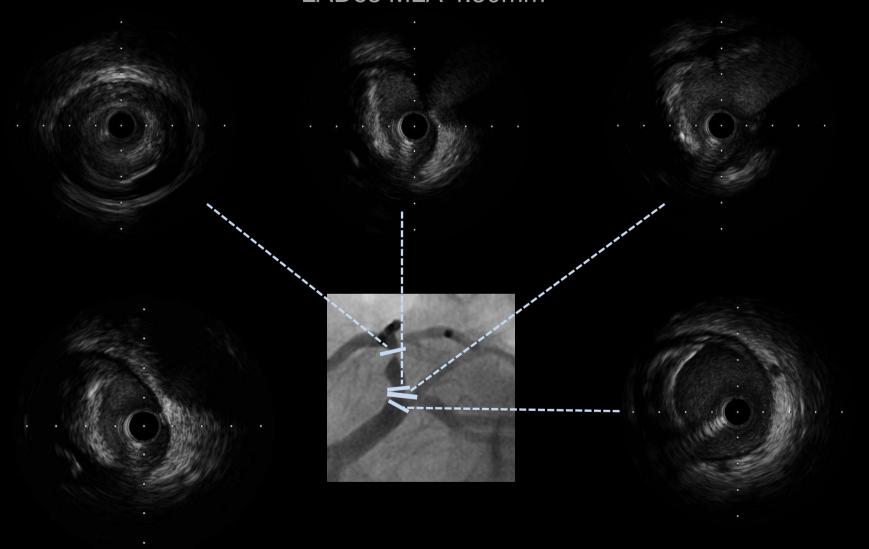
# CAG (12 months ago...)



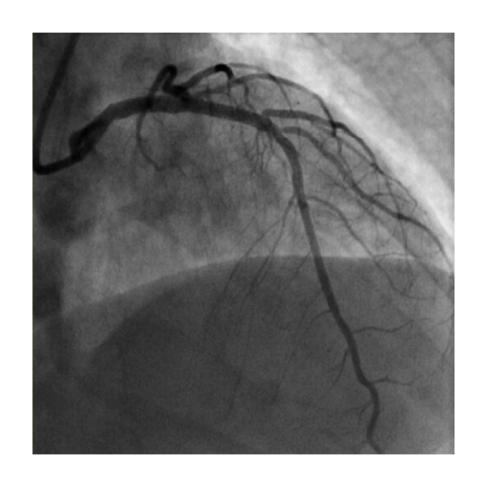


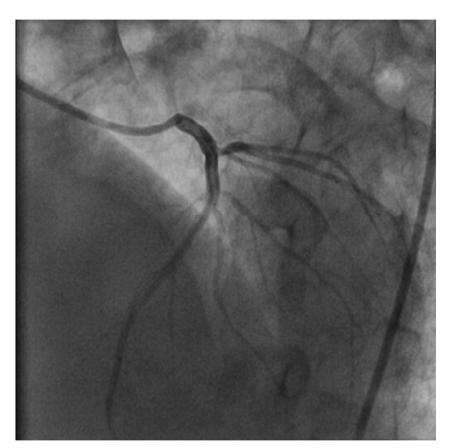
### PCI & IVUS (12 months ago...)

LADos MLA 4.50mm<sup>2</sup>

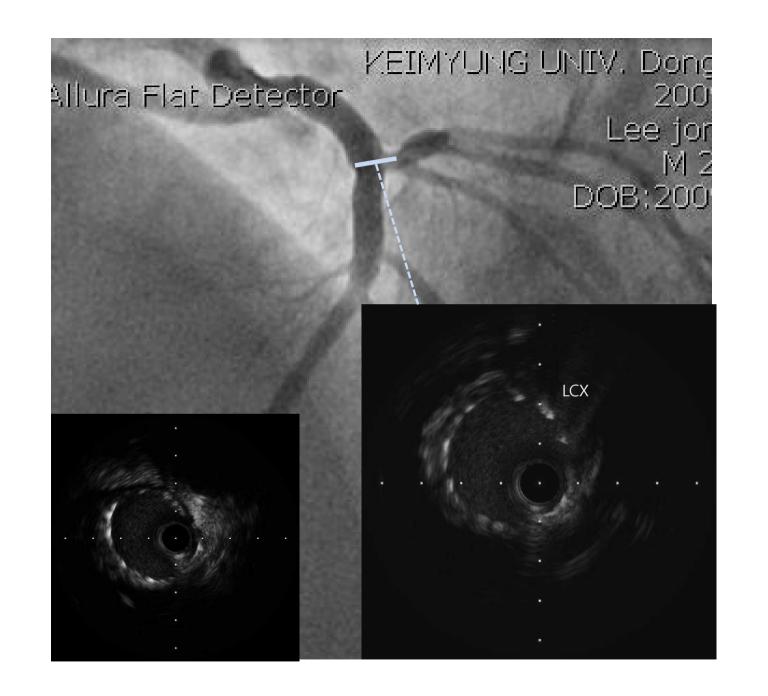


### PCI (12 months ago...)





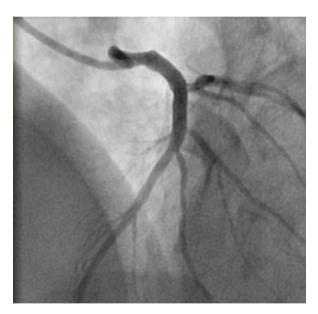
Promus 3.5x23mm, LMd - LADp



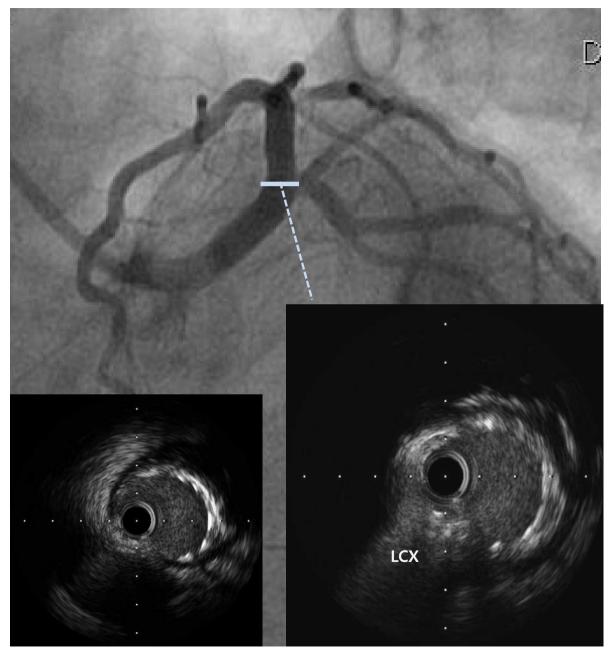
# 9 months FU CAG (3 months ago...)







### 9 months FU CAG & IVUS (3 months ago...)

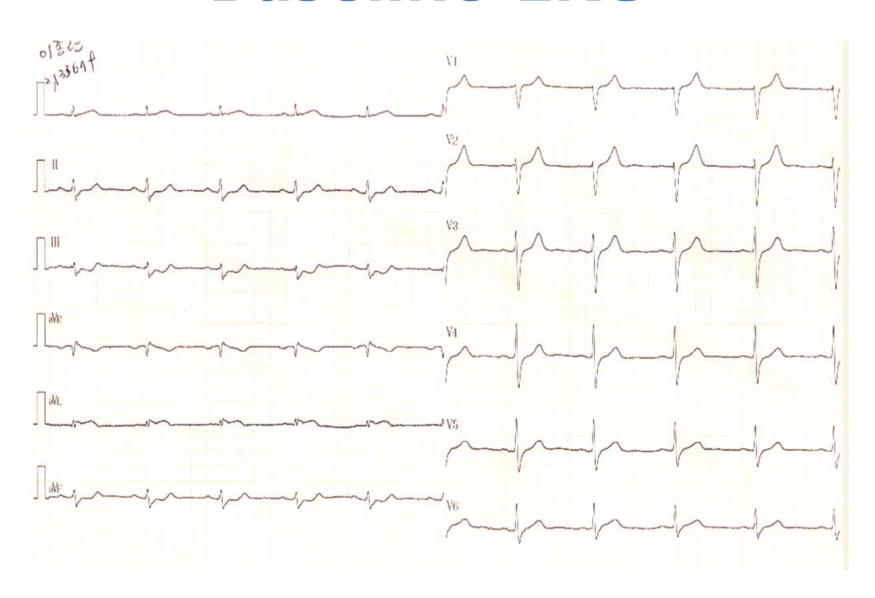


### No chest pain during 12 months after PCI

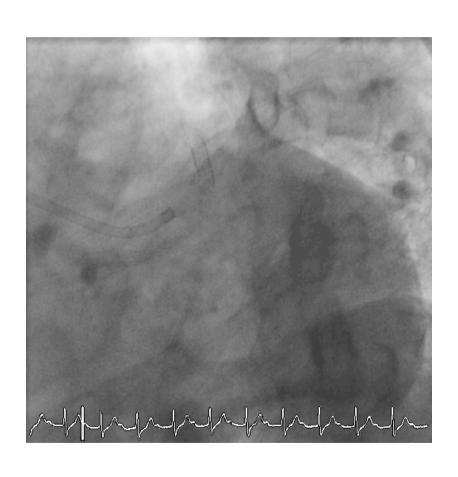
Mono APT(aspirin) was started after 12 month DAPT.

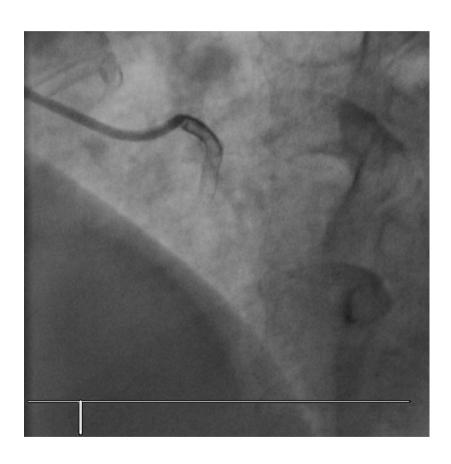
Resting onset chest pain
10 days After
the Cessation of Clopidogrel

# Baseline EKG

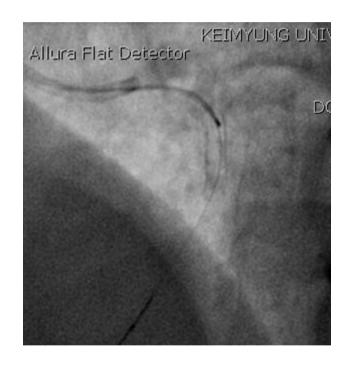


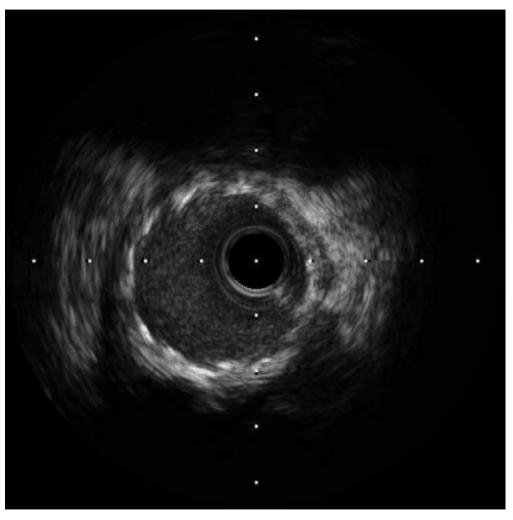
# Baseline CAG (1)





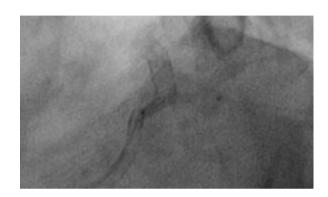
### **IVUS**



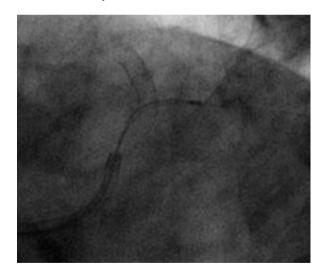


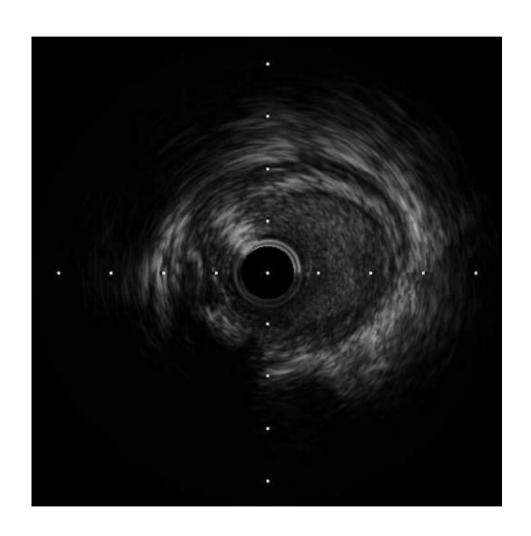
LADos - LM

### **IVUS**

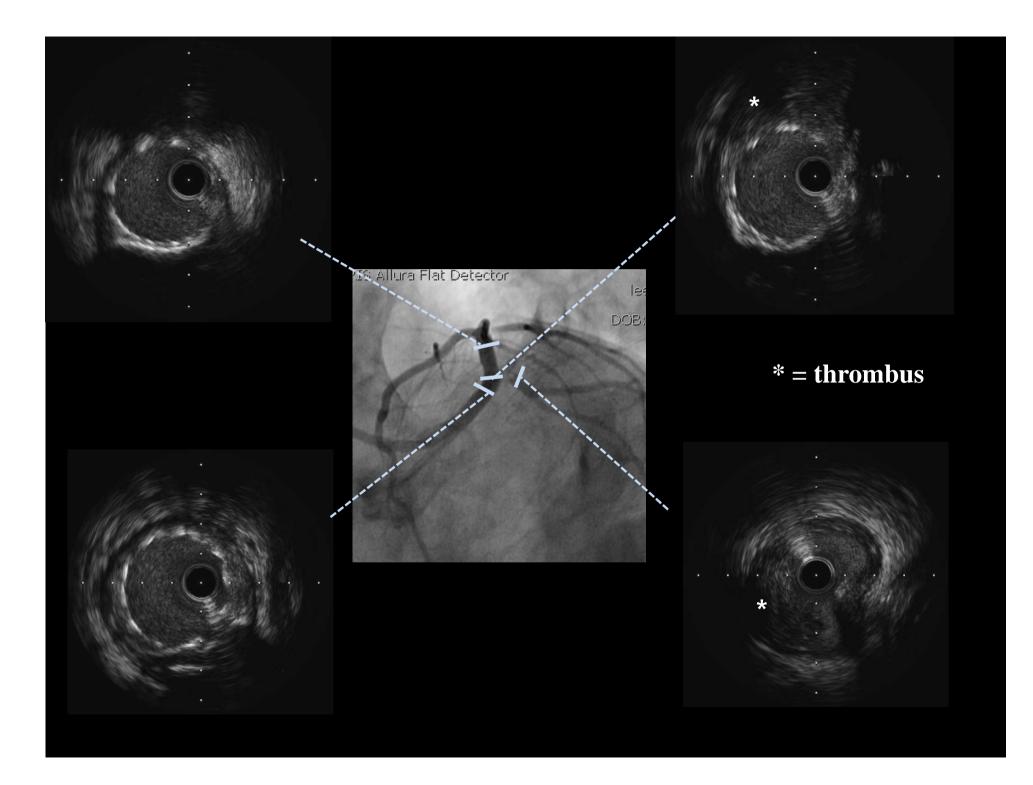


POBA; Genoss 2.0x15mm



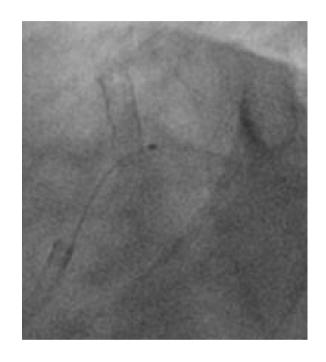


LCXp - LM



### POBA & Thrombus aspiration

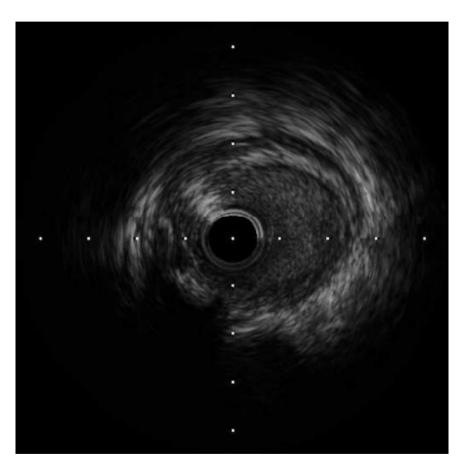




POBA ; SeQuent<sup>™</sup> 2.5x15mm

Thrombus aspiration; Thrombuster™ 6Fr

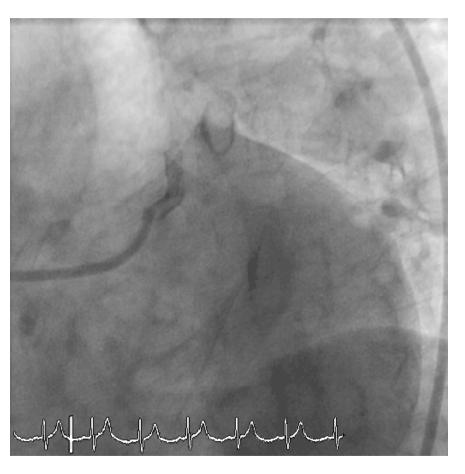
### POBA IVUS (LCXos-LM)

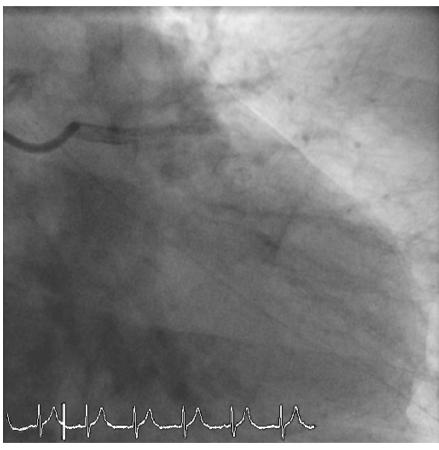


After 1st POBA

After repeated POBA & Thrombus aspiration

### Final CAG





### **Platelet Function Test**



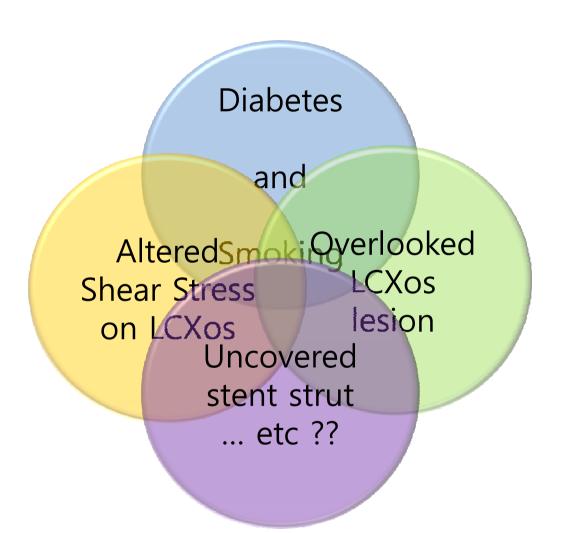
VerifyNow<sup>™</sup> Aspirin; 395 ARU (< 500 if on aspirin)

VerifyNow<sup>™</sup> P2Y12; 57 % inhibition (optimal; 40-60%)

### **Question** ??

- 1. Whether side branch Balloon after Cross-over can be helpful to prevent this event??
- 2. What is the natural course of DES strut positioned on the Side branch??
- 3. What is the optimal antiplatelet therapy in this patients from now?

#### Possible cause of ST



### **Thanks for Your Attention**

