performed after 24 hour showed good forward flow to pulmonary arteries and mild residual pulmonary stenosis.

Case Summary. Percutaneous balloon valvotomy appears effective in palliation, achieving an RV circulation in a selected population with Pulmonary atresia with intact ventricular septum. The technique can be considered as an alternative to surgical intervention in patients with a well-formed tricuspid valve with a patent infundibulum, and without an RV-dependent coronary circulation. Perforation with coronary wire is more feasible in the developing countries.

**DRUG-ELUTING STENTS (TCTAP C-135 TO TCTAP C-137)**

**TCTAP C-135**
Repeted In-Stent Restenosis in Right Coronary Ostium Due to Stent Fracture and Pseudoaneurysm Formation
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**[CLINICAL INFORMATION]**
Patient initials or identifier number. MT
Relevant clinical history and physical exam. This case is 60 years old man on chronic hemodialysis. On August in 2010, zotarolimus-eluting stent was deployed in proximal right coronary artery (RCA) due to unstable angina. Three months after the first intervention, he was admitted due to unstable angina again. The coronary angiogram showed in-stent restenosis. Everolimus-eluting stent was deployed with a stent in stent technique.
Relevant test results prior to catheterization. Five months later, he was admitted due to unstable angina again. The coronary angiogram showed severe stenosis in RCA ostium. A short everolimus-eluting stent was additionally deployed slightly protruded to aorta.

Relevant catheterization findings. About 1 year later, he was readmitted due to unstable angina. The coronary angiogram showed in-stent occlusion in RCA ostium. There were 3-ply stents. Stent fracture was observed in the occluded site.
[INTERVENTIONAL MANAGEMENT]

Procedural step. We performed coronary intervention for in-stent occlusion of RCA ostium. Intermediate wire could pass to RCA distal. A small size balloon was dilated in the occluded stent. After that, coronary angiogram showed extravascular contrast staining in the proximal RCA. A close observation revealed coronary aneurysm formation in the proximal RCA. Finally, biolimus-eluting stent was additionally deployed in RCA ostium. The stent was not fully expanded at the multiply stent site. Five months later, coronary angiogram showed in-stent restenosis. Computed tomography showed pseudoaneurysm formation with 19 mm in diameter in the proximal RCA corresponding in position to the stent fracture site. Therefore, off-pump coronary artery bypass grafting and ligation of the coronary aneurysm were performed.

Case Summary. Intervention for RCA ostium remains to be solved due to the high incidence of in-stent restenosis even in second-generation drug-eluting stent (DES) era. It is attributed to stent recoil due to the rigid nature of the vessel wall. The present case demonstrated repeated in-stent restenosis associated with stent fracture followed by pseudoaneurysm formation. Stent selection and pretreatment of the vessel before stenting are important points in the intervention for RCA ostium.