A 72-old-year-man was admitted for an inferior ST-segment elevation acute myocardial infarction. Seven years earlier, a 2.75 × 15-mm bare-metal stent (BMS) was successfully implanted in the posterolateral branch of the right coronary artery (RCA) at another institution. Emergent coronary angiography showed a thrombotic occlusion at the mid-segment of the RCA (Figure 1). After

**FIGURE 1** Optical Coherence Tomography and Intravascular Ultrasound Findings

(A) Angiogram of the right coronary artery. (B and C) Optical coherence tomography images showing a red intracoronary thrombus with major posterior shadowing, preventing visualization of the arterial wall at this segment. (B’ and C’) Intravascular ultrasound images showing a large thrombus containing a clear circular image of metal density related to a previously (7 years ago) lost and underexpanded stent in the coronary artery. *Wire artifact.

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multiple unsuccessful attempts to cross the occlusion, eventually a hydrophilic guidewire was advanced across the occluded segment. Thromboaspiration was unsuccessful despite the use of 2 different aspiration devices that were unable to cross the lesion. Optical coherence tomography (OCT) was performed to clarify the underlying substrate. A large intracoronary red thrombus with intense posterior shadowing that prevented an adequate visualization of the underlying vessel wall was revealed with OCT. At this point, the use of intravascular ultrasound (IVUS) was considered to further clarify the anatomy of this challenging lesion. IVUS revealed the presence of a metal structure embedded within the thrombus, highly suggestive of the presence of an “abandoned,” underexpanded intracoronary stent at this coronary segment. The “abandoned” stent was eventually crushed to the arterial wall with a new BMS. Subsequent hospitalization was uneventful.

Intracoronary loss of unexpanded stents is an infrequent but potentially serious complication that may occur unnoticed during the procedure (1,2). Despite its unique axial resolution, OCT may have major problems in identifying the culprit “phantom” underlying stent in the setting of a large thrombus burden. In this scenario, IVUS, despite its lower spatial resolution, readily visualizes structures behind thrombus content and fully delineates the complete vessel wall and the outer vessel contour, even without any coronary flow. Our findings demonstrate that IVUS may be especially useful for revealing the presence and disclose the characteristics of an underlying “phantom” stent, even in the presence of a large thrombus burden (3).

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