An unusual case of late DES failure: Can DEB be useful?

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Case presentation

• A 73 year-old was referred to our institution for a stable angina.

• Previous Medical History:
  – Dyslipidemia under statin therapy
  – Previous inferior STEMI treated by PCI on mid-RCA 5 years before + elective PCI (BMS) on mid-LAD
Coronary Angiography (2010)

Intra-stent symptomatic restenosis by NIH
• Redux PCI with implantation of a 3.0x 13 mm Sirolimus DES
• Control SPECT in 2012 : no signs of ischemia
3 years later...

- New episodes of rest chest pain (unstable angina)

Severe intra-SES restenosis
Primary balloon angioplasty

Predilation by 3.0 x 8 mm non-compliant balloon (2x 8 atm)
OCT analysis (following a primary POBA)
OCT analysis following a primary POBA (3.0x 18 mm)

Severe ISR with ISNA architecture

Uncovered struts with coronary mild evagination
Treatment by 3.0 x 15 mm Paclitaxel eluting balloon (60 s inflation)
4 months Follow-up...
4 months Follow-up...
<table>
<thead>
<tr>
<th>MLA</th>
<th>NI Area</th>
<th>NI Thickness</th>
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<tbody>
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<td>5,1 mm²</td>
<td>0,49 mm</td>
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<tr>
<td>4,1 mm²</td>
<td>3,4 mm²</td>
<td>0,43 mm</td>
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<tr>
<td>4,0 mm²</td>
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<tr>
<td>5,3 mm²</td>
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<tbody>
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<td>7,6 mm²</td>
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<tr>
<td>7,1 mm²</td>
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<td>0,11 mm</td>
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Conclusion

• DES failure can be unpredictable in terms of delay and patterns.

• The conjunction of uncovered struts and neoatherosclerosis within the same device is highly unusual.

• DEB represents a valuable option for treatment of these lesions