

# Innovative approaches to recurrent stent thrombosis

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# Conflicts of Interest

Speaker's name : Gunasekaran, Sengottuvelu, Chennai

I do not have any potential conflict of interest

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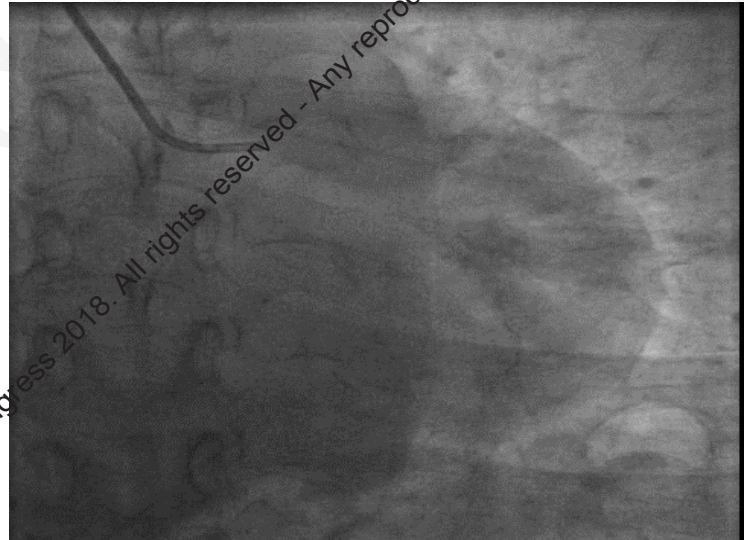
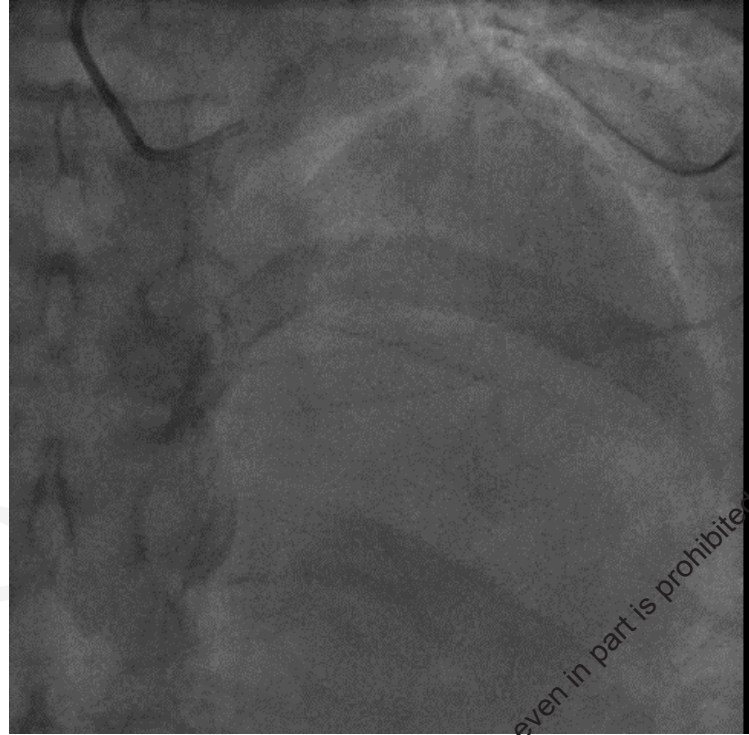
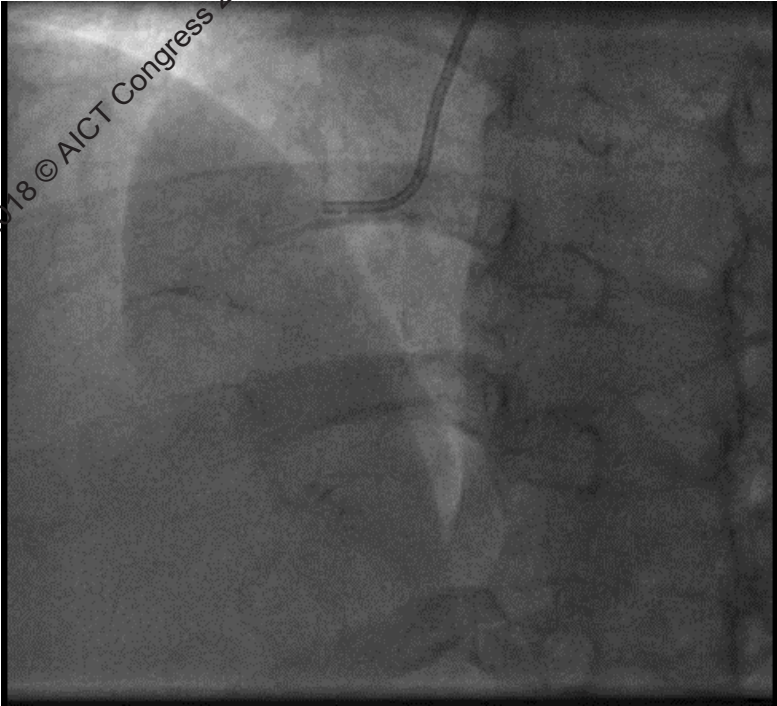


# History sept 2014

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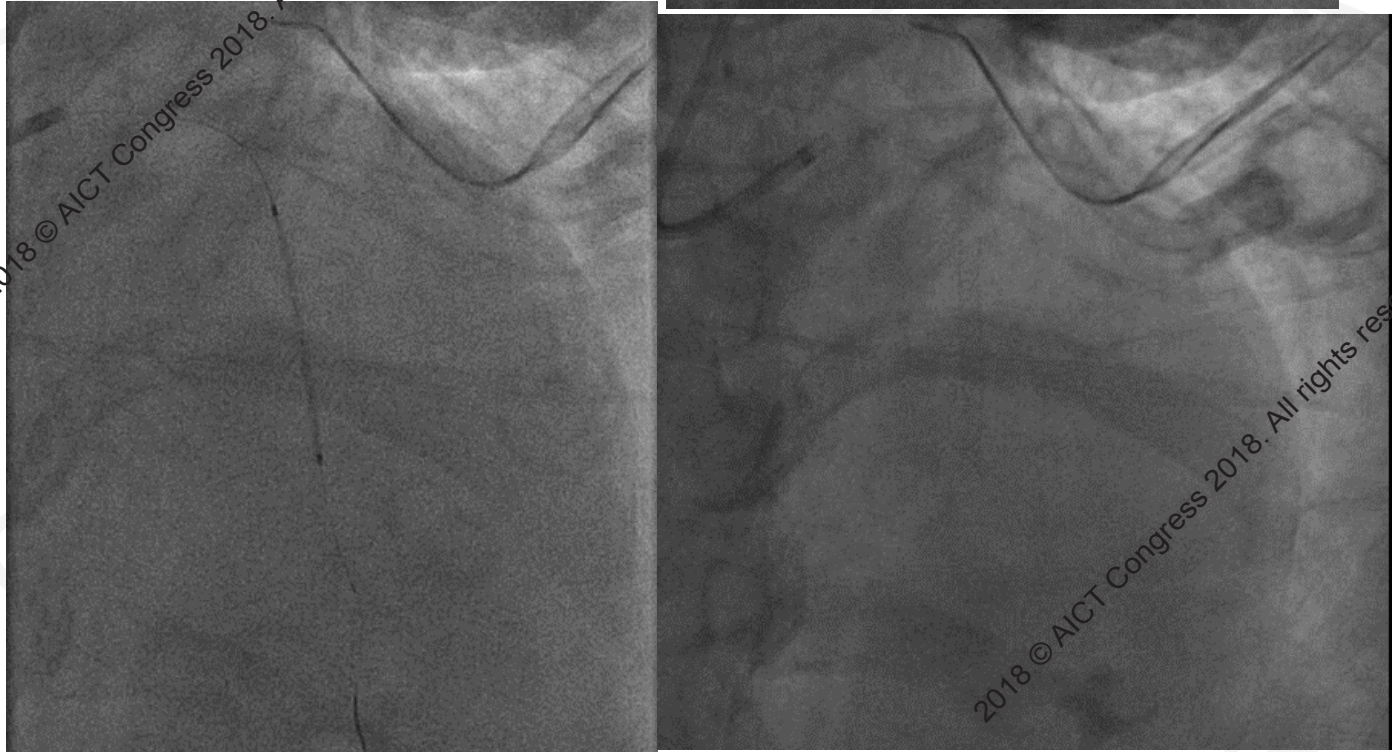
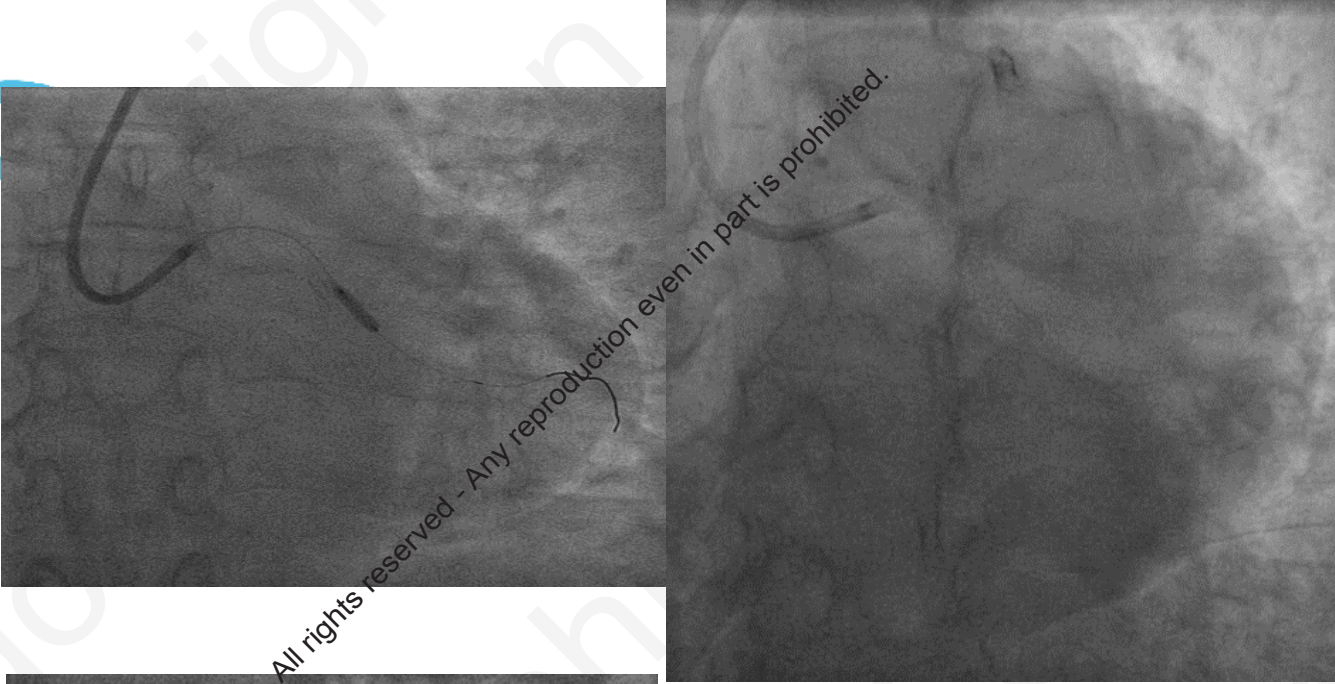
53 yrs. old hypertensive with ACS NSTEMI,  
severe LV dysfunction & pulmonary edema  
CAG – TVD.



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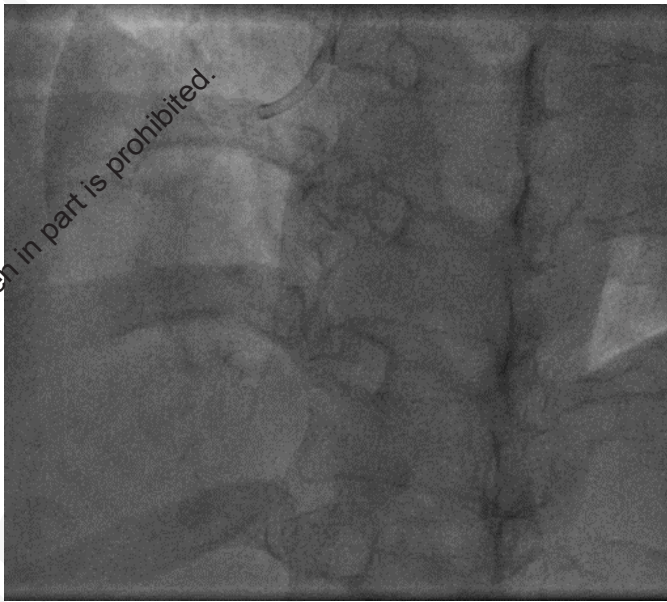
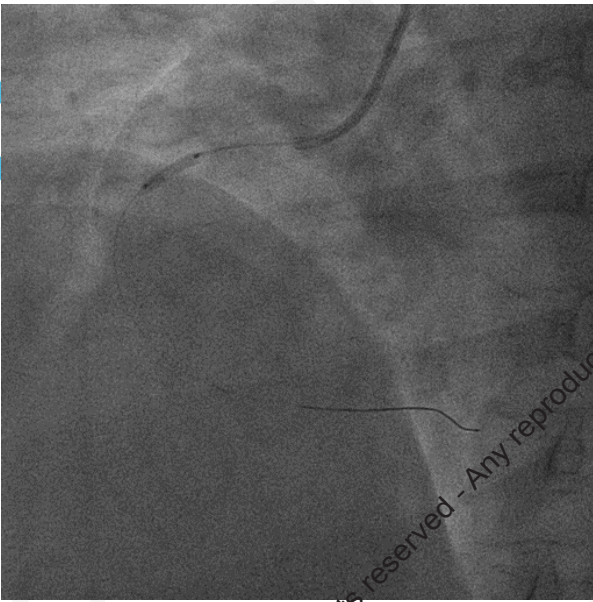




After  
stabilization PCI  
to  
LCX & LAD  
done with  
2.5x23 & 3x28  
mm  
Xience  
Xpedition  
stents  
to respectively

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After 1 month

Elective staged PCI  
done to RCA with  
3 X 18 MM XIENCE

PRIME STENT ON  
24.11.2014

Check angio of  
LCA showed  
patent stents  
She was continued  
on ticagrelor and  
aspirin

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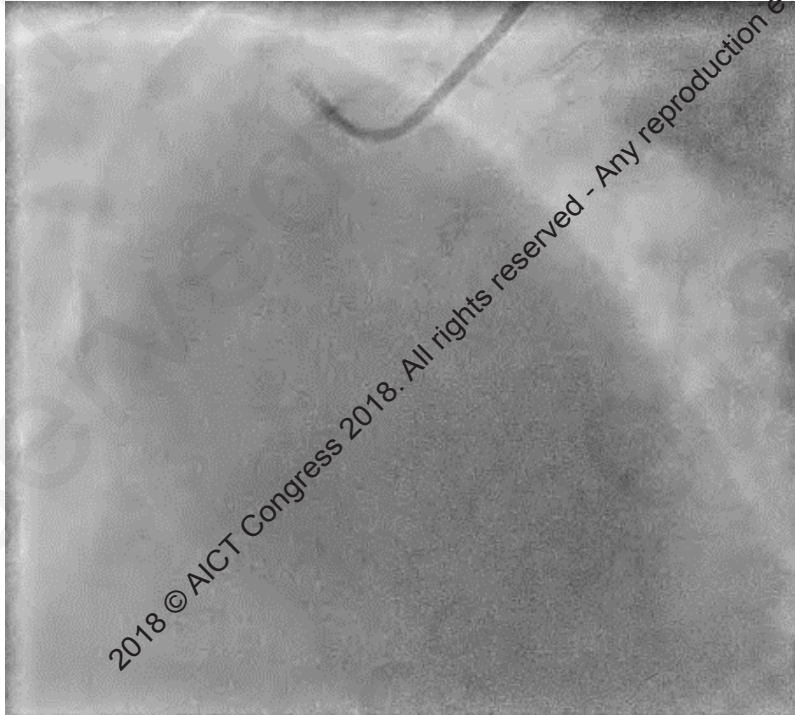
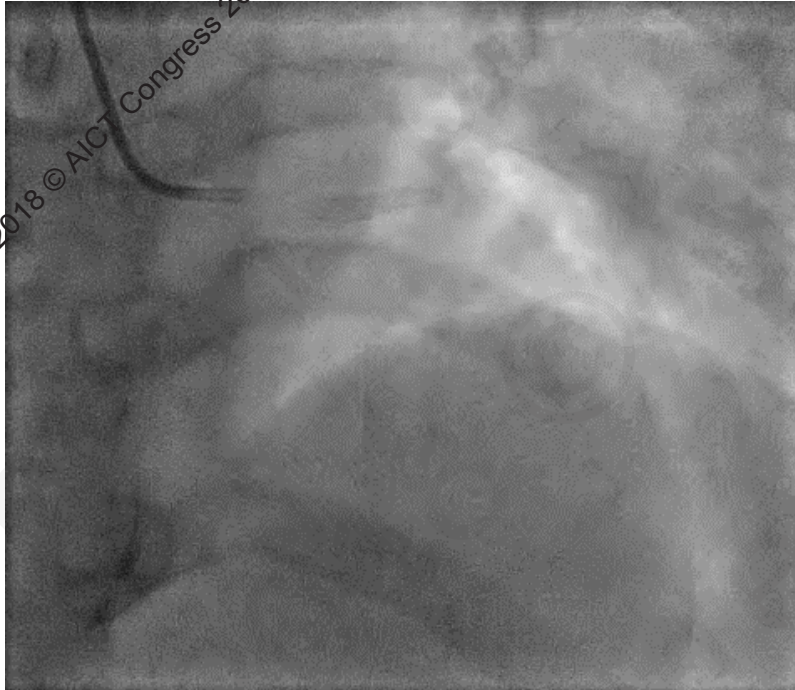
# One year later (Sep 2015), On routine F/U

- she was asymptomatic
- normal LV function
- negative TMT at 9 METS
- In view of multiple stents, DAPT continued,
- But Ticagrelor switched to clopidogrel and aspirin continued





10 days later, she presented with Effort angina (recent stress test – negative)







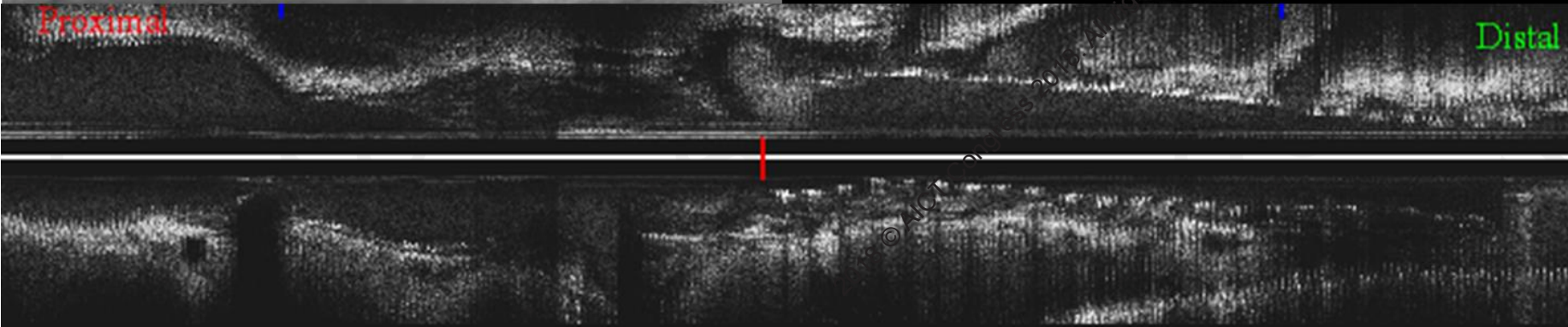
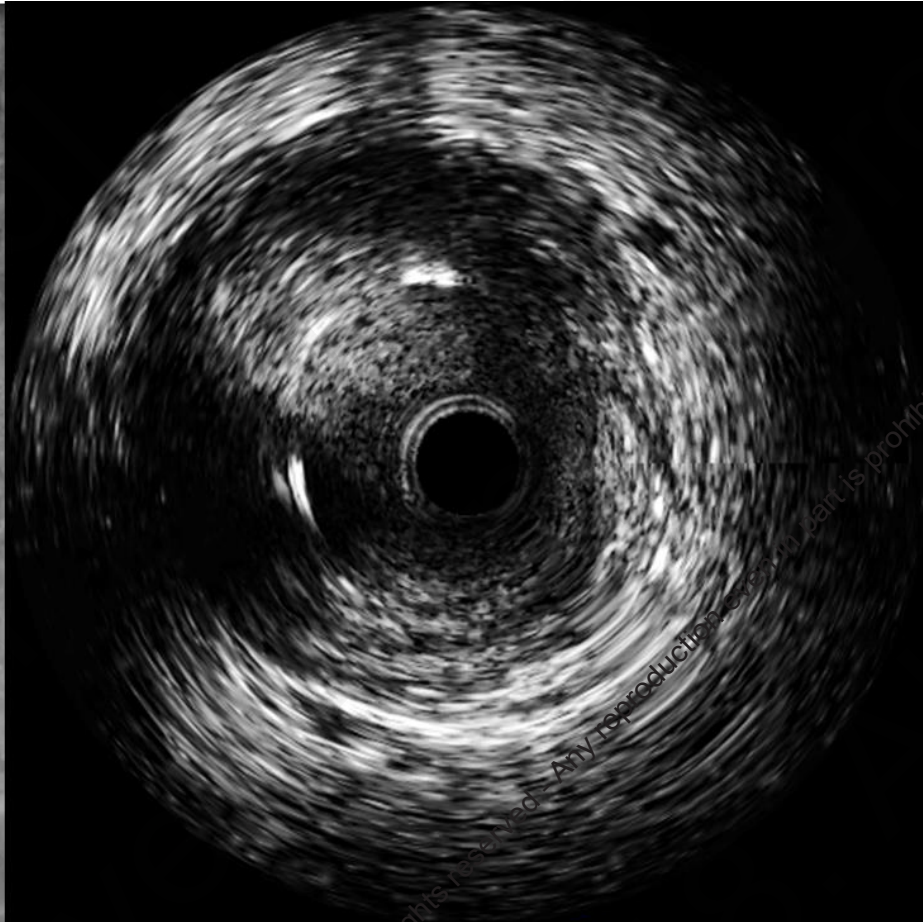
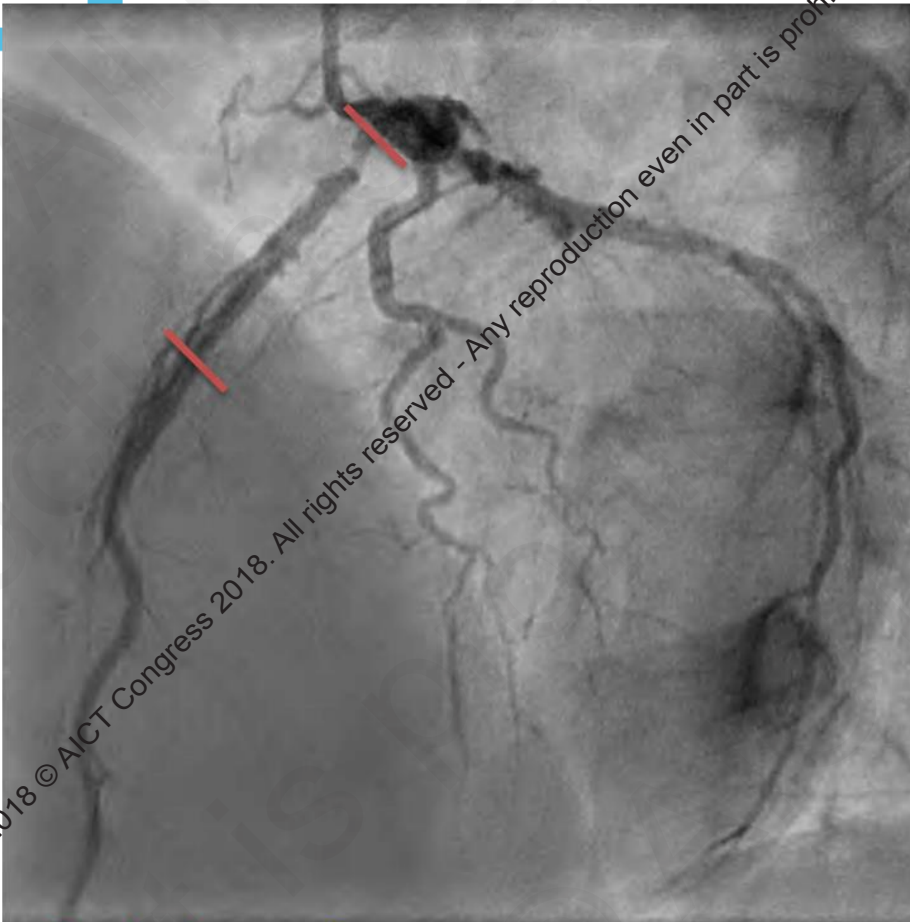
What is the possible diagnosis?

What next ?

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## What next ?

- Switched back to ticagrelor
- Hematological work up done was with in normal limits
- Clopidogrel resistance assay was negative for resistance
- 10 days of LMWH
- repeat CAG

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# Check CAG & Repeat IVUS

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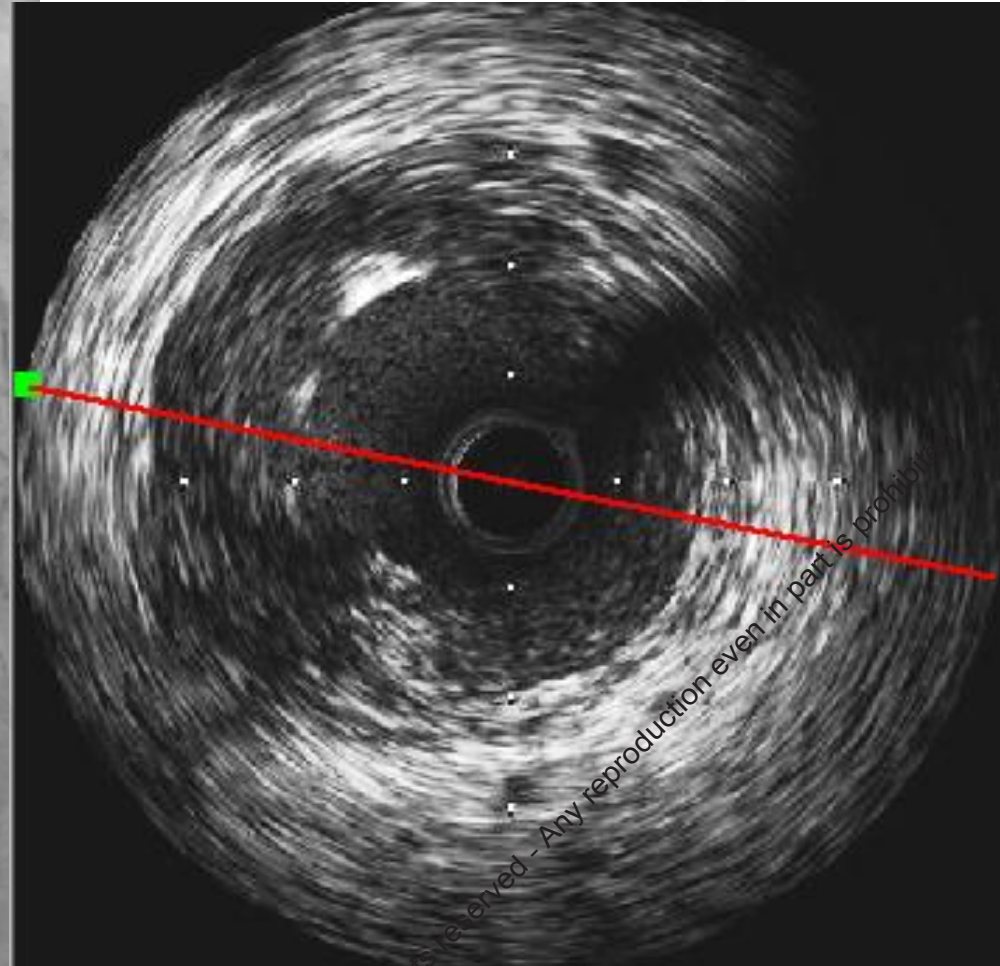
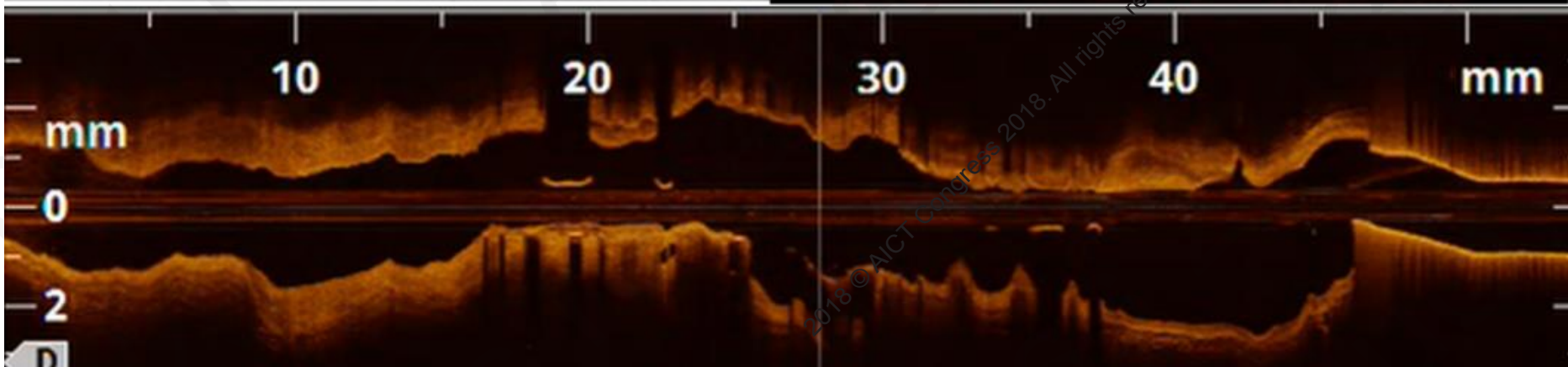
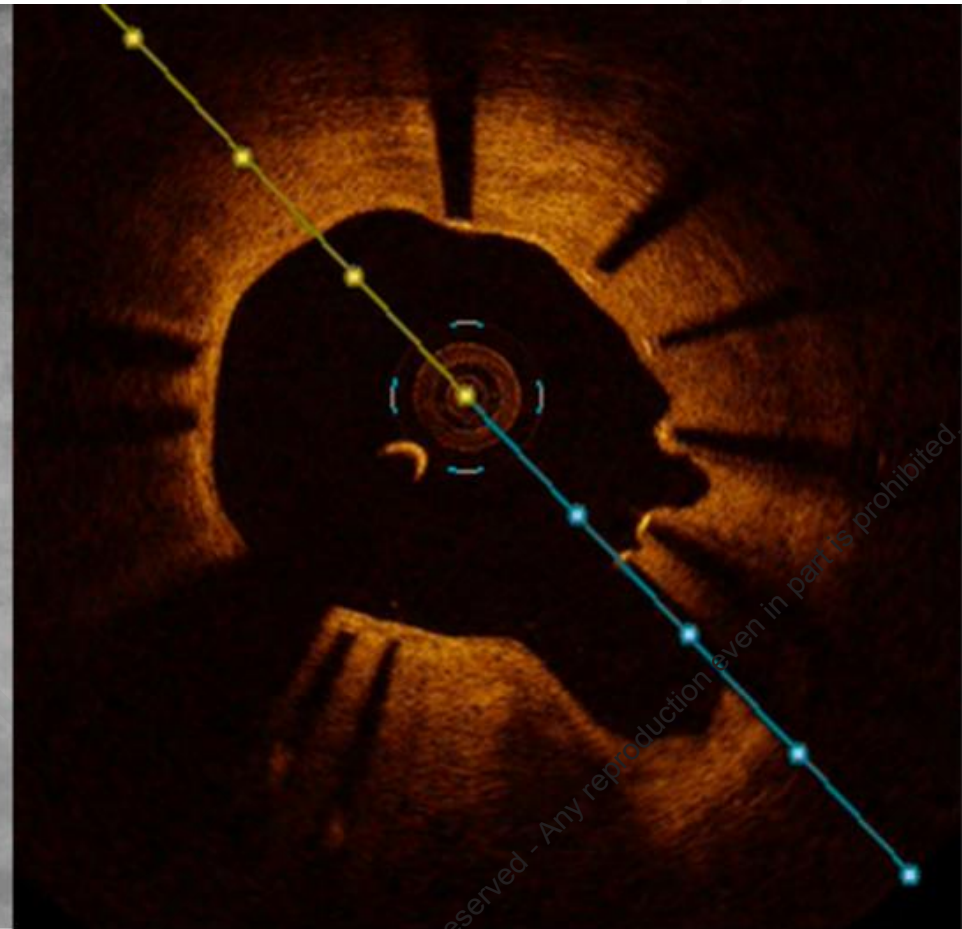


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# OCT of RCA in spite of angiographically normal RCA



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# Plan of Management

- Patent stents, but aneurysmal
- No thrombus
- No role for PCI/CABG
- Medical management
- Continue ticagrelor and aspirin
- Close follow up

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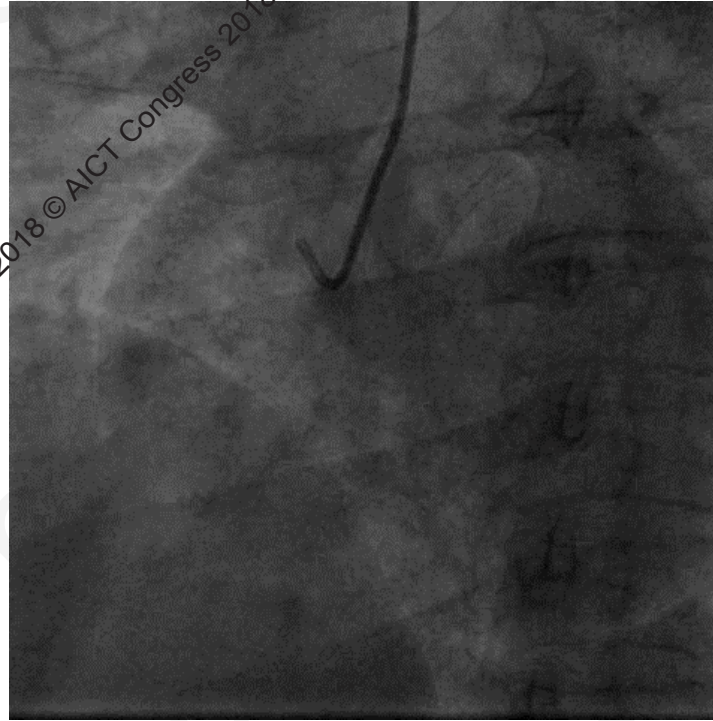
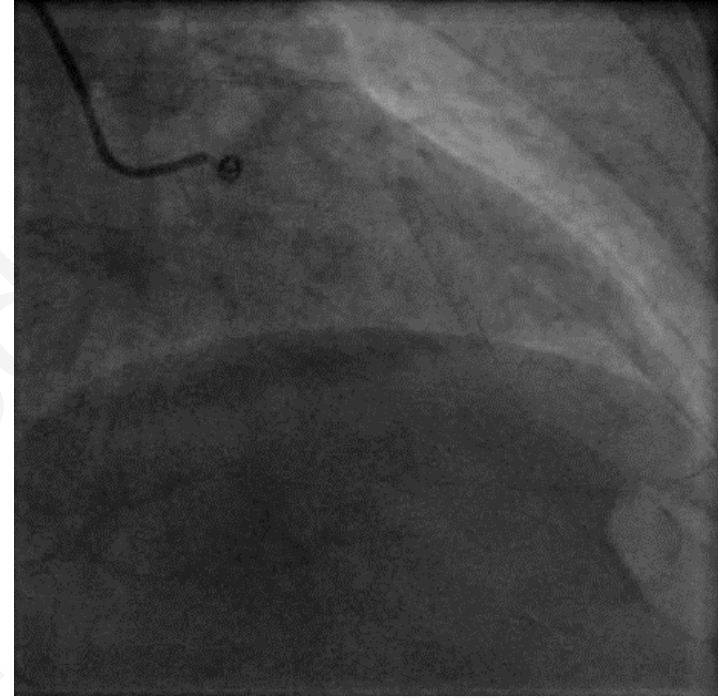
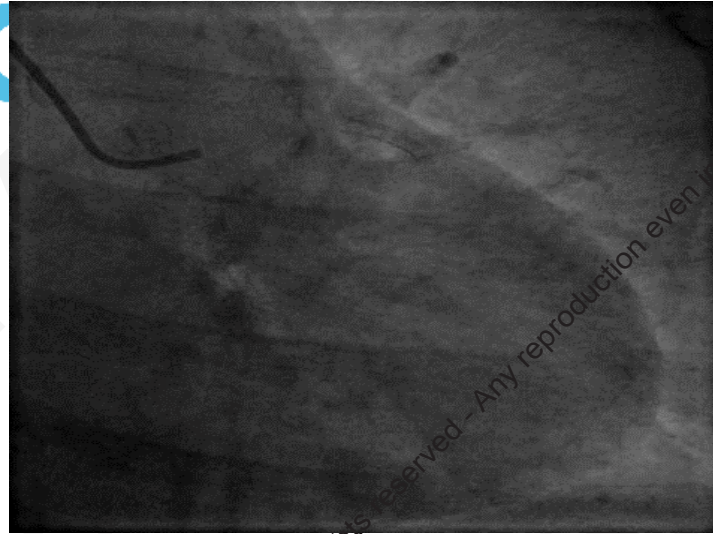


6 months(4/5/2016) later, presents with  
unstable angina

What Next ?

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- Multiple stent thrombosis
- Aneurysmal vessels
- Planned CABG , RCA also recommended graft in view of the OCT findings, despite normal angiogram.
- However surgeon refused to graft RCA,CABG done with grafts to LAD & OM.

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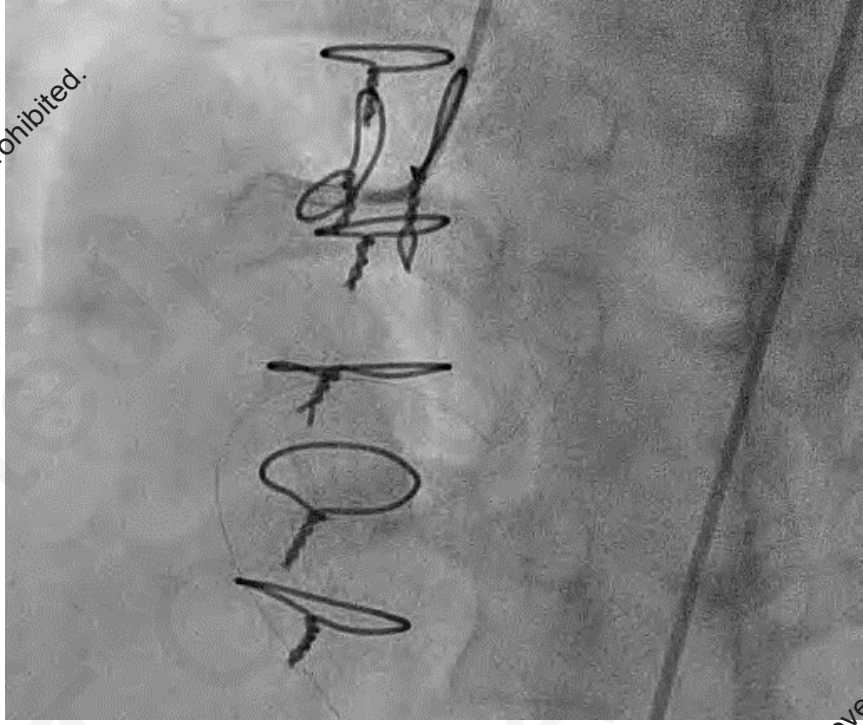
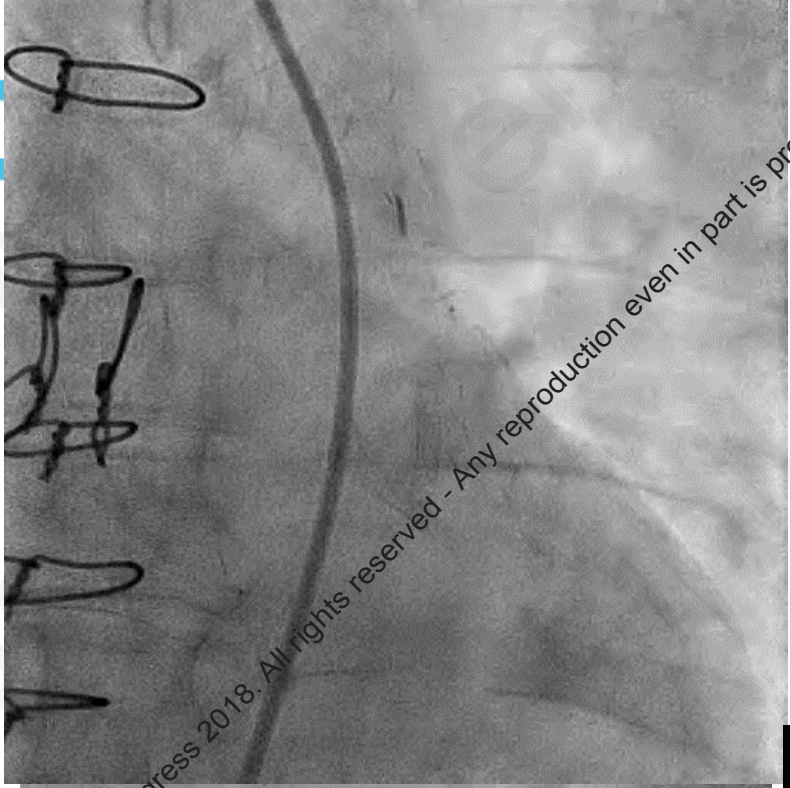


6 months(7/11/2016) later, again  
presents with unstable angina

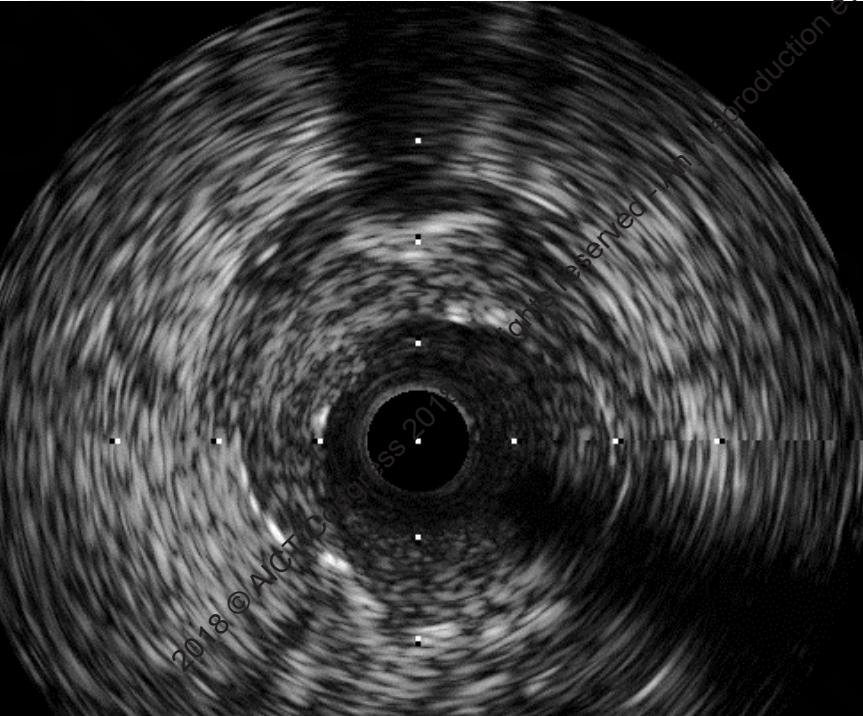
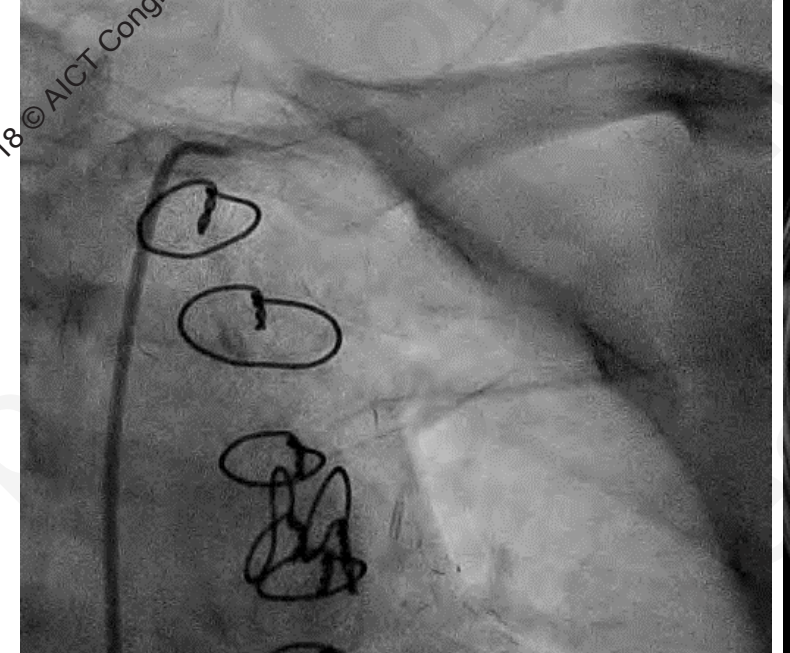
What Next ?

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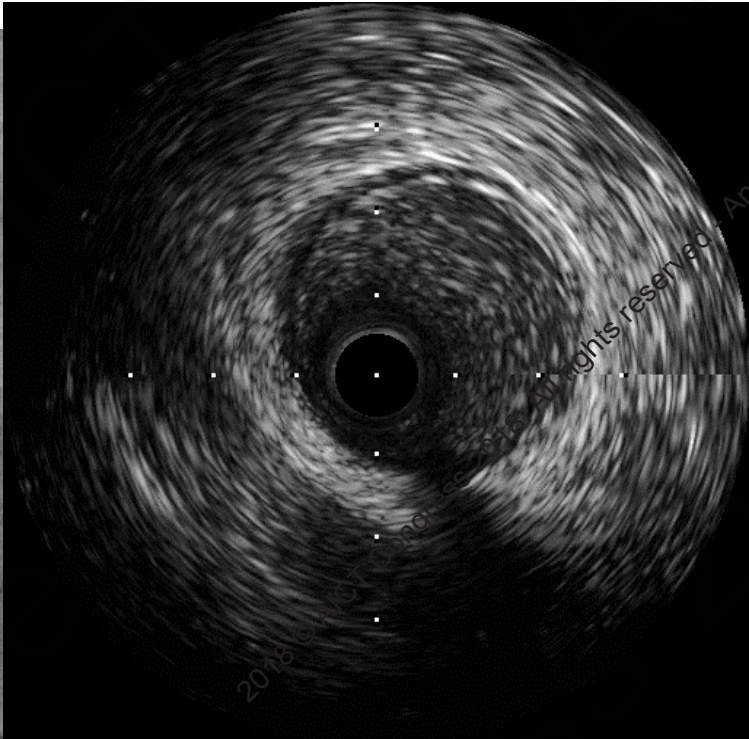
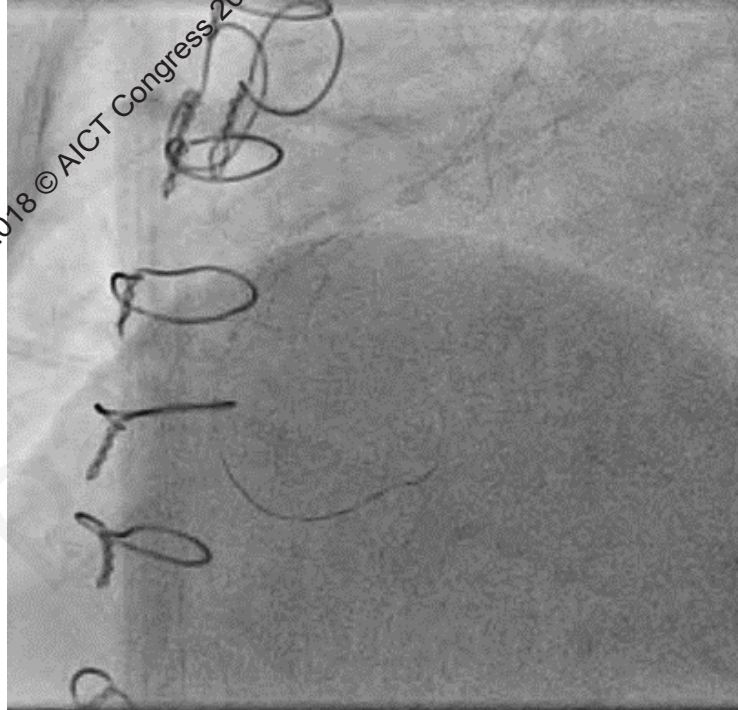
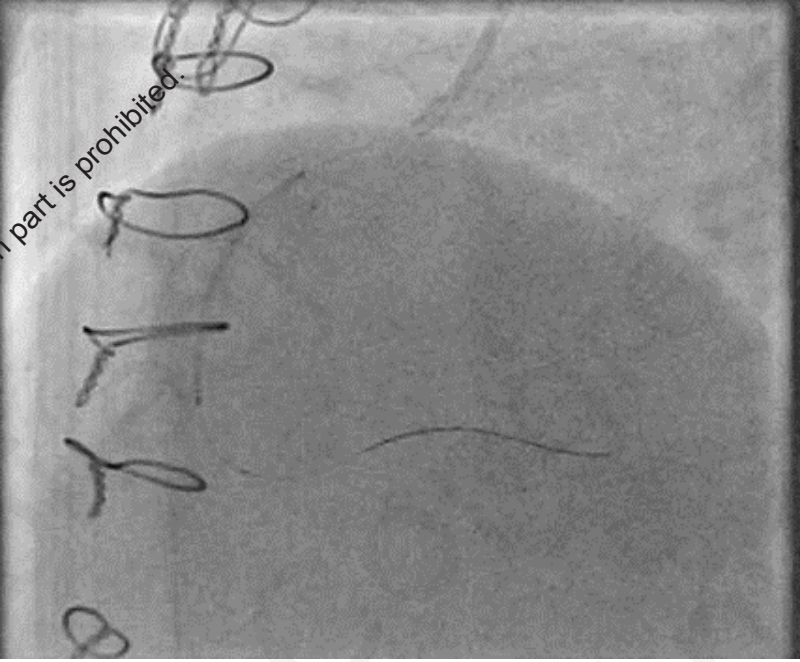
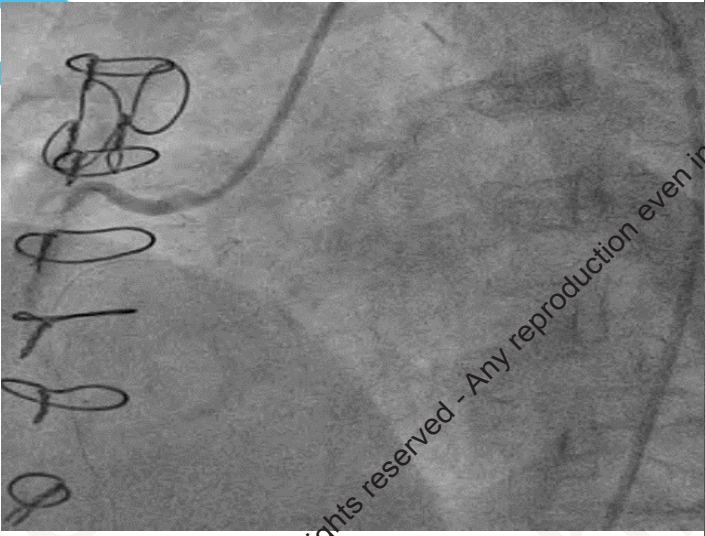
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Post CABG she came with Unstable angina patent grafts cag Nov 2016





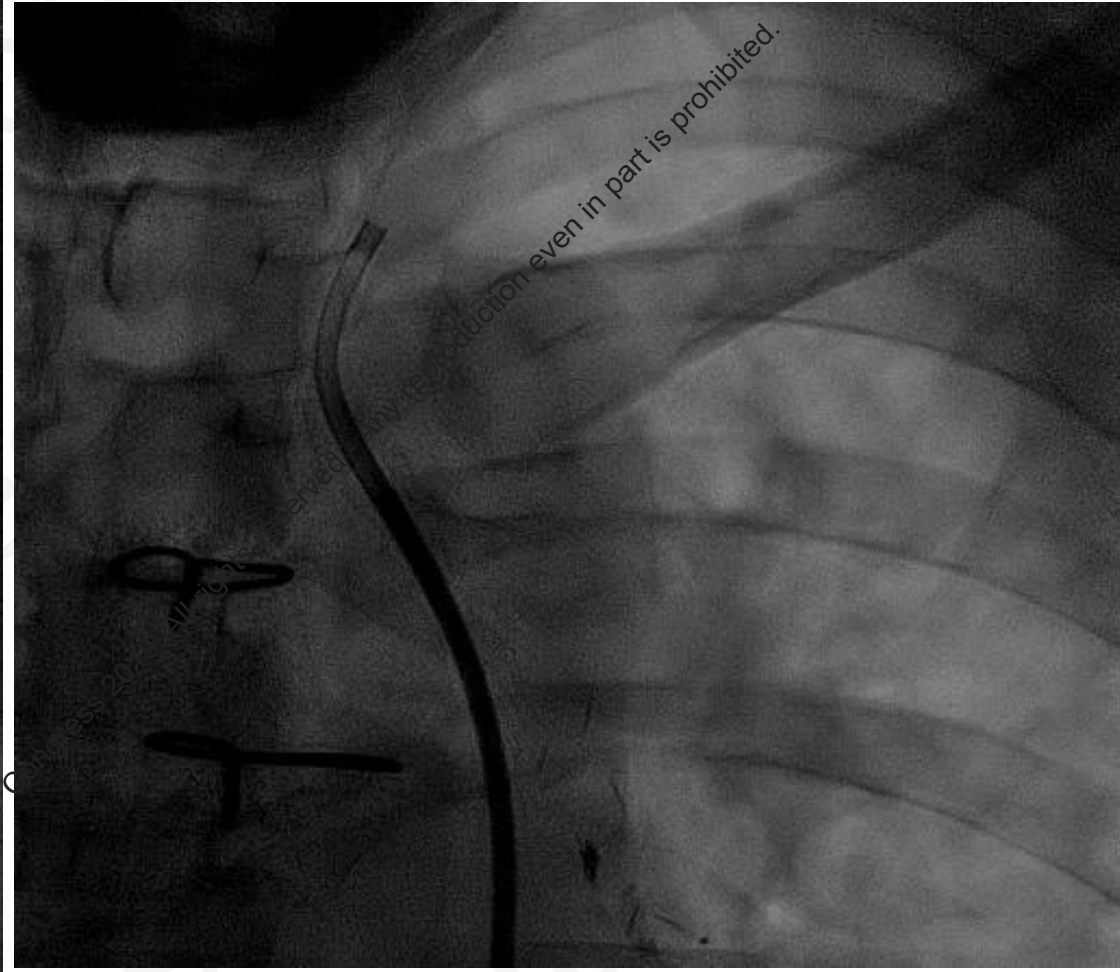


IVUS guided  
PCI to RCA  
with 3 x 29  
mm BMS

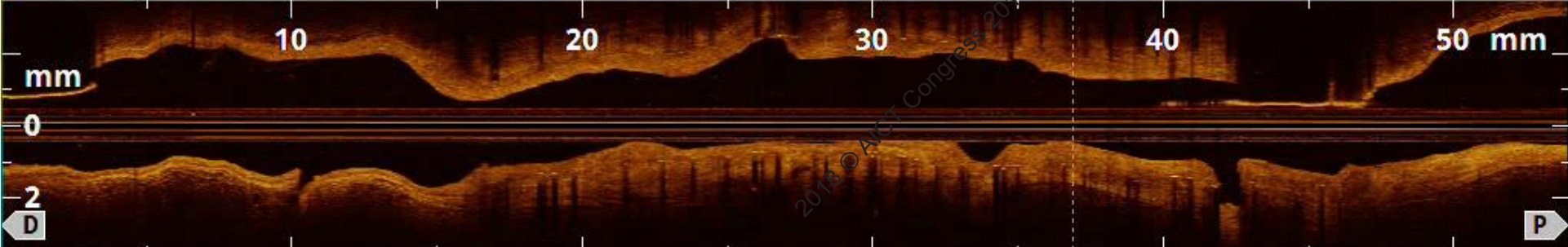
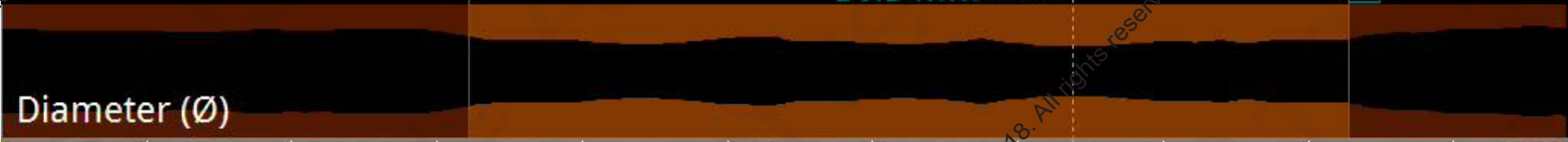
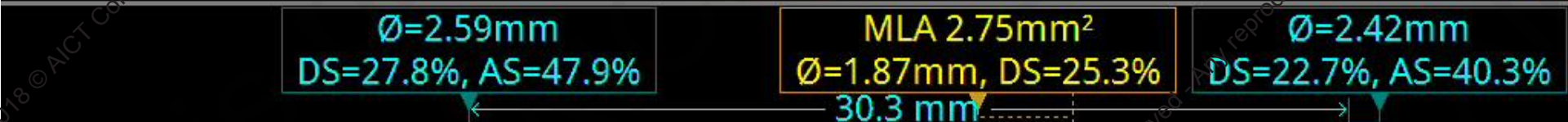
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# 9 months clinical follow up, asymptomatic

## Check angiogram and OCT









# Finally, we succeed

- Hypersensitivity to durable polymer stents can cause aneurysms
- Rare in 2nd gen DES
- Imaging – OCT and IVUs crucial in this case
- RCA aneurysm seen by OCT and not seen by angiogram
- BMS – the rescuer in this case
- BMS shown to heal rapidly and solve this recurring problem



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Thank you

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