TCTAP C-160
0/300 Re-stenting for Treatment of Bare Metal Stent Restenosis in a Patient with Adult Coarctation of Aorta
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[CLINICAL INFORMATION]
Patient initials or identifier number. 234566
Relevant clinical history and physical exam. This 40 years old male patient was referred for management of restenosis following previous stenting for Coarctation of aorta. He received a self-expanding bare metal stent 5 years ago and serial follow up CT angiography evaluation showed significant restenosis with the time. On admission, he complained of headache and fatigue in both lower limbs.

[INTERVENTIONAL MANAGEMENT]
Procedural step. After written and informed consent was taken, patient was shifted to catheterization laboratory.

His invasive aortogram was done with 5Fr Pigtail catheter via the right femoral approach and it confirmed his CT finding as shown in.

The 5Fr sheath was changed to 9 Fr sheath and trans-lesional pressure gradient was more than 20 mmHg and the reference vessel diameter of aorta, both proximal and distal to the coarctation segment were measured.

Extra stiff 035 amplatzer guide wire was advanced into the aortic arch shown in figure 3. Then multiple balloon dilation with non-compliant Maxi balloon (Corids) were done but showed suboptimal results.

Case Summary. Immediately, a balloon expandable Palmaz stent (Cordis) manually mounted in the Maxi balloon was deployed and inflated multiple times to get larger luminal area as shown in. The angiographic results were not satisfactory but translesional pressure gradient was dropped to less than 08mm Hg and safely discharged for regular clinical follow-up.

TCTAP C-161
Multiple Large Artery Aneurysms: Searching for the Aetiology?
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[CLINICAL INFORMATION]
Patient initials or identifier number. HS
Relevant clinical history and physical exam. An 18 year-old male presented with one month history of mass in the left anterior cervical region, odynophagia, hoarseness of voice and low grade fever with