

Severe in stent lesion after PCI of a CTO is not what it seems.

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Patient Clinical History

Male 71 y

- ✓ Hypertensive
- ✓ Dyslipidemia
- ✓ Former smoker
- ✓ Chest pain + ischemia treadmill test April 2017
 - CTO mid LAD and CTO posterior descending artery (ostium)
 - DES mid LAD and DES posterior descending artery 2017

Angio Images

PCI to treat CTO of the posterior descending artery, August 2017



- Collateral circulation from the LAD to Posterior descending artery
- Ostial CTO of the posterior descending artery

Angio Images



August 2017: Posterior descending artery CTO PCI

- Guidewire Miracle Bros 4,5
- DES 2,25x12 mm
- Post-dilation high pressure NC balloon 2.75 mm

Angio Images

August 2017: Posterior descending artery CTO PCI



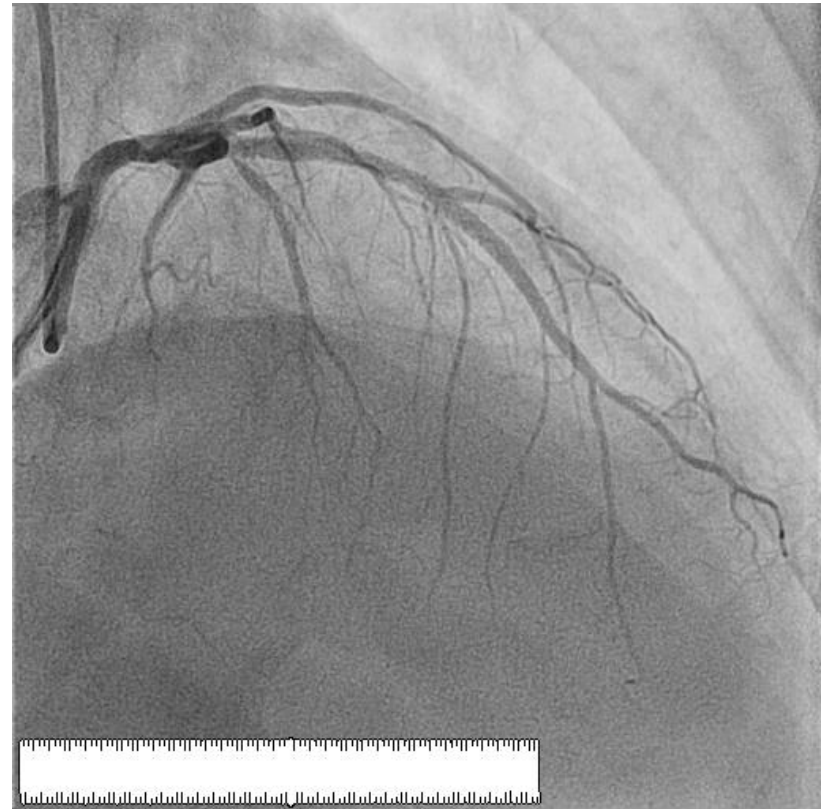
PCI stent placement



PCI final result

Angio Images

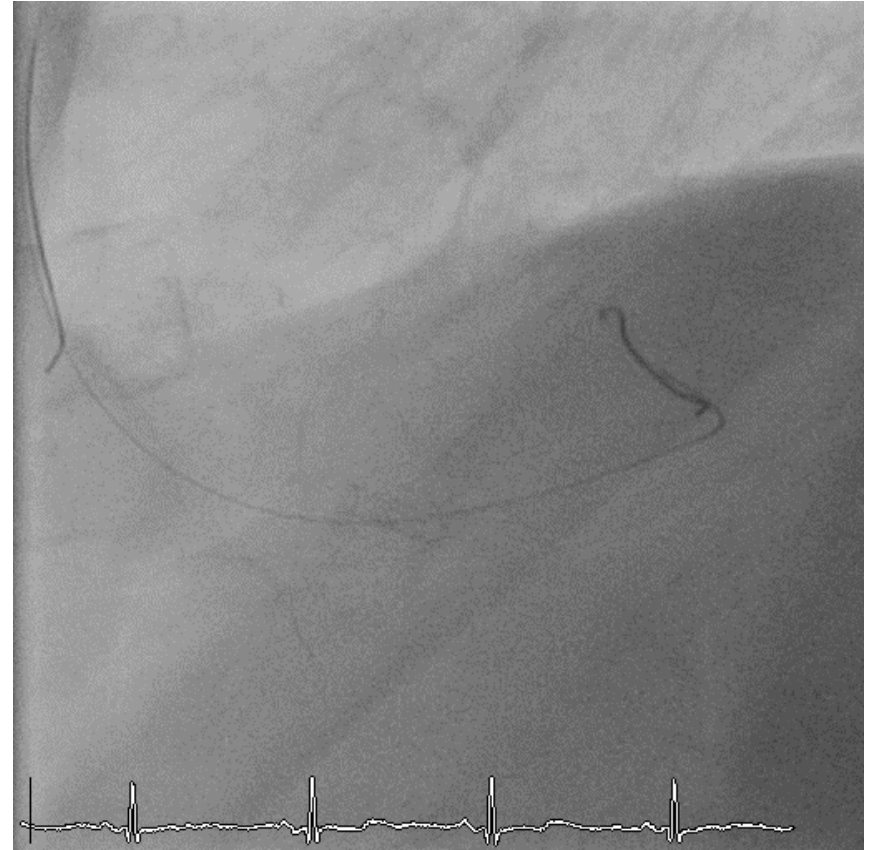
- May 2018 angina and disnea
 - Distal edge in-stent restenosis mid LAD
 - Severe stenosis distal RCA/posterior descending artery



DES in the LAD

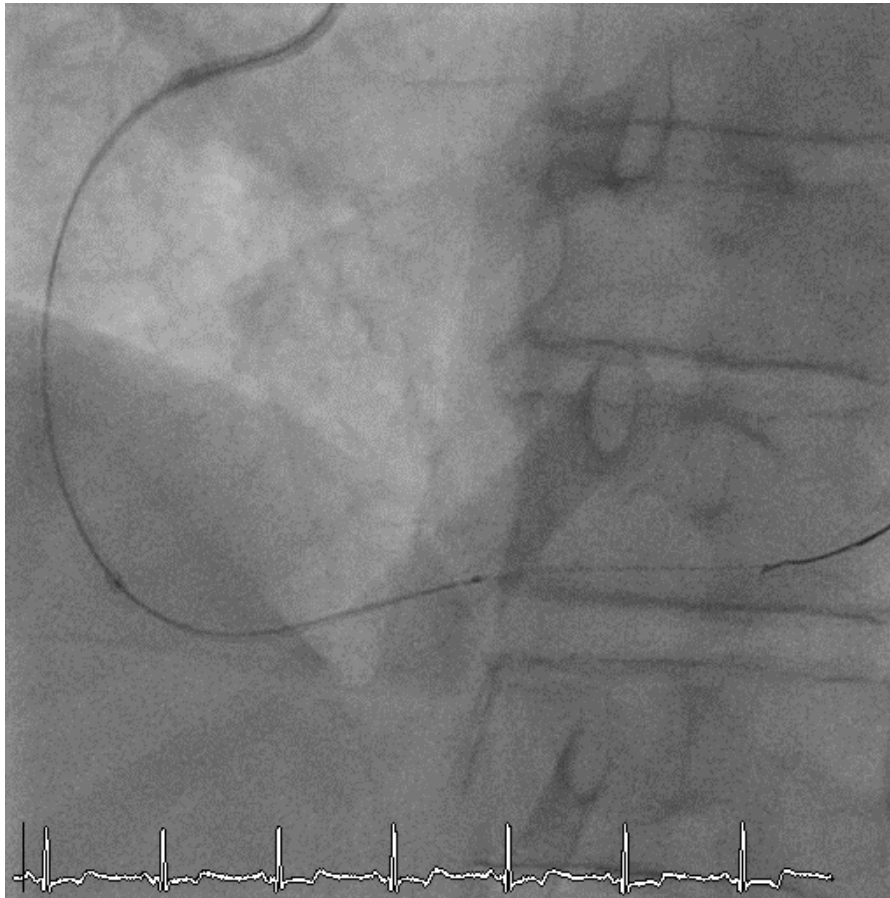
Angio Images

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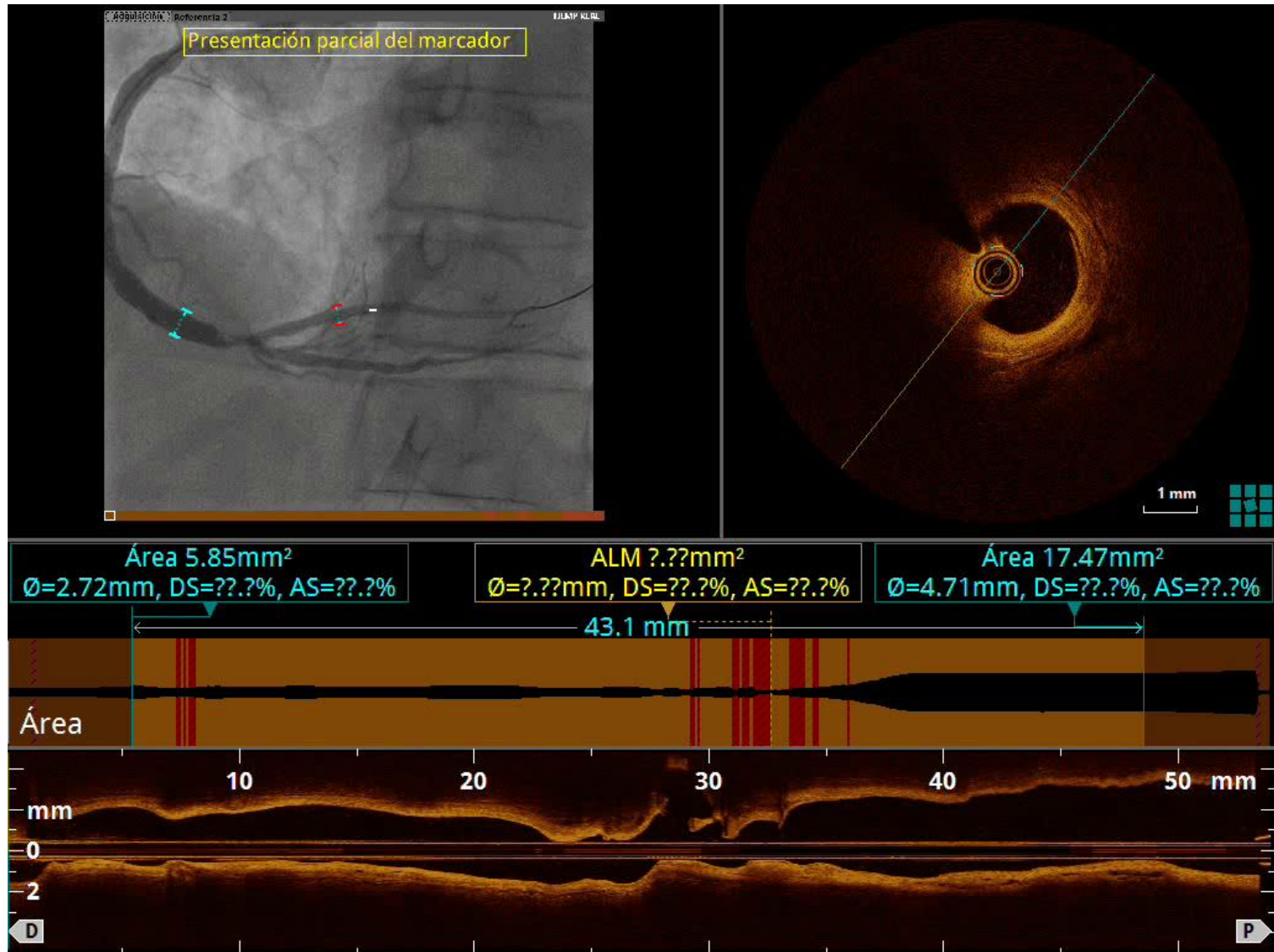
Angio Images

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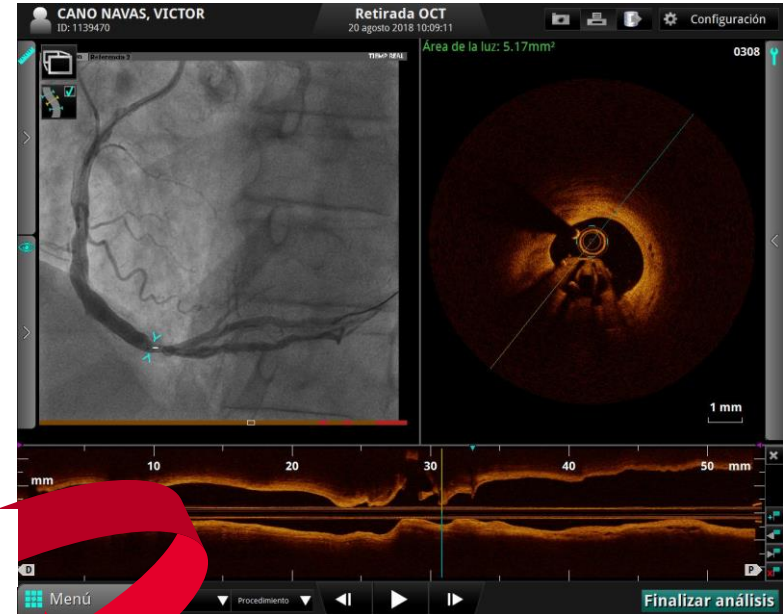
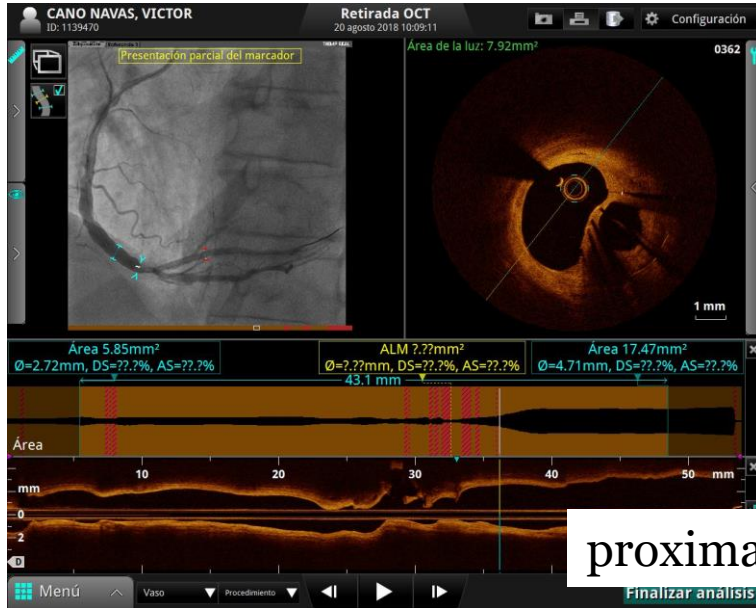


OCT through guide catheter extension to achieve good blood washing in the ectasic coronary segment

OCT Clinical Findings



OCT Clinical Findings



proximal

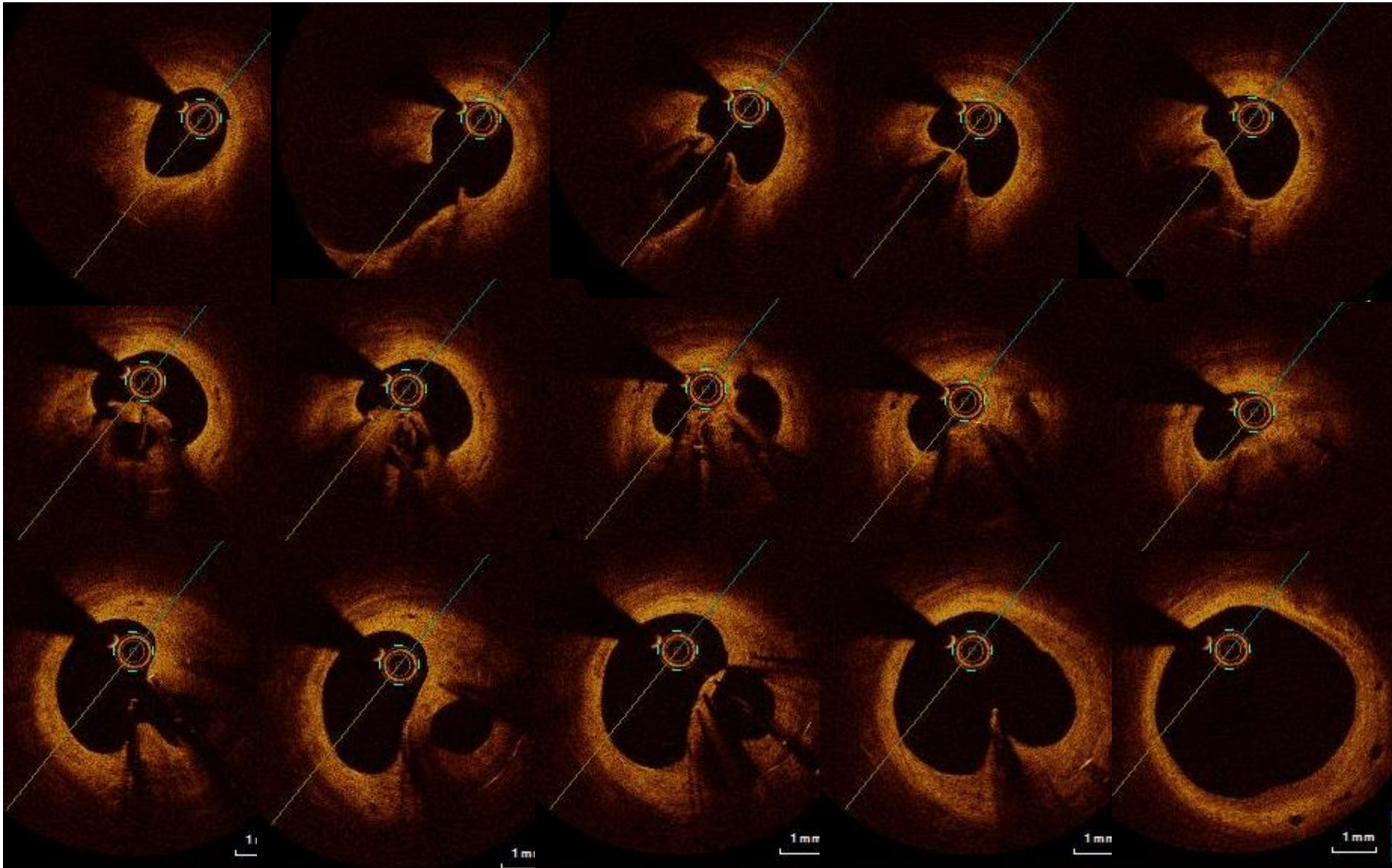
distal

OCT Clinical Findings

distal



proximal



Interpretation and decision

- The stent was placed in the subintimal space during the CTO procedure in 2017. Actually it is nearly completely covered with endothelium.
- Although, at present, there is a severe stenosis in the proximal segment of the posterolateral branch, we decided not to treat it because of the risk of crushing the stent in the posterior descending artery (as we were unable to place a guidewire in this artery). Furthermore, patient remained asymptomatic after treating the LAD