

A Case of Very Late Bare-Metal Stent Thrombosis Due to Neoatherosclerosis

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(Case) 66-year-old man

(Chief Complaint) Chest pain

(Coronary Risk Factor) DM, Smoking history

(History of Previous & Present Illness)

He had been treated with bare-metal stent to proximal RCA because of AMI 11 years ago, and with drug-eluting stent to mid LAD because of effort angina pectoris 5 years ago.

He was admitted to our hospital due to acute-onset chest pain in August 7th, 2013.

(Physical Examination)

**Height 162cm, BW 58kg,
BP 148/78mmHg, HR 64bpm,
heart; no murmur, lung; normal vesicular sounds,
SpO₂ 97%**

(Laboratory Tests)

**WBC 6000/ μ l, RBC 479万/ μ l, Hb 14.0g/dl, Ht 42.8%,
Plt 40.9万/ μ l, CRP 0.10mg/dl,
AST 53 IU/l, ALT 41 IU/l, CK 101 IU/l, CK-MB 14 IU/l,
Cardiac troponin T (—), H-FABP (—)
BUN 11.8mg/dl, Cr 0.74mg/dl, eGFR 81.0ml/min,
BS 189mg/dl, HbA1c 6.4%,
T-Cho/LDL/HDL/TG 165/96/47/216 mg/dl**

(ECG)

2013年08月07日 22:53:54 安静時(6)

編集済み

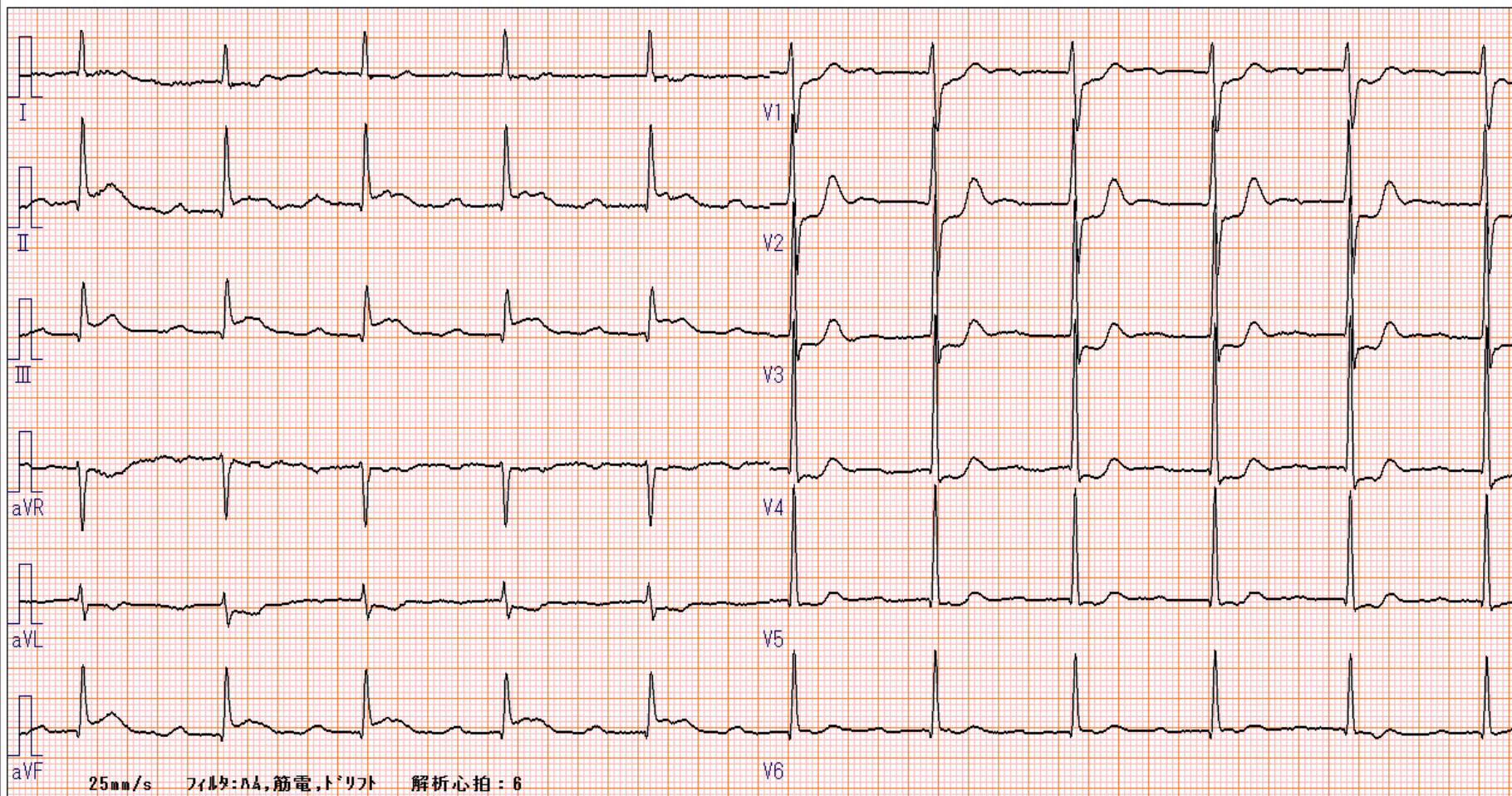
心拍数: 64/分
R-R: 0.935秒
P-R: 0.362秒
QRS: 0.108秒
QT: 0.389秒
QTc: 0.402/0.397
軸: 61度
SV1: 1.00 mV
RV5: 1.93 mV
R+S: 2.93 mV

411-2 房室ブロックI度
783-6 急性の下壁梗塞の疑い: III
633-6 ST-T異常: I, aVL, V1, V2, V3, V4, V5
121-0 反時計回転

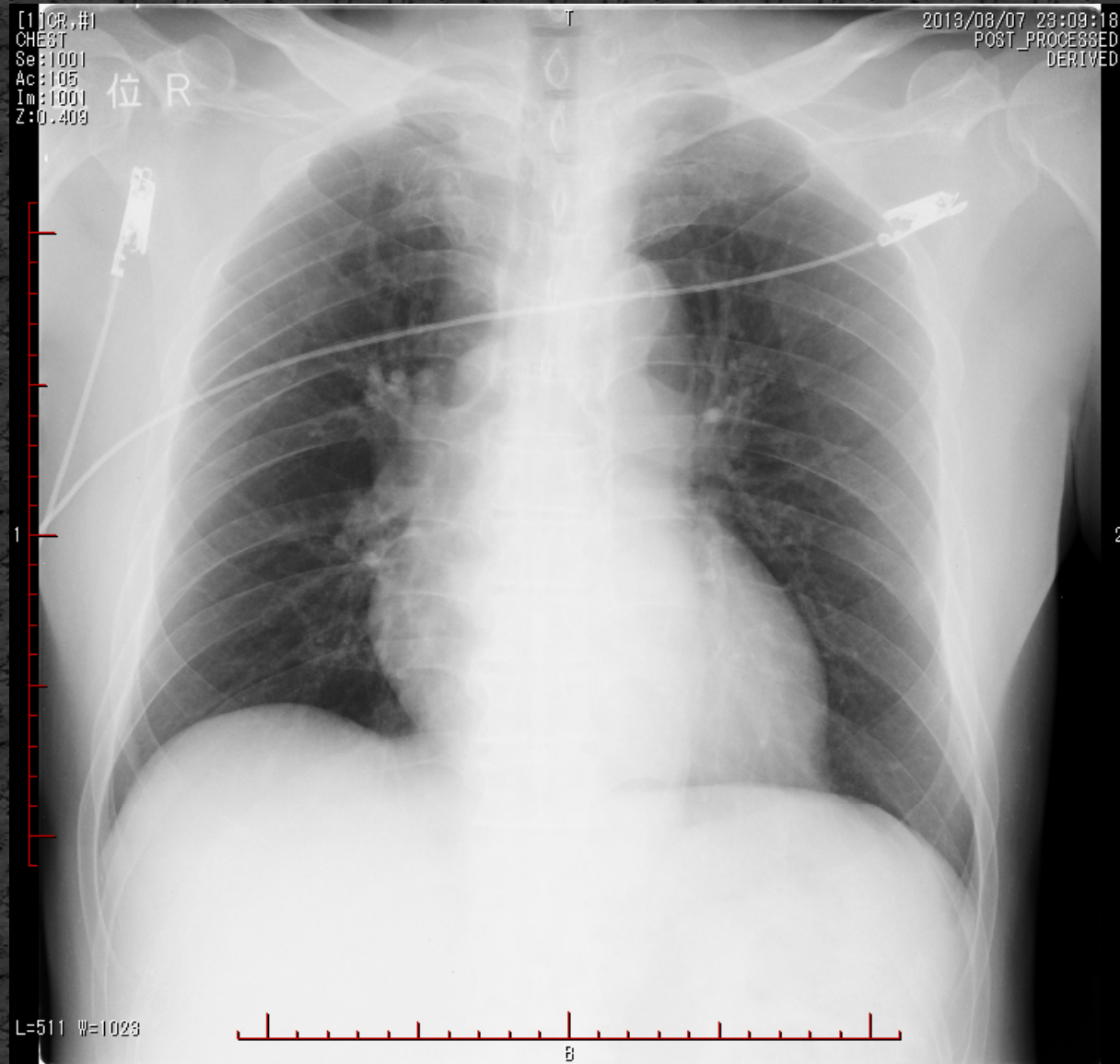
6-3-2
1-3-4; I
4-1 ; A
4-1 ; L
5-5 ; A
5-3 ; L
9-2-1; I
9-4-1

修正者 : 生理検査室

【異常の心電図】 負荷-不可



(Chest X-ray)



CTR 52.4 %
(Supine position)

(Echocardiography)

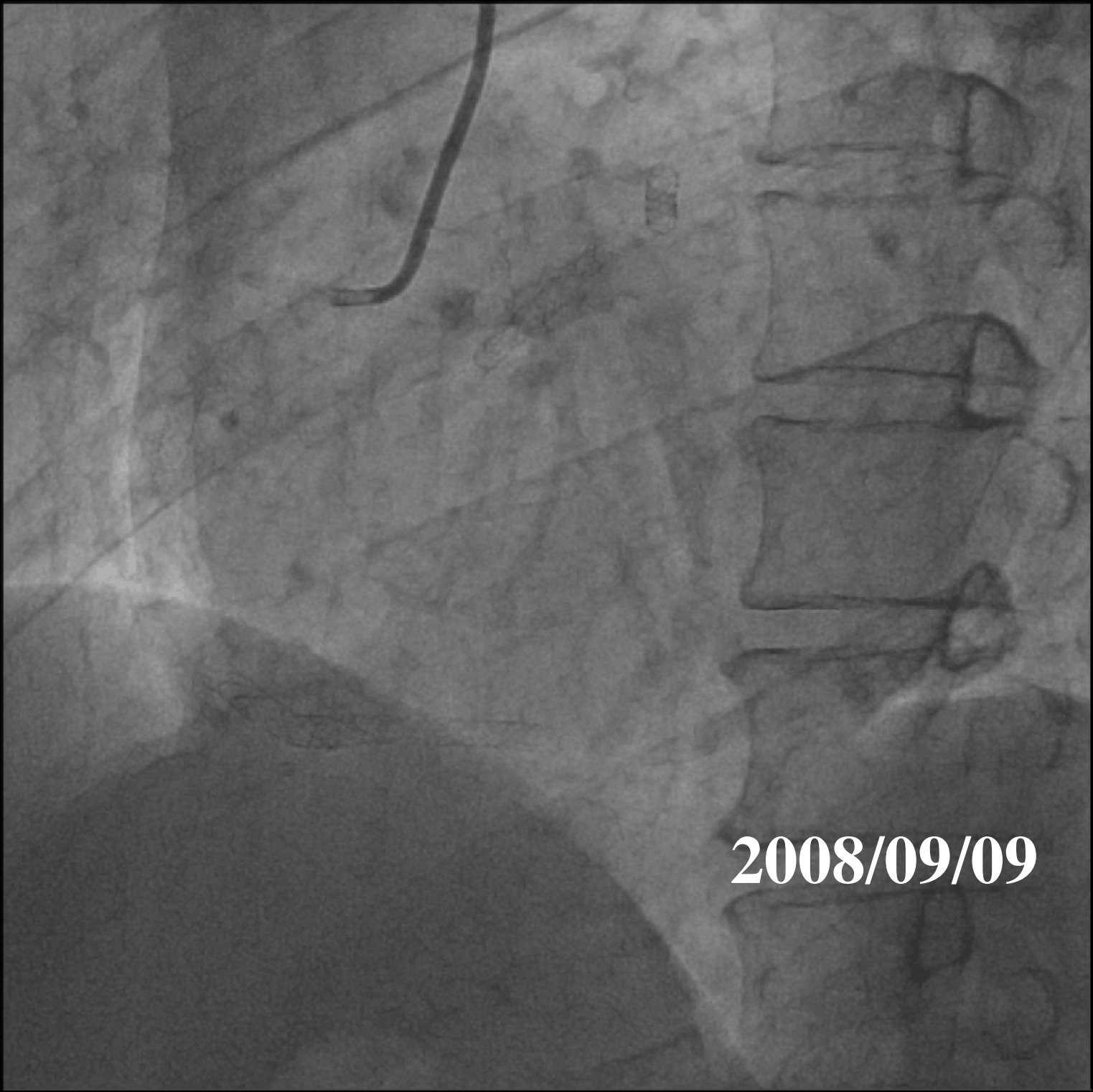
LVDd/ds 47/33mm, IVS/PW 12/12mm,

EF 58%, FS 31%,

LV Inferior asynergy,

LA 32mm, IVC 10mm,

MR trivial, TR mild



2008/09/09





Nir 3.5/18mm, 2002/07/08

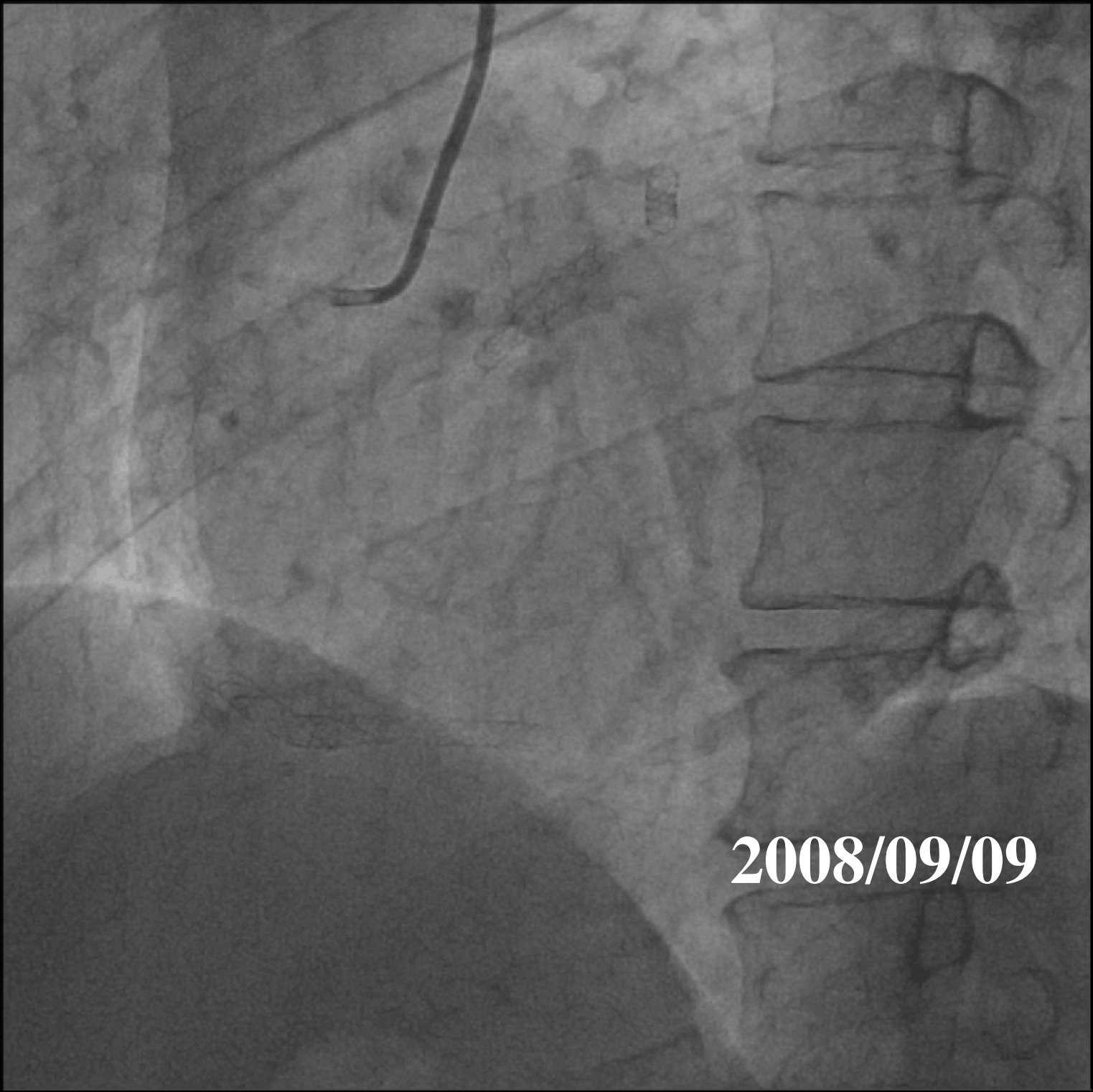
An angiogram showing a cerebral artery with a stent. The stent is highlighted with a yellow bracket. The background shows the branching pattern of the cerebral vasculature.

S670 3.5/18mm + Tristar 3.5/13mm, 2003/03/03

Two white brackets are positioned below the text, pointing to the proximal and distal ends of the stent.

Tristar 3.0/13mm, 2002/07/08

A single white bracket is positioned below the text, pointing to the distal end of the stent.



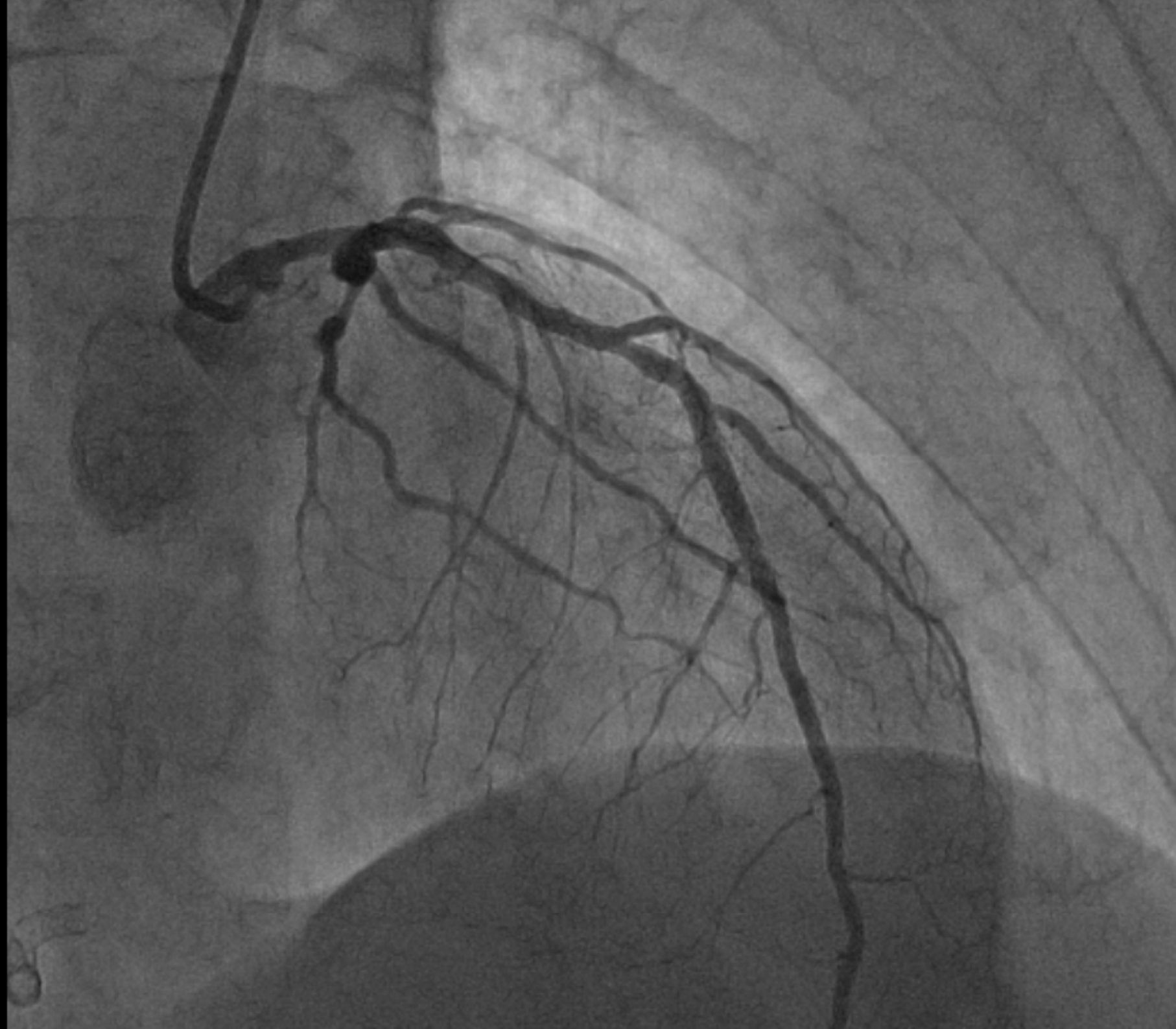
2008/09/09

A grayscale photograph of a textured surface, possibly a leaf or paper, with a date stamp '2008/09/09' in the bottom right corner. The texture is characterized by a series of parallel, slightly wavy lines that create a sense of depth and movement. A small, dark, curved object is visible in the upper left quadrant. The overall tone is muted and monochromatic.

2008/09/09



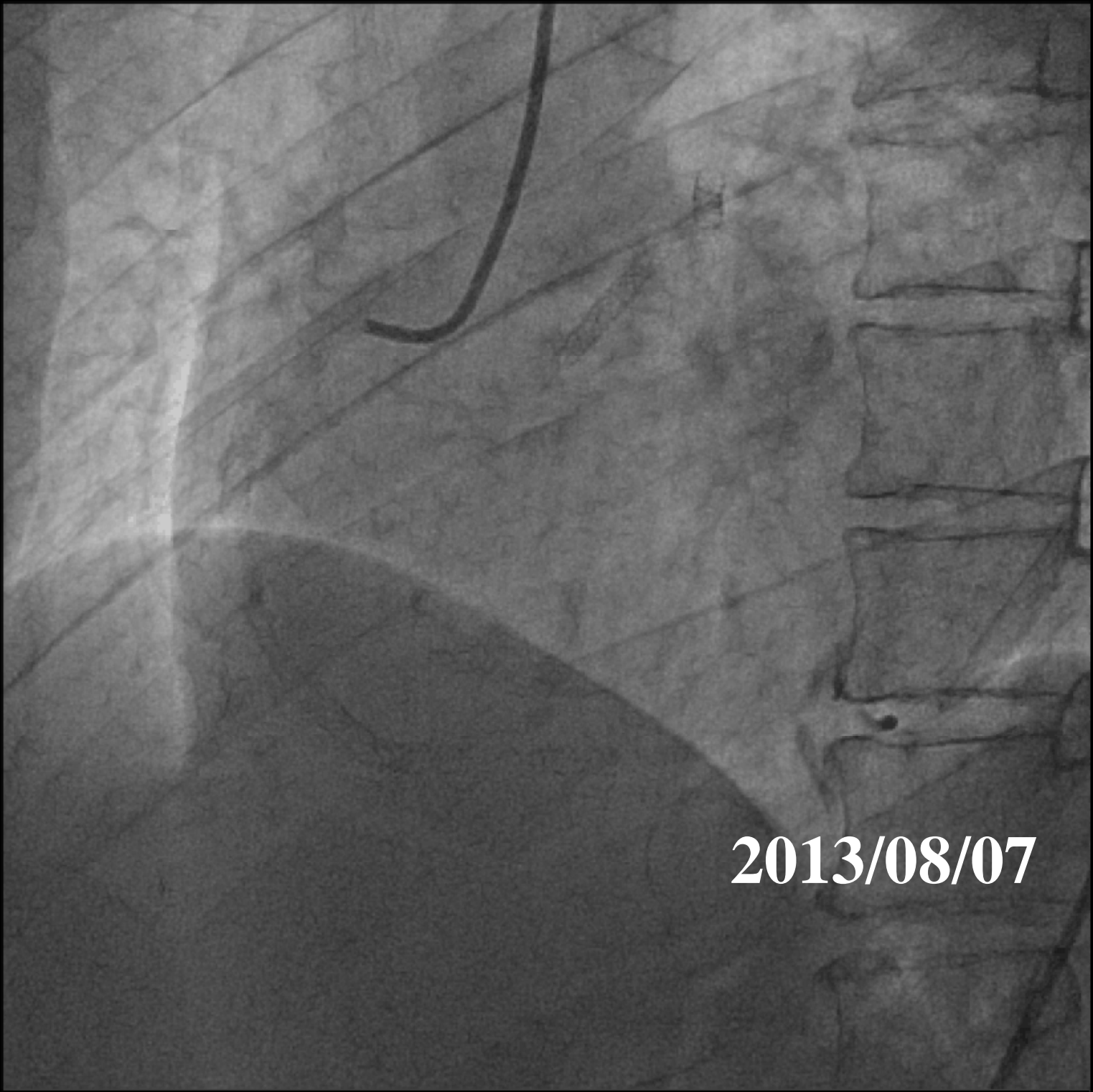
2008/09/09



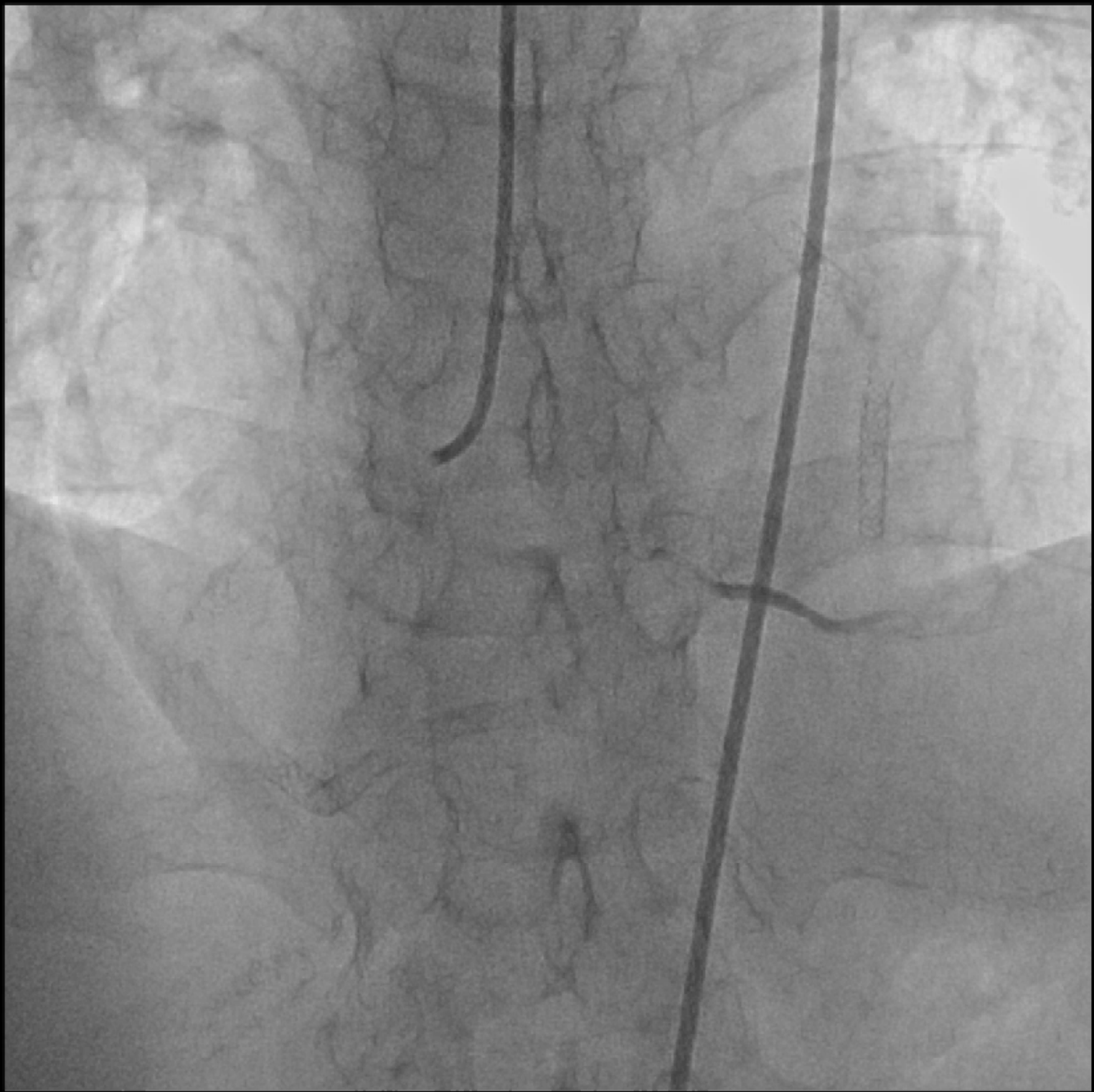
S670 3.5/12mm, 2002/07/17

Cypher 3.0/23mm,
2008/03/03

Tristar 3.0/18mm,
2002/07/17

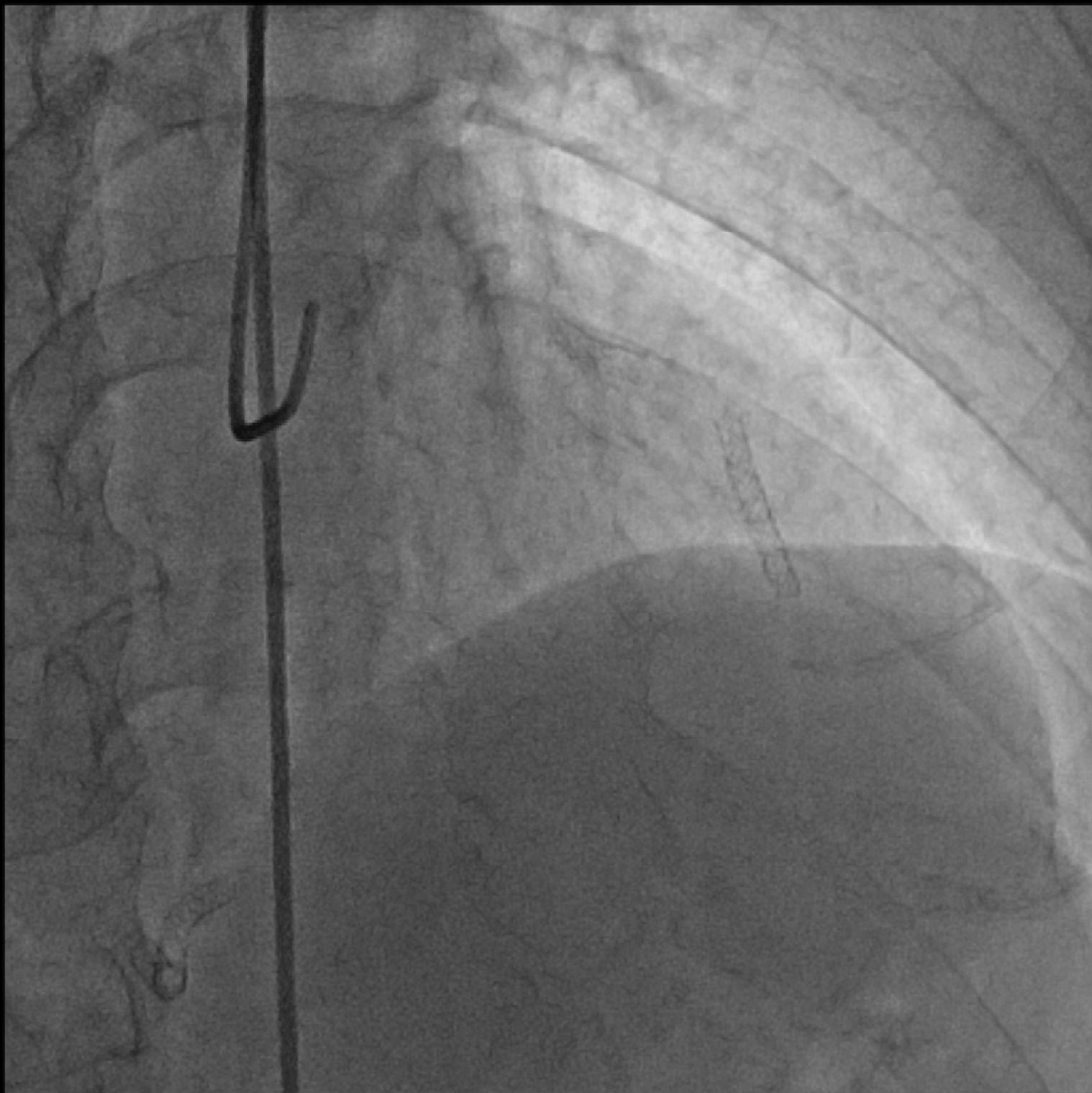


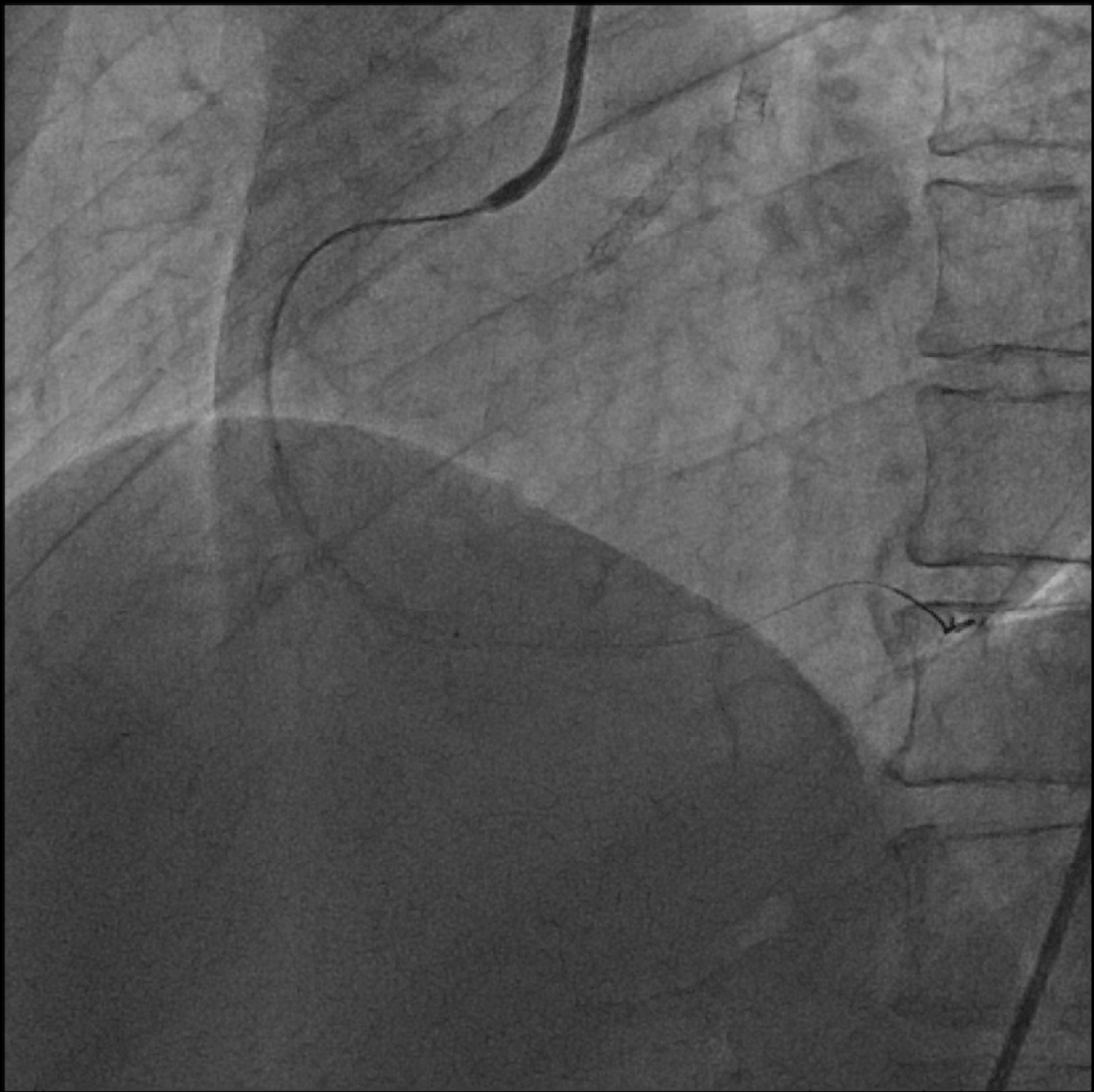
2013/08/07

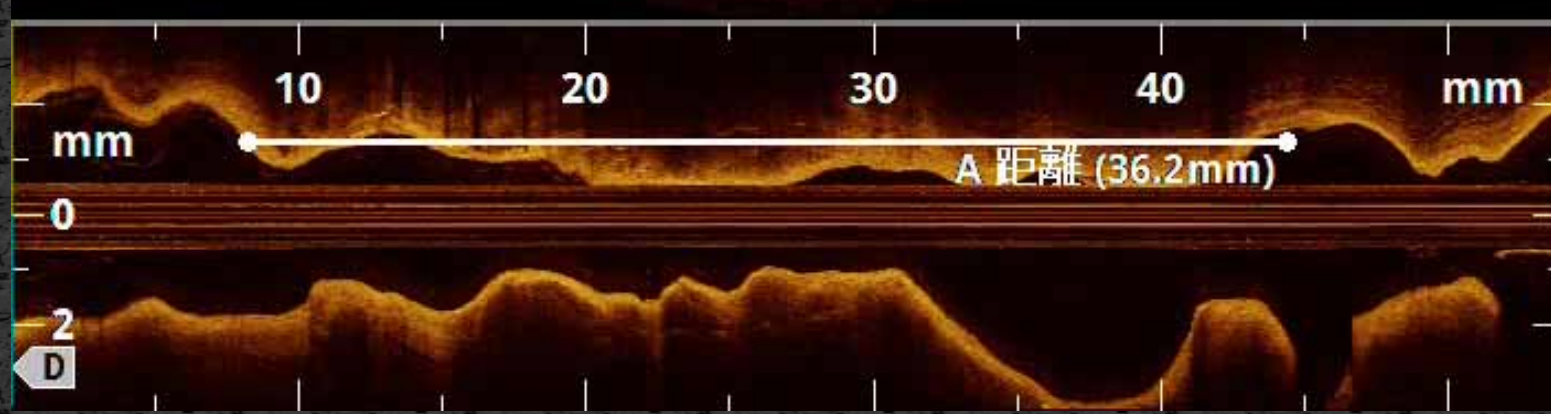
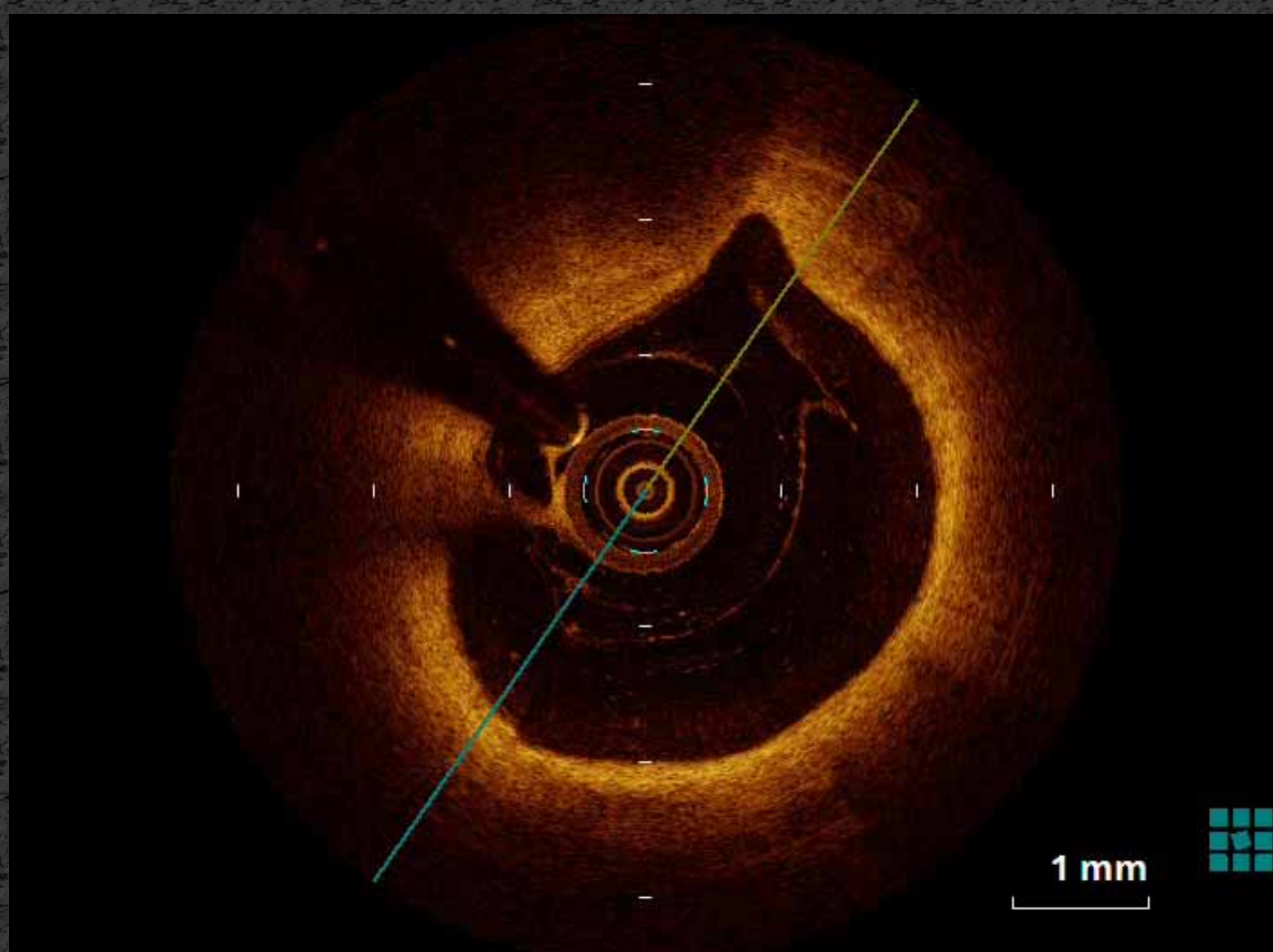


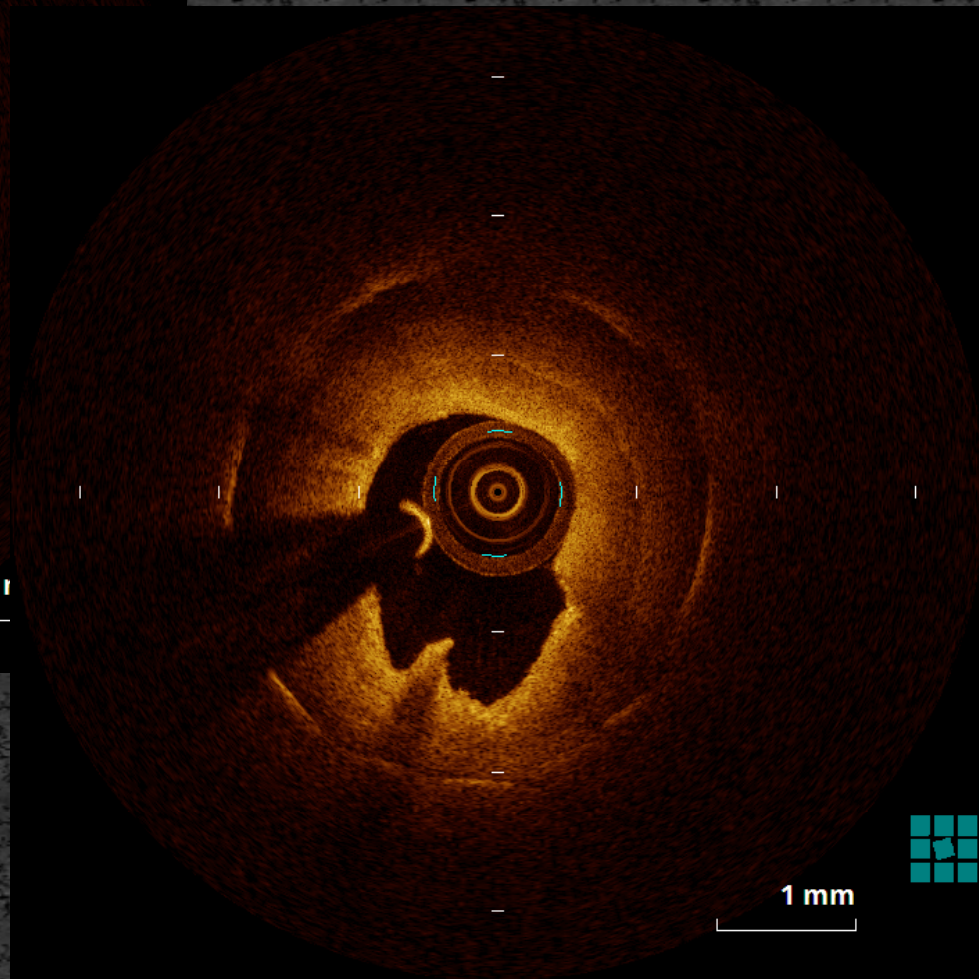
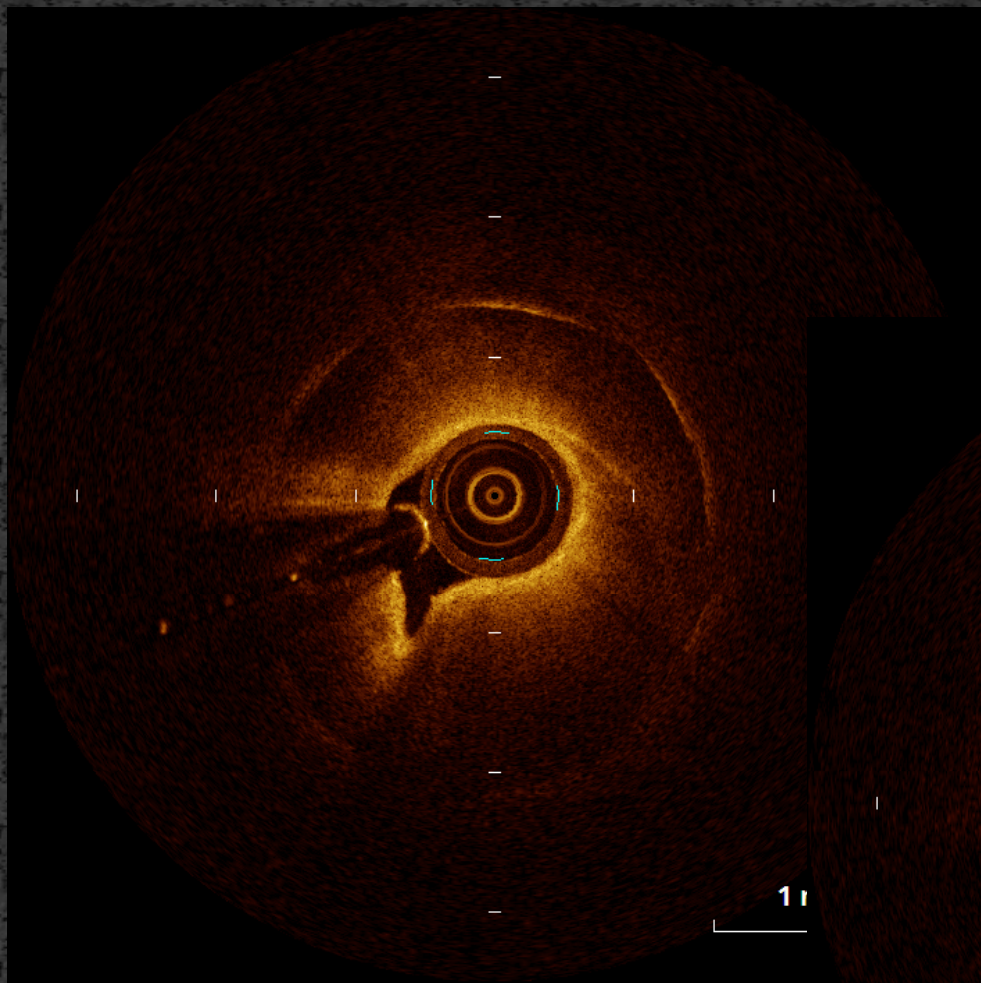














POBA 3.5/20mm

Filtrap 3.5mm

An intraoperative photograph showing a surgical site. A large, curved, translucent structure is visible, likely a POBA (Pericardial Occluding Balloon). A smaller, curved, translucent structure is visible below it, likely a Filtrap. The background is a textured, light-colored surface, possibly a surgical drape or tissue. The image is framed by a black border.

POBA 3.5/20mm

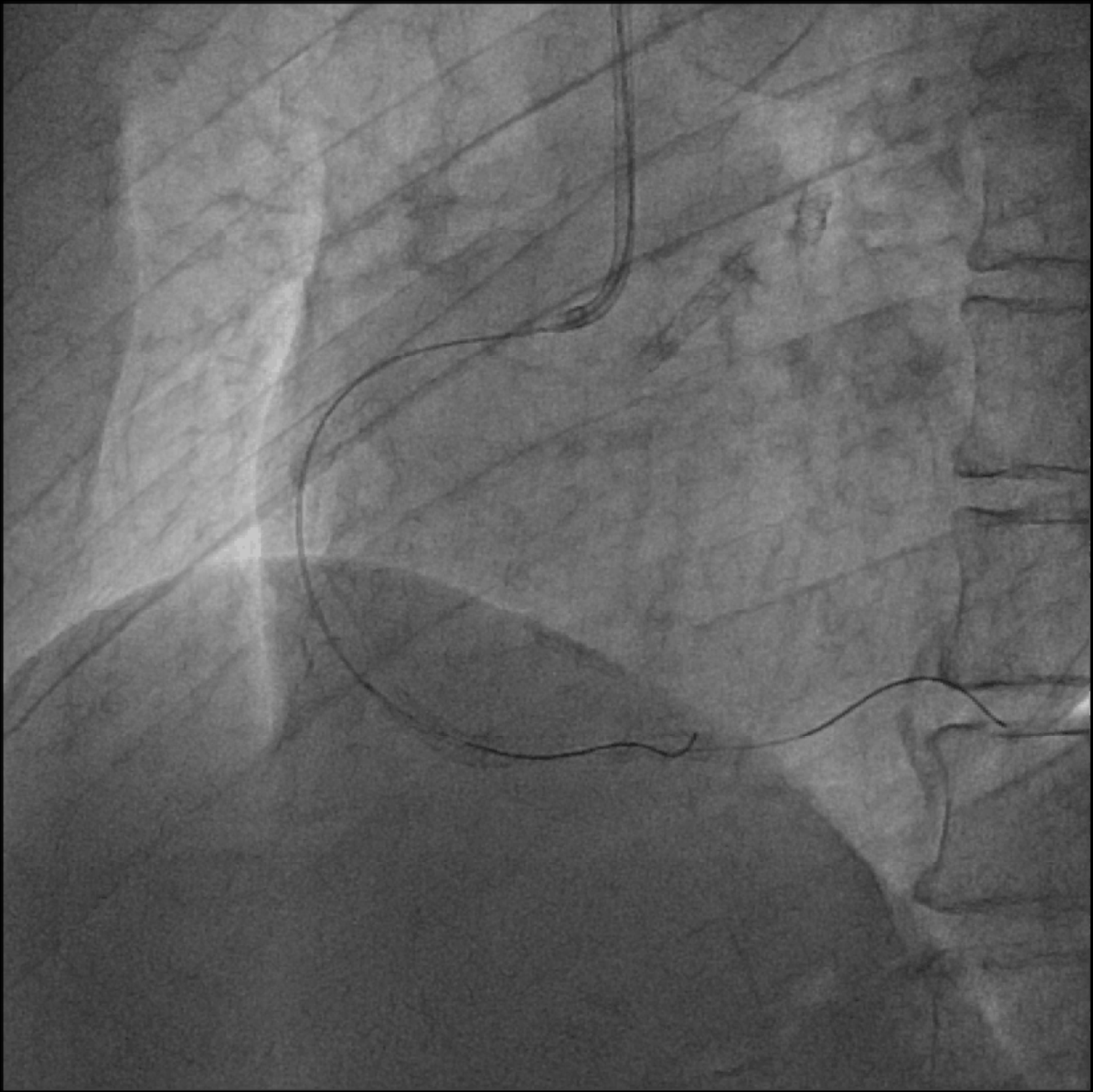
Filtrap 3.5mm



POBA 3.5/20mm

This is a fluoroscopic image showing a catheter and a filter trap. The catheter is a thin, dark line that curves through the vessel. The filter trap is a larger, more complex structure with a circular head and a long tail. The background shows the bony structure of the spine and the soft tissue of the vessel.

Filtrap 3.5mm

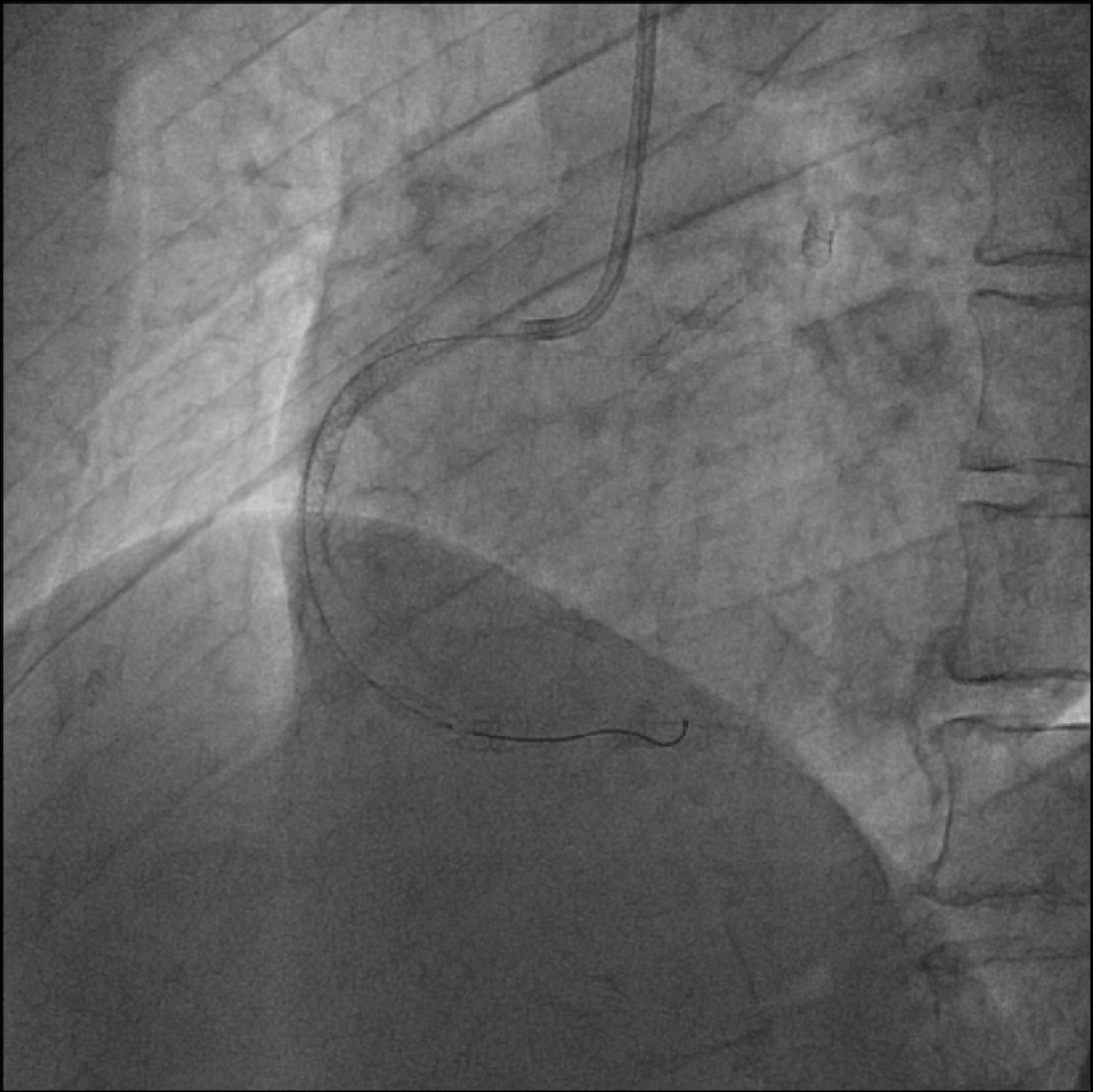


A fluoroscopic image showing a Promus Element stent graft implanted in the thoracic aorta. The stent graft is a long, thin, dark, curved structure that follows the course of the aorta. The surrounding anatomy, including the vertebral column and other thoracic structures, is visible in a grayscale, semi-transparent view. The text "Promus Element 3.5/38mm" is overlaid in the center of the image.

Promus Element 3.5/38mm

A fluoroscopic image showing a thoracic aortic aneurysm repair. A dark, curved line represents the Promus Element stent graft, which is positioned within the thoracic aorta. The surrounding anatomy, including the spine and ribs, is visible in a grayscale, semi-transparent view. The text "Promus Element 3.5/38mm" is overlaid on the image, indicating the specific model and dimensions of the stent graft.

Promus Element 3.5/38mm



A lateral X-ray of the spine showing a POBA (Percutaneous Open Basket Approach) catheter. The catheter is a thin, dark line that curves from the upper right towards the lower left, ending near the lumbar region. The vertebrae are clearly visible on the right side of the image. The text "POBA 3.5/20mm" is overlaid in white on the image.

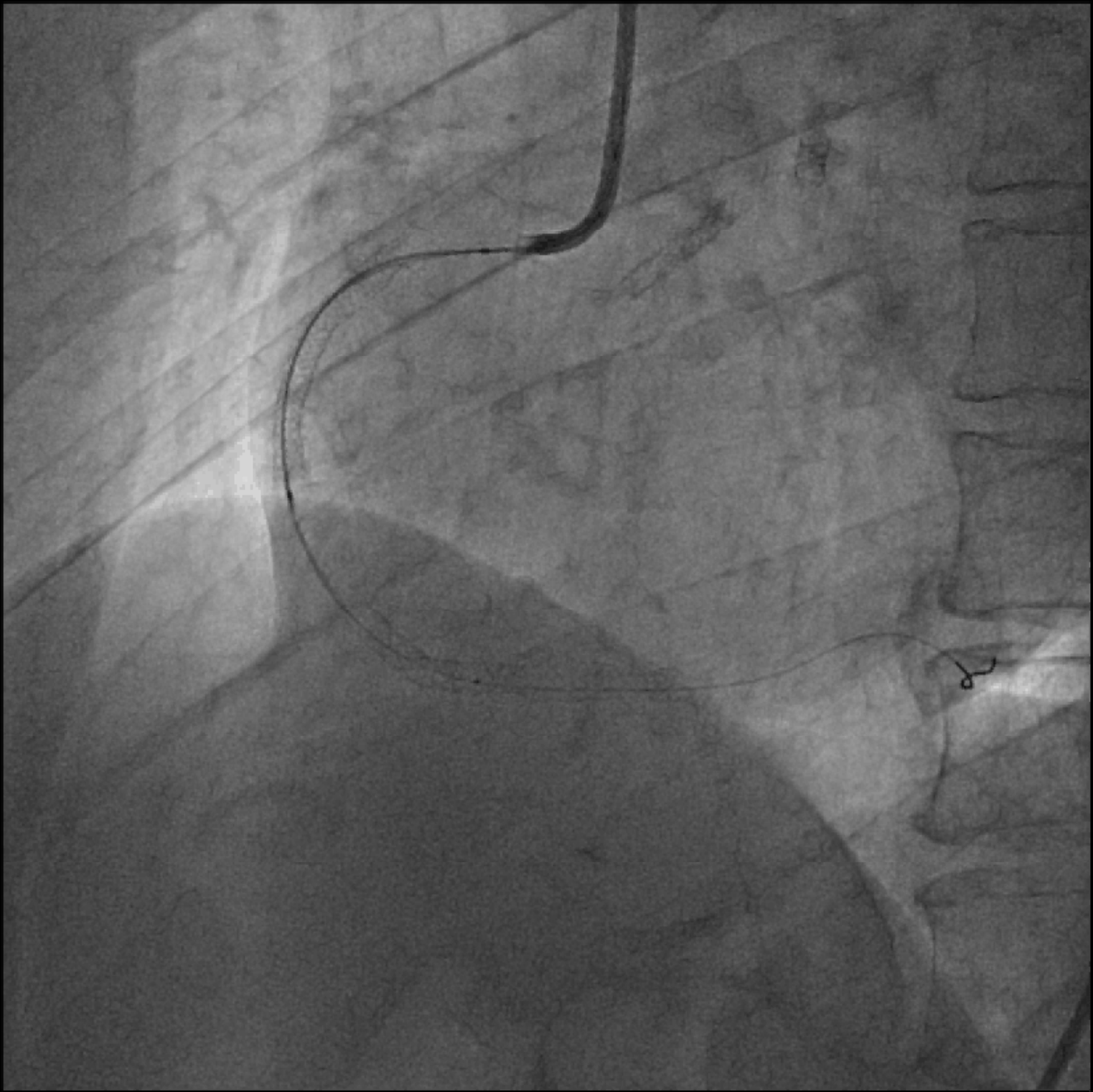
POBA 3.5/20mm

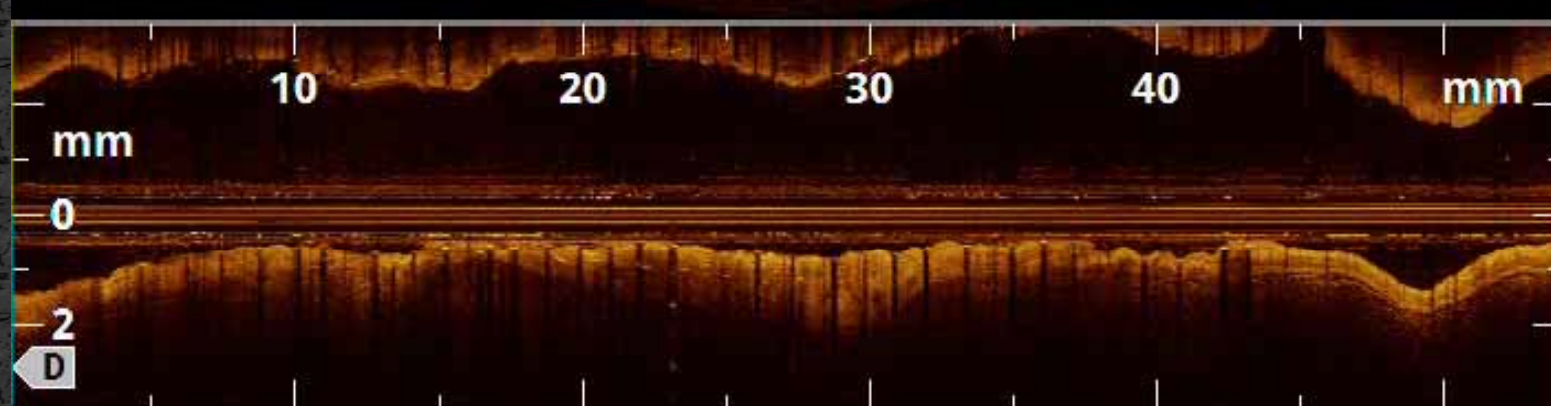
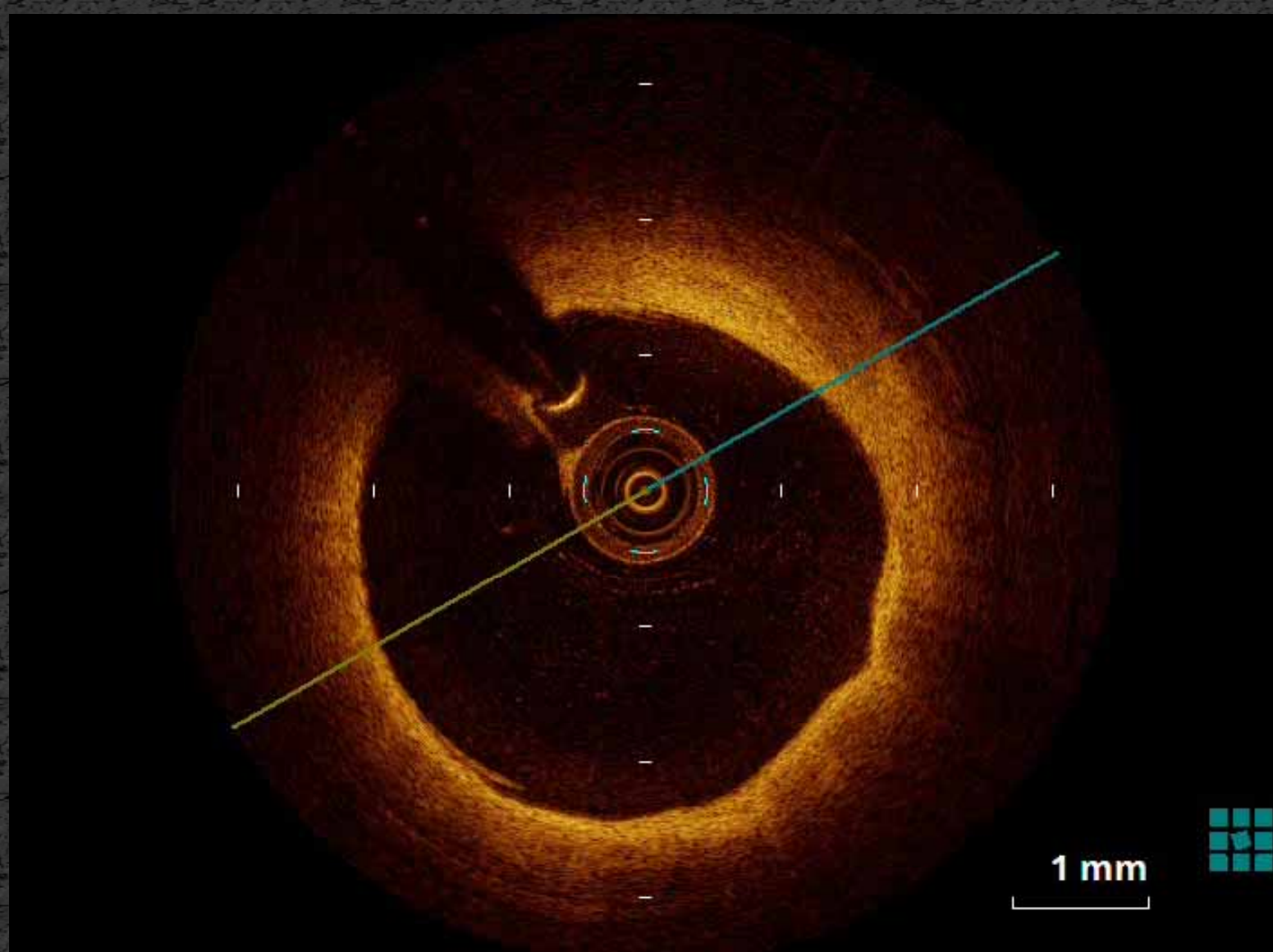
A grayscale medical image showing a cross-section of a vessel. A dark, elongated structure, likely a catheter or stent, is visible within the vessel lumen. The surrounding tissue shows a complex, layered structure with various textures and shades of gray. The text "POBA 3.5/20mm" is overlaid in the center of the image.

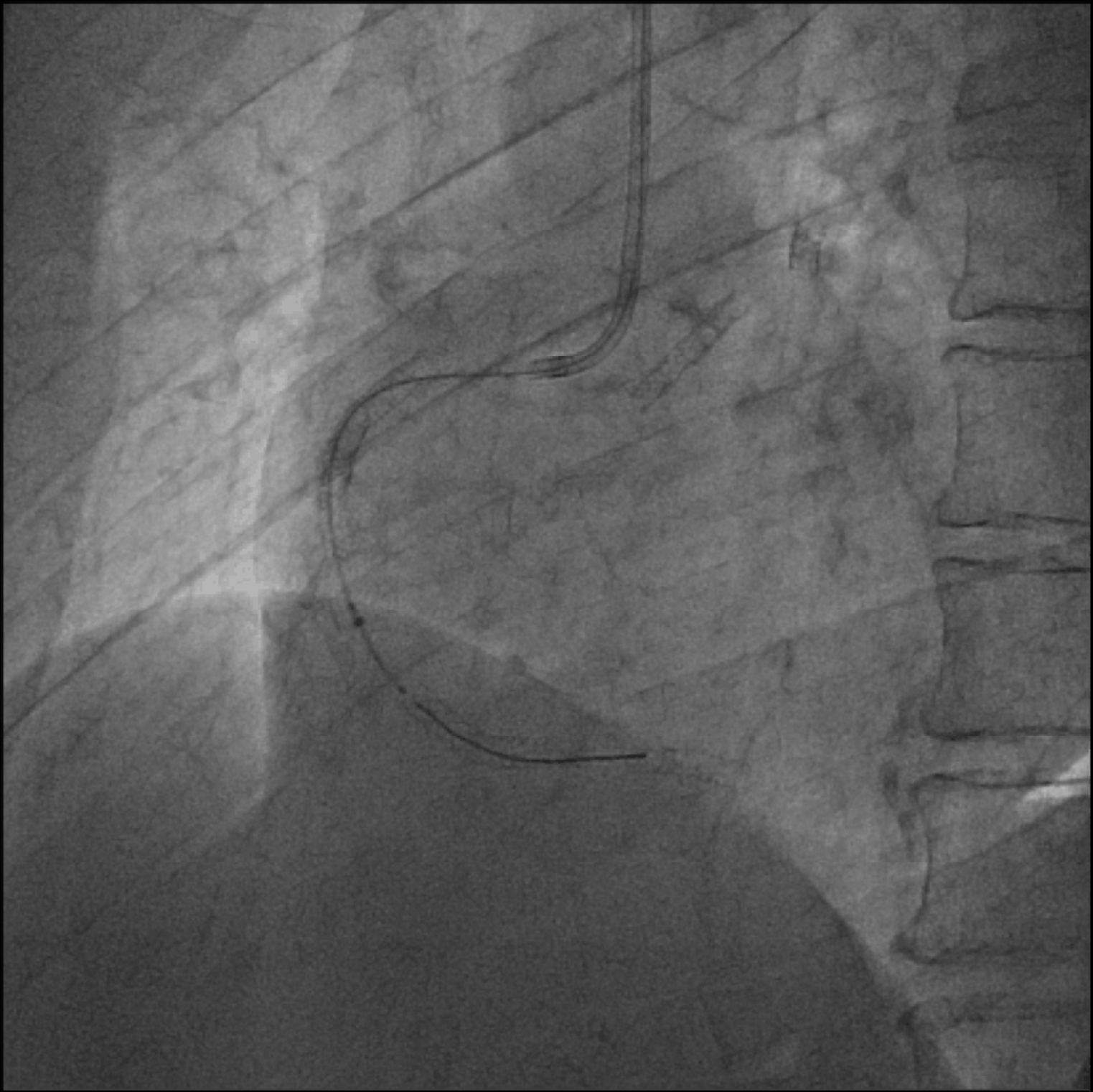
POBA 3.5/20mm

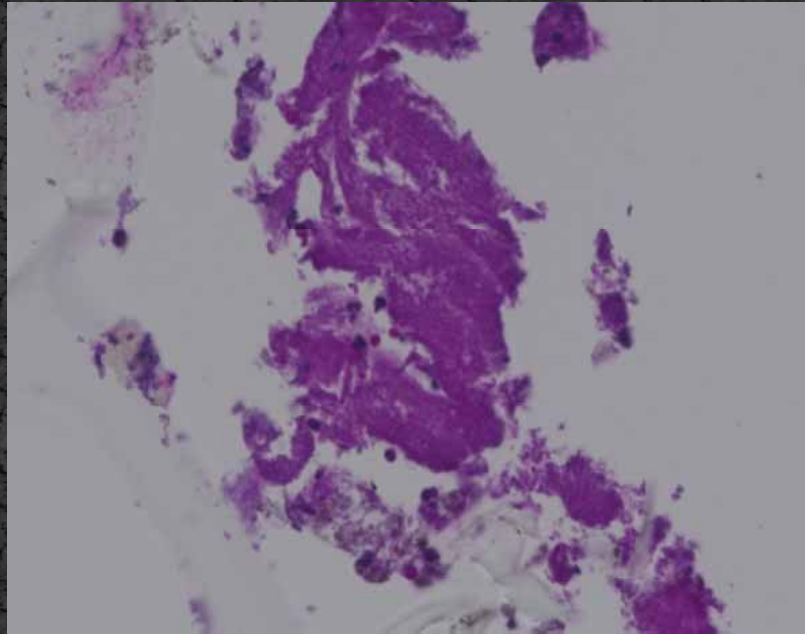
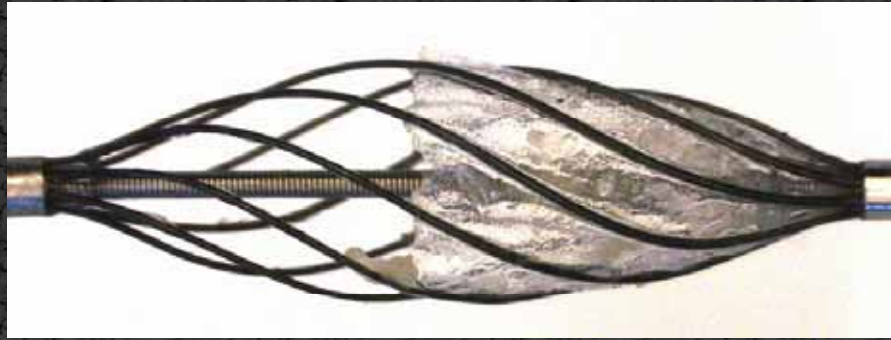
A grayscale medical image, likely a CT scan, showing a cross-section of a body. A dark, curved structure is visible, possibly a vessel or a part of an organ. The text "POBA 4.0/12mm" is overlaid in white. The image has a grainy texture and is framed by a black border.

POBA 4.0/12mm



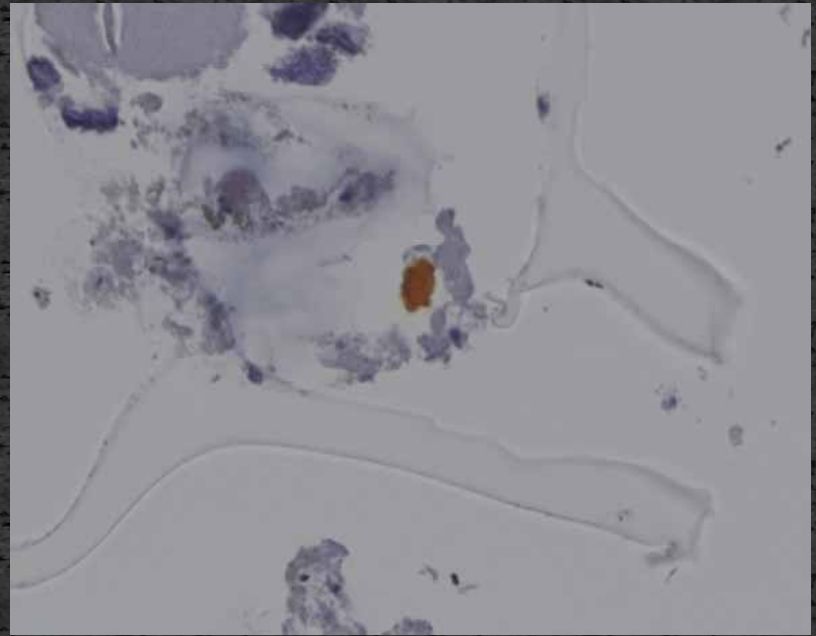






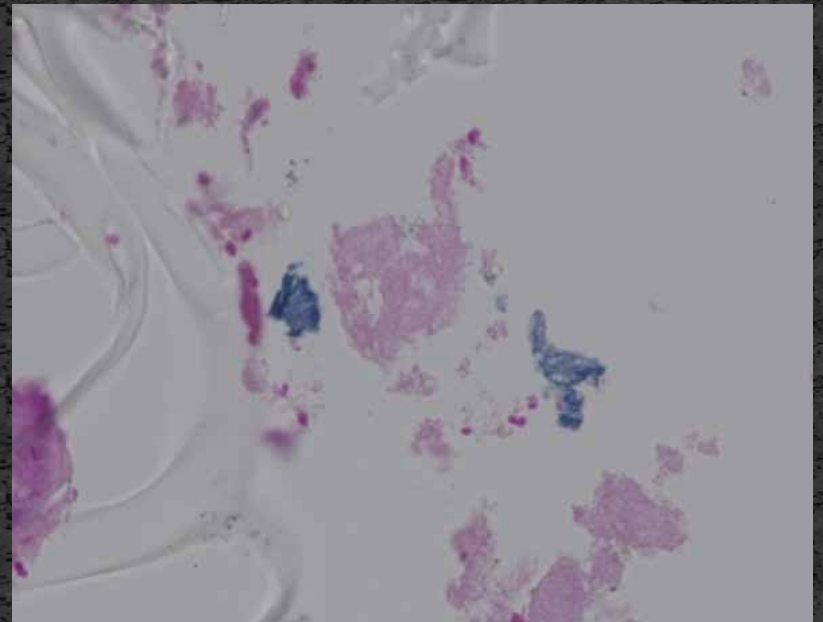
HE

× 40



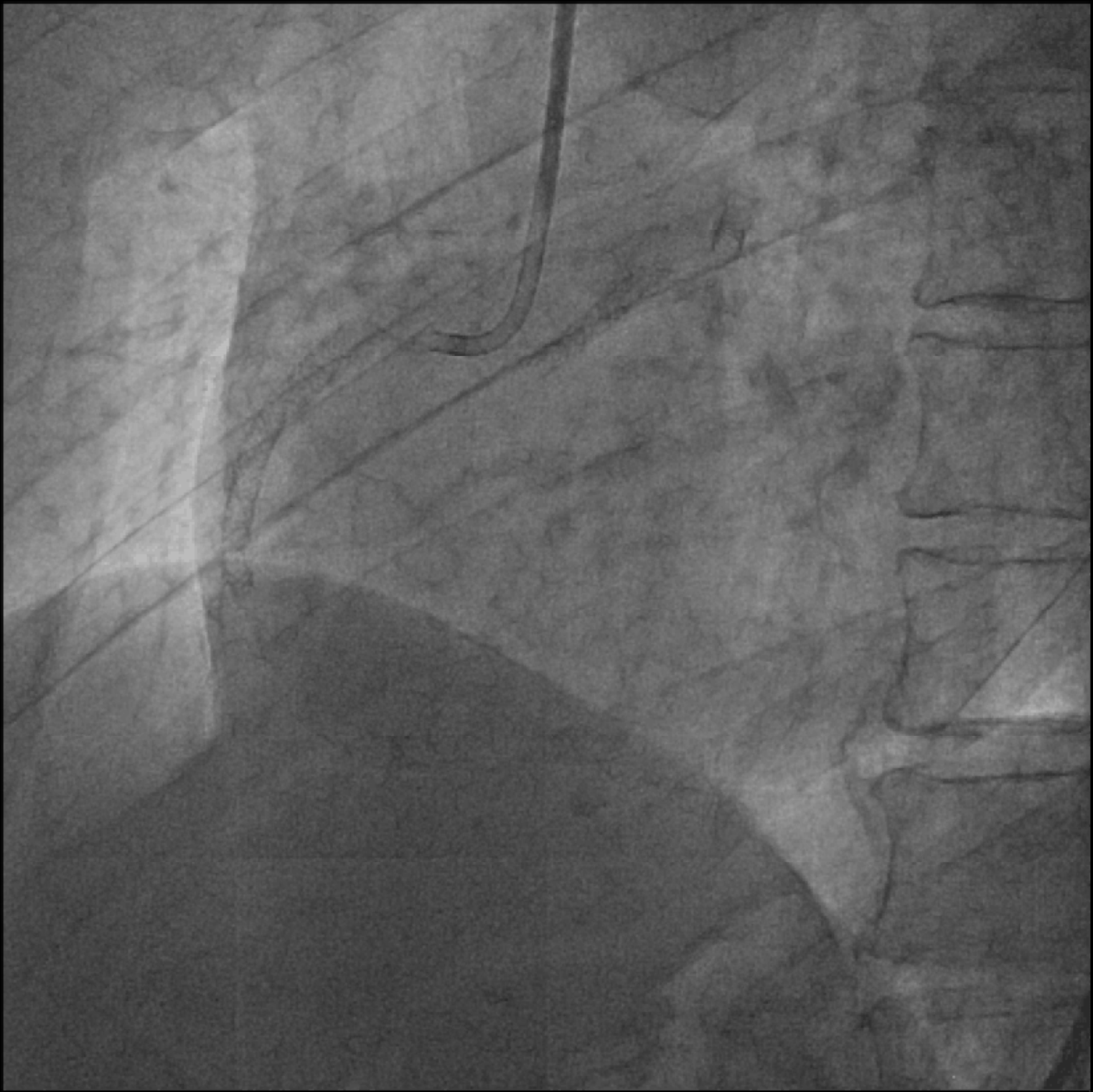
Alizarin Red

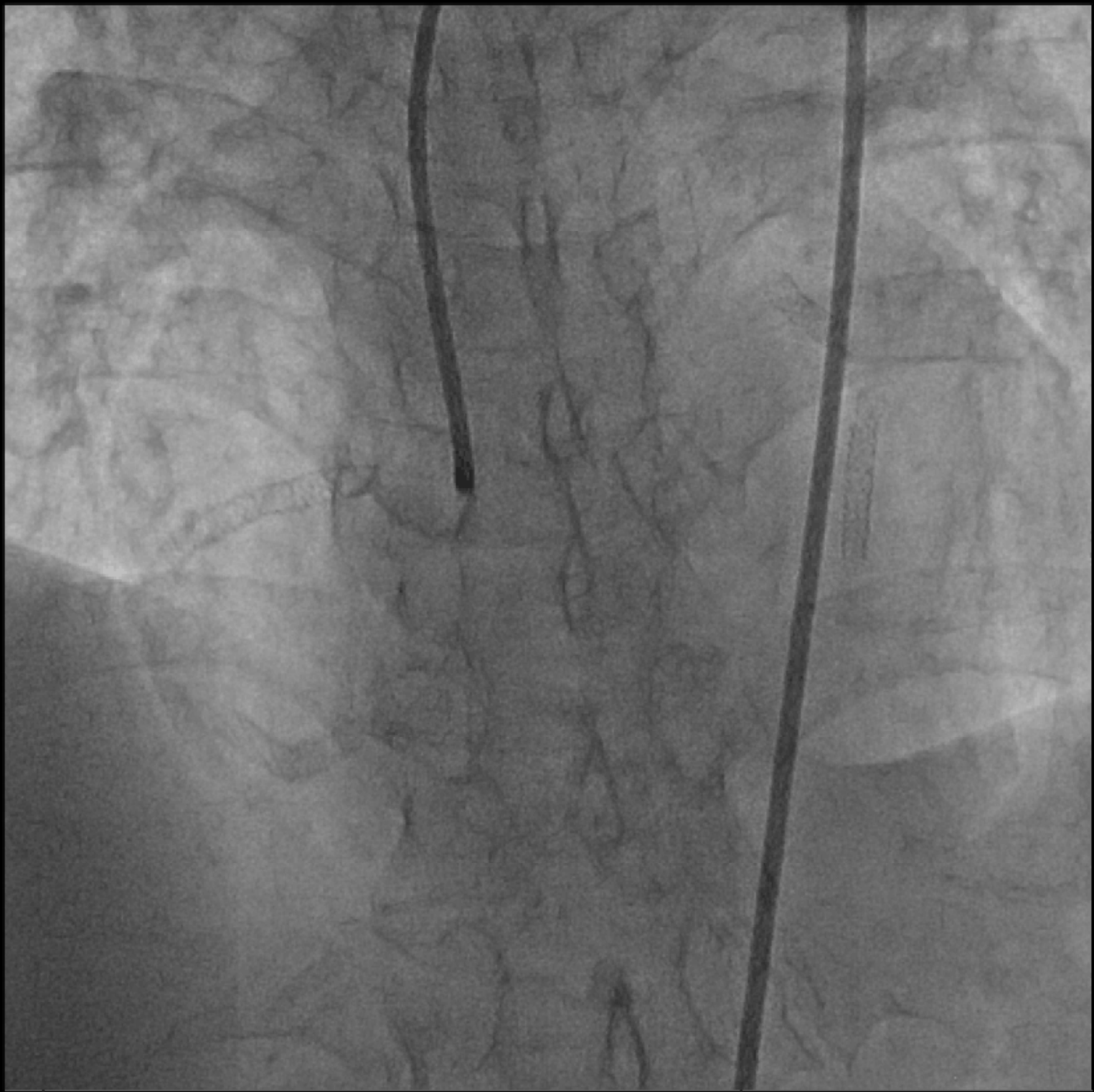
× 40

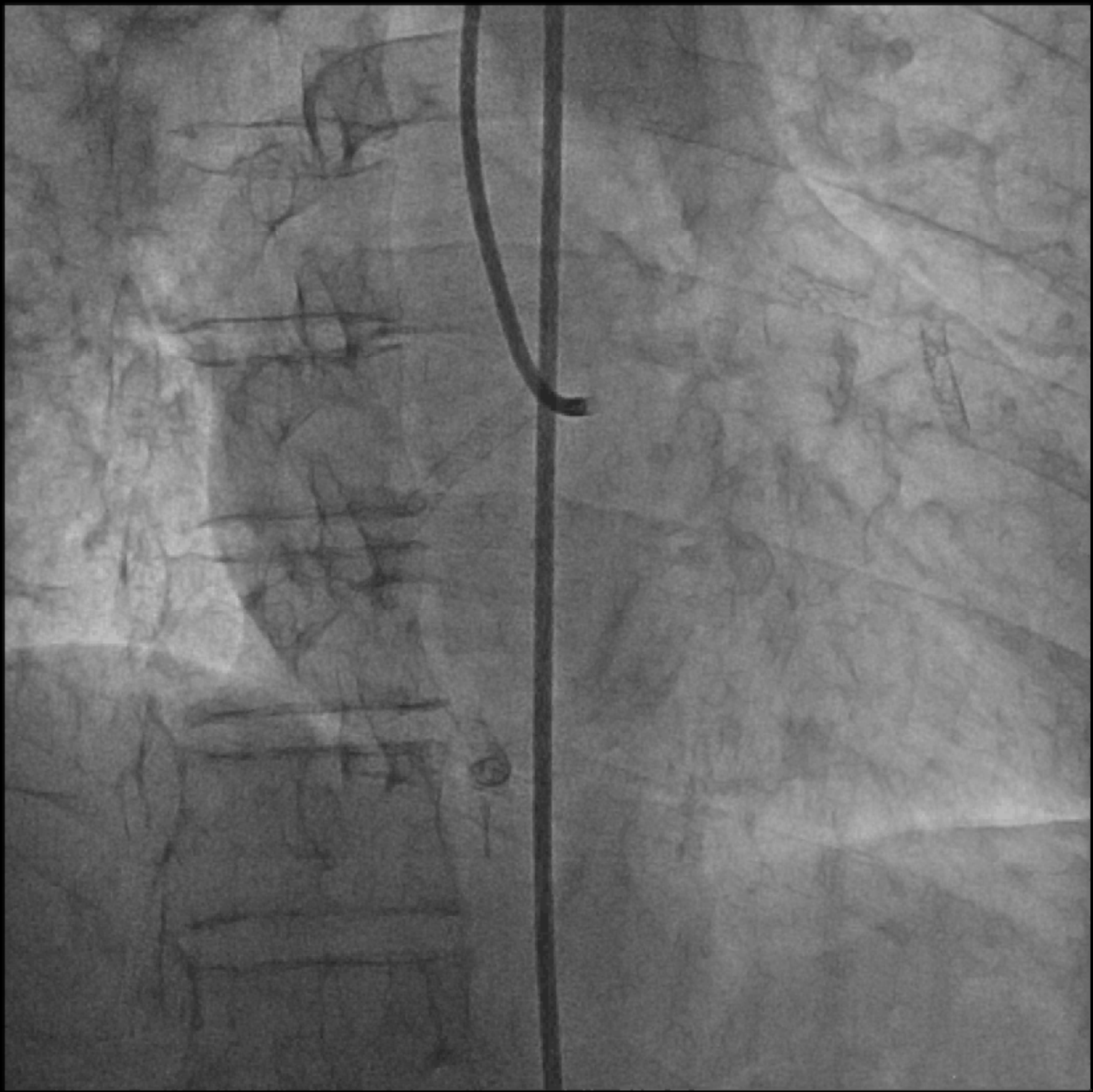


Berlin Blue

× 40







Conclusion

OCT revealed the existence of ruptured lipid-laden neointima and clarified the mechanism of VLST.