Proximal segment stented with Absorb 3.5x28 at 16 atm and Distal part stented with Absorb 3.5x12 at 14 atm with marker to marker overlap.
Postdilatation done with 4x15 Non-Compliant balloon at 12-14 atm, across the entire 2 stents.

**Evaluation of Re-restenosis of Drug-eluting Stent Using Optical Coherence Tomography**

**Takegami Kaoru, Kenji Sadamatu**
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**[Clinical Information]**
Patient initials or identifier number: H.H
Relevant clinical history and physical exam:
A 57-year-old man on hemodialysis was admitted to our hospital because of rest angina. He underwent a 3.0x32mm Taxus stent implantation to the proximal left anterior descending artery 2 years before. One-year follow-up coronary angiography showed a restenosis of the Taxus stent, then we treated the lesion with a 3.0x23mm Xience Prime stent. His risk factors were hypertension, diabetes mellitus, dyslipidemia and smoking.

Relevant test results prior to catheterization:
- His electrocardiogram showed normal sinus rhythm and no ST-T change
- His echocardiogram was normal.

Relevant catheterization findings:
The left coronary artery angiogram showed a severe in-stent re-stenosis in the left anterior descending artery with peri-stent contrast staining.

**[Interventional Management]**
Procedural step:
Procedural steps (1)
A 5-French BL3.5 guiding catheter was engaged at the left coronary artery ostium through right brachial artery. A floppy wire (Runthrough NS hypercoat) was placed in the left anterior descending artery. Optical coherence tomography findings demonstrated in-stent neatheroma and late acquire incomplete stent apposition.

Procedural steps (2)
We dilated the restenotic lesion with a 3.0x10mm balloon (Score Flex), and then he was collapsed with ventricular tachycardia. After restoration of sinus rhythm with electrical cardioversion, additional inflation with a 3.25x10mm (SAPPHIREII NC) balloon successfully expanded the lesion.

Final angiogram and optical coherence tomography demonstrated good results.

**Case Summary:**
We reported the case about evaluating the characteristics of re-restenosis of drug-eluting stent with persistent contrast staining using optical coherence tomography (OCT). OCT showed peri-stent ulcer-like appearance at the incomplete apposition site and intraluminal material producing mass into the lumen at the re-restenosis site. After ballooning the re-restenotic lesion, sustained ventricular tachycardia was occurred, it was suggested that the lesion was vulnerable plaque.

**TCTAP C-139**
Graft Vessel Angioplasty
Fazal Karim, Manoj Kumar Rohit
PGIMER, India

**[Clinical Information]**
Patient initials or identifier number: KS
Relevant clinical history and physical exam:
Patient KS, 73 years male
CABG 10 years back
Angina on exertion NYHA class III

Relevant test results prior to catheterization:
Echo: Hypokinesia LAD/RCA territory, LVEF 40%

Relevant catheterization findings:
Coronary angiography revealed LIMA to LAD patent.
90% stenosis at junction of RCA graft and PDA

**[Interventional Management]**
Procedural step:
1. JL3.5 6Fr catheter used with Root wire.
2. Predilate with 2mmx20mm semicompliant Sprinter balloon from 12 to 14 atm.
3. Taxus Liberte 3x38 was used which was not able to cross the lesion & dislodged while deploying in left main. It looked crimped and opposed to calcium. If we use snare to pull out the stent it might cause injury.
4. Use BWM Elite wire which was able to cross the lesion by the side of the crimped stent.
5. Use Sprinter Balloon 2x20 and 2.5x20 to predilate and crush stent against wall. Passing two wire provide better support.
6. Xience Prime 3x38 deployed at 10 atm in Distal LAD and 3x33 from Left main to LAD. Post dilate with NC sprinter 3.5x12 & 4x12.

**Case Summary:**
Male RK 50 years of Age with CAD Anterior wall AMI on 15 Nov. not thrombolysed was admitted in our institute. Taxus stent was dislodged while deploying in LAD. Taxus Stent was crused against wall and two Xience Prime were deployed to cover the lesion. Take home message from this case was: - This is the technique to crush the stent which got dislodged and looked crimped and apposed to calcium.