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

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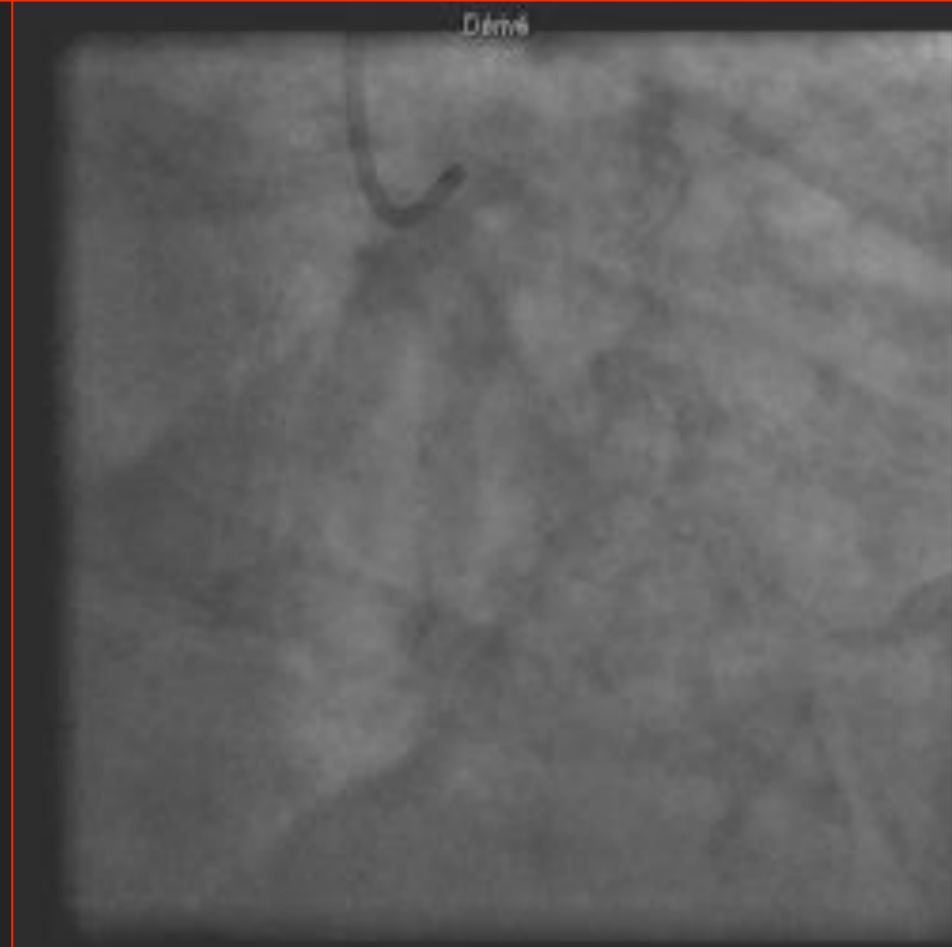
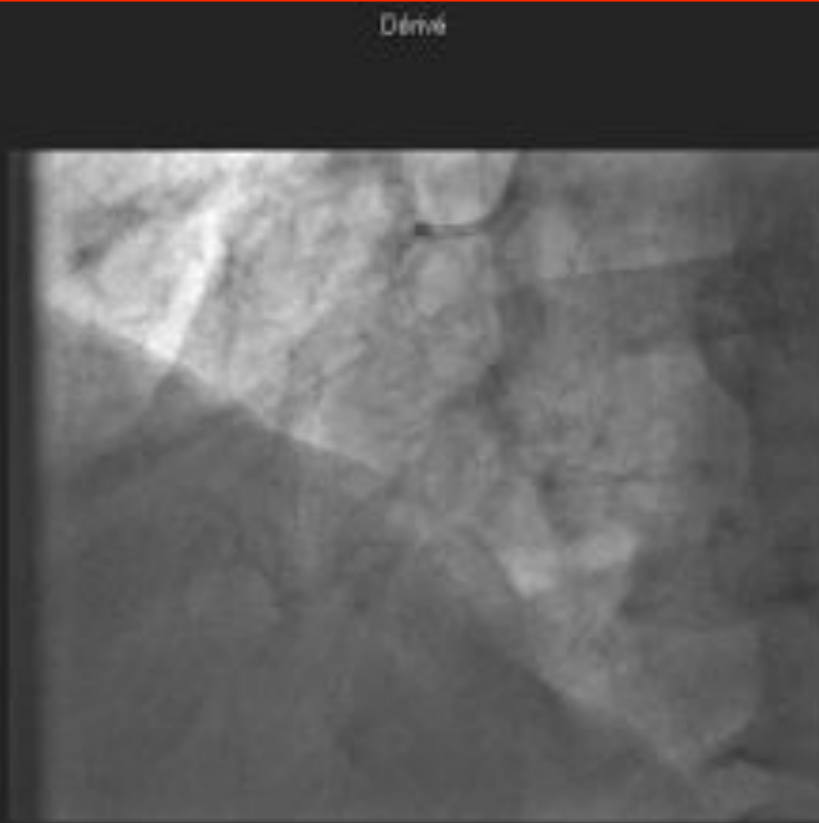
Cardiology department

Institut Mutualiste Montsouris, Paris

Case presentation

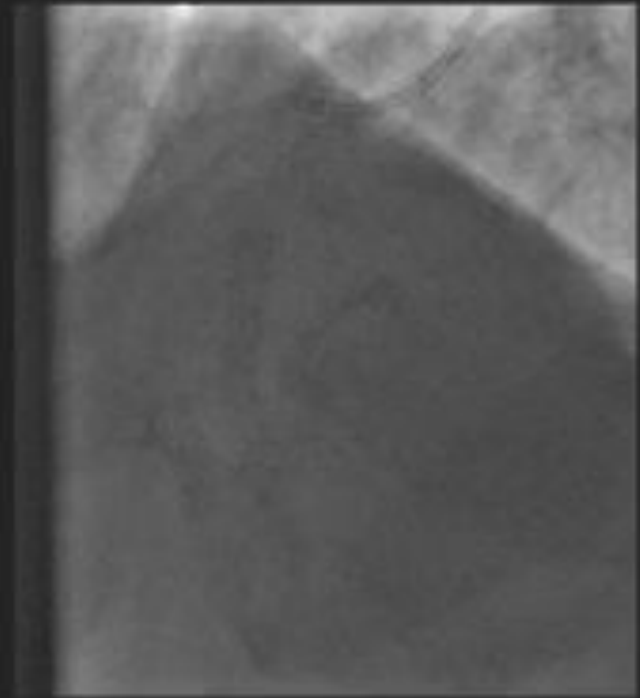
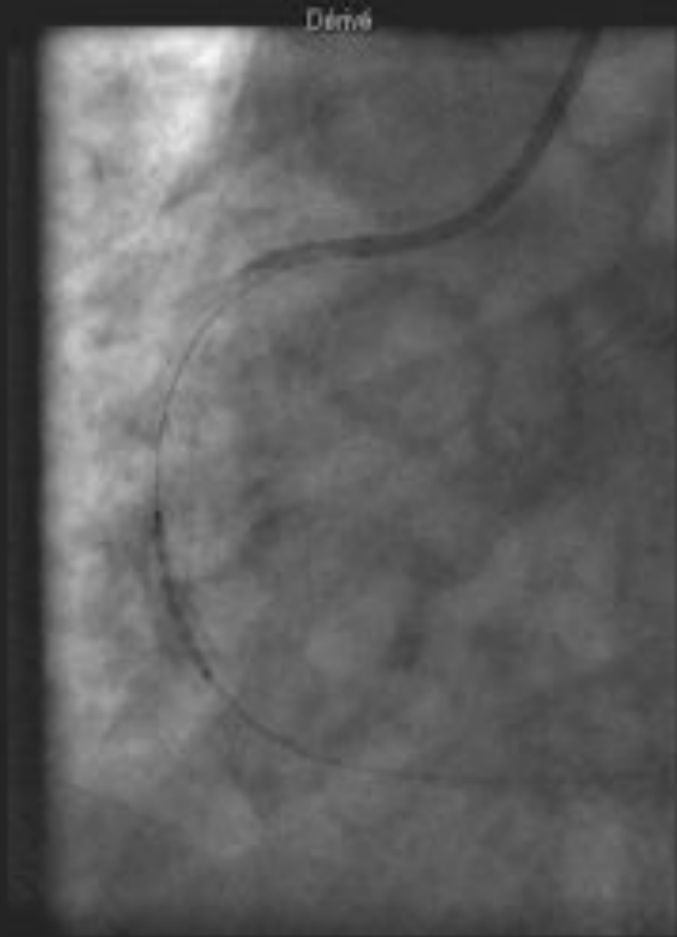
- A 73 year-old was referred to our institution for a stable angina.
- Previous Medical History:
 - Dyslipidemia under statin therapy
 - Previous inferior STEMI treated by PCI on mid-RCA 5 years before + elective PCI (BMS) on mid-LAD

Coronary Angiography (2010)



Intra-stent symptomatic restenosis by NIH

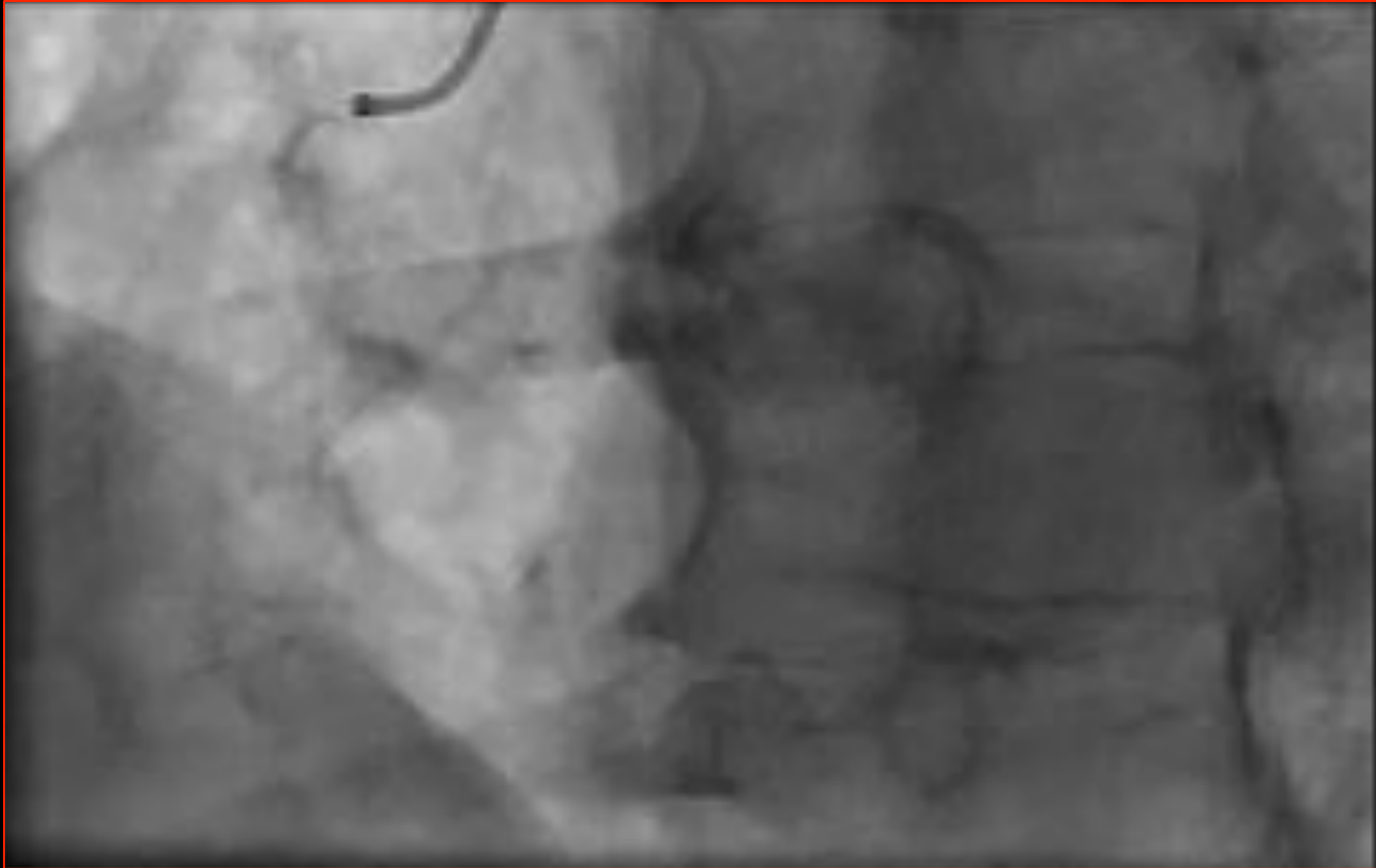
Mid-RCA PCI (2010)



- Redux PCI with implantation of a 3.0x 13 mm Sirolimus DES
- Control SPECT in 2012 : no signs of ischemia

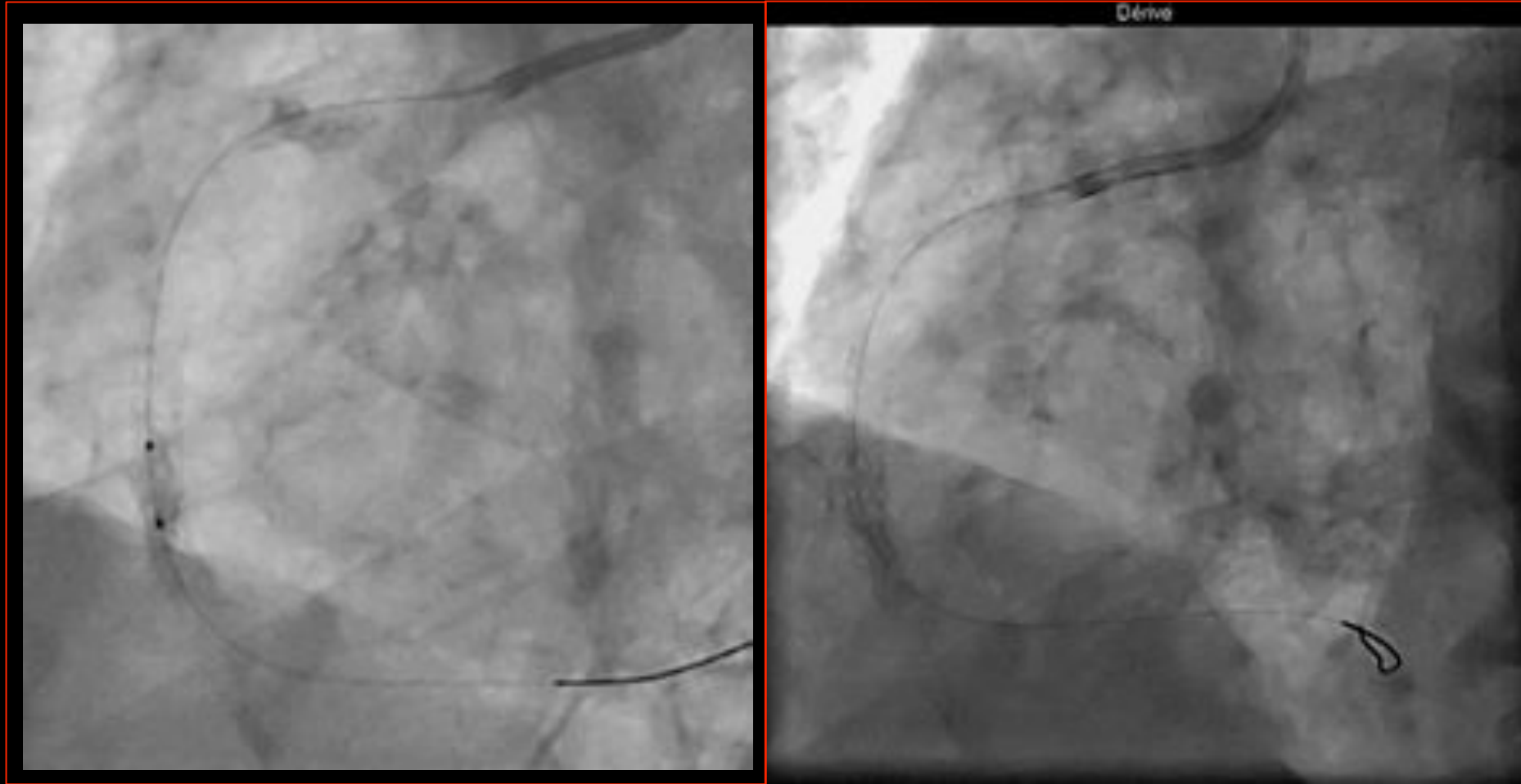
3 years later...

- New episodes of rest chest pain (unstable angina)



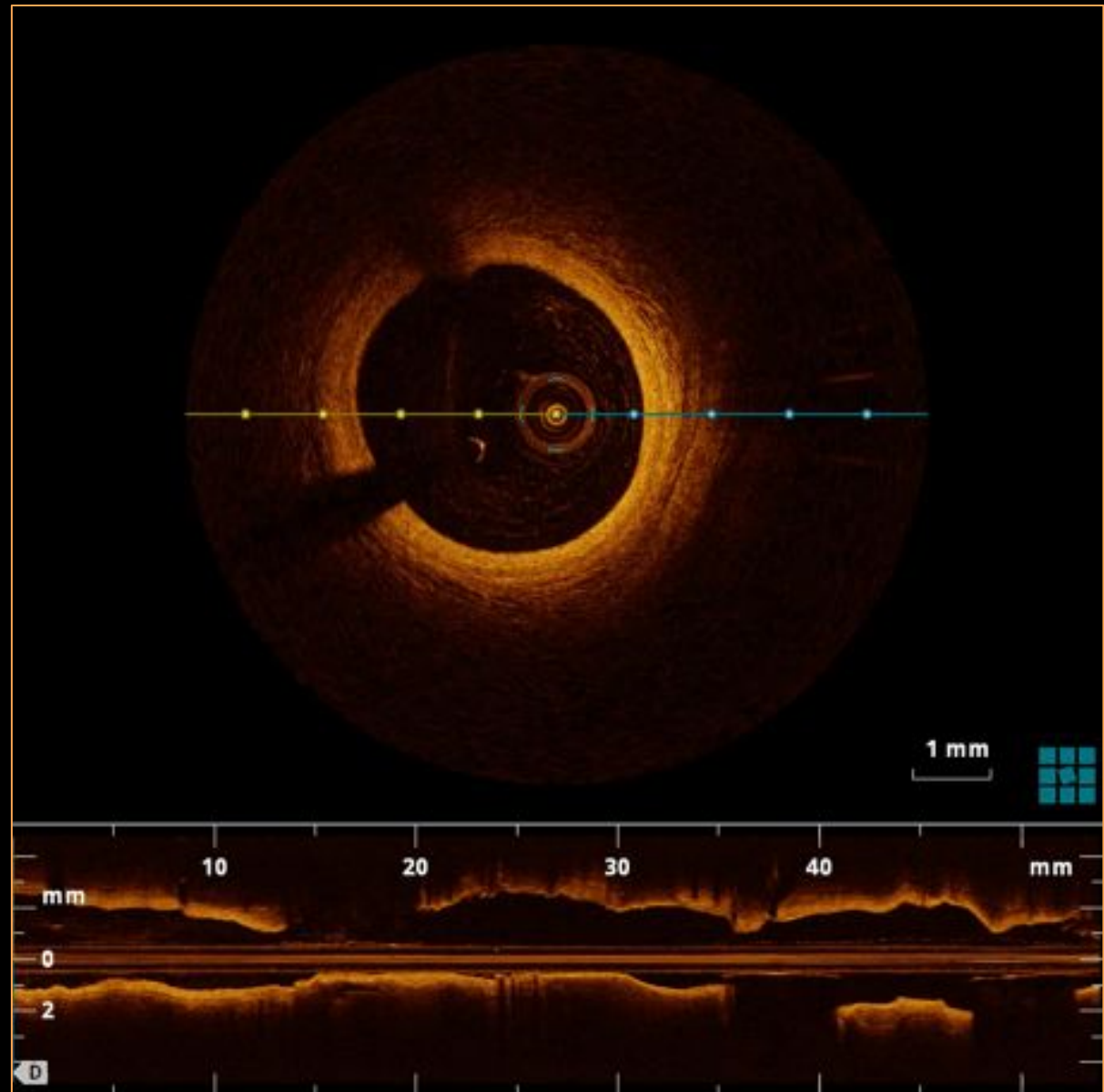
Severe intra-SES restenosis

Primary balloon angioplasty

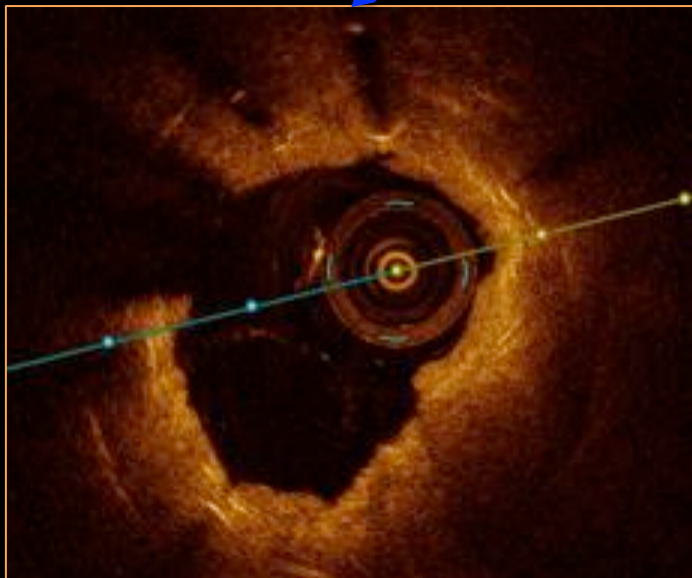
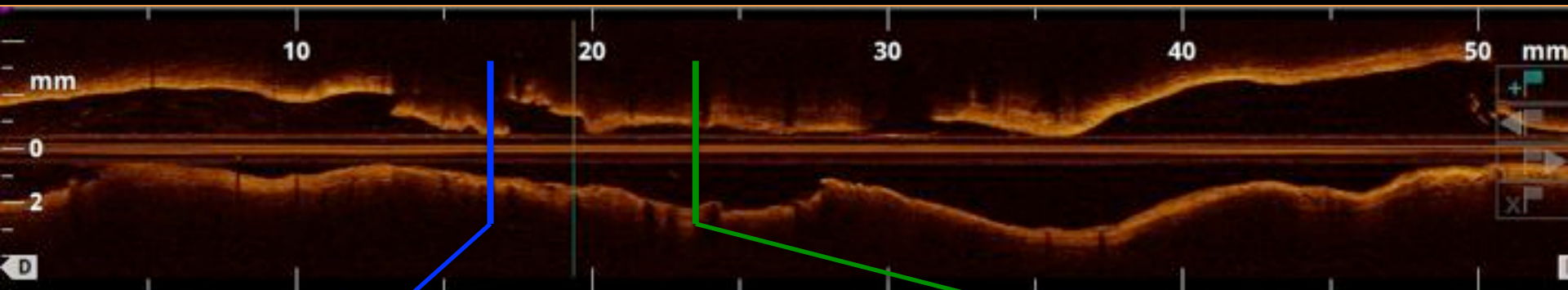


Predilation by 3.0 x 8 mm non-compliant balloon (2x 8 atm)

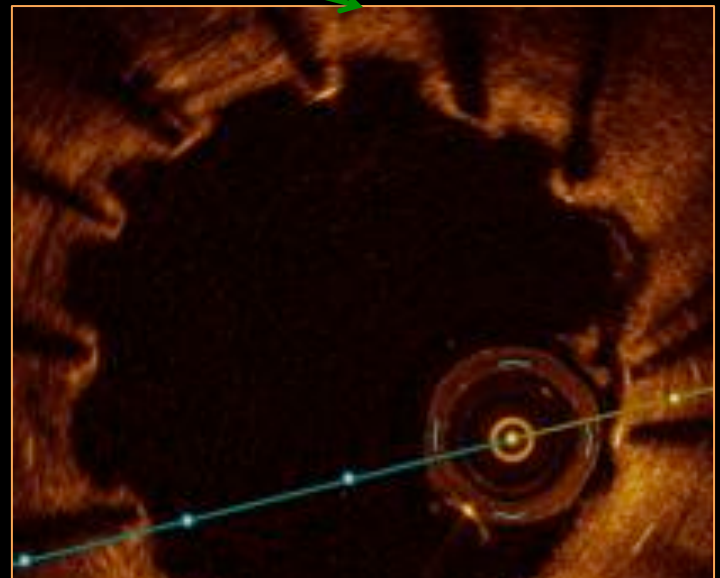
OCT analysis (following a primary POBA)



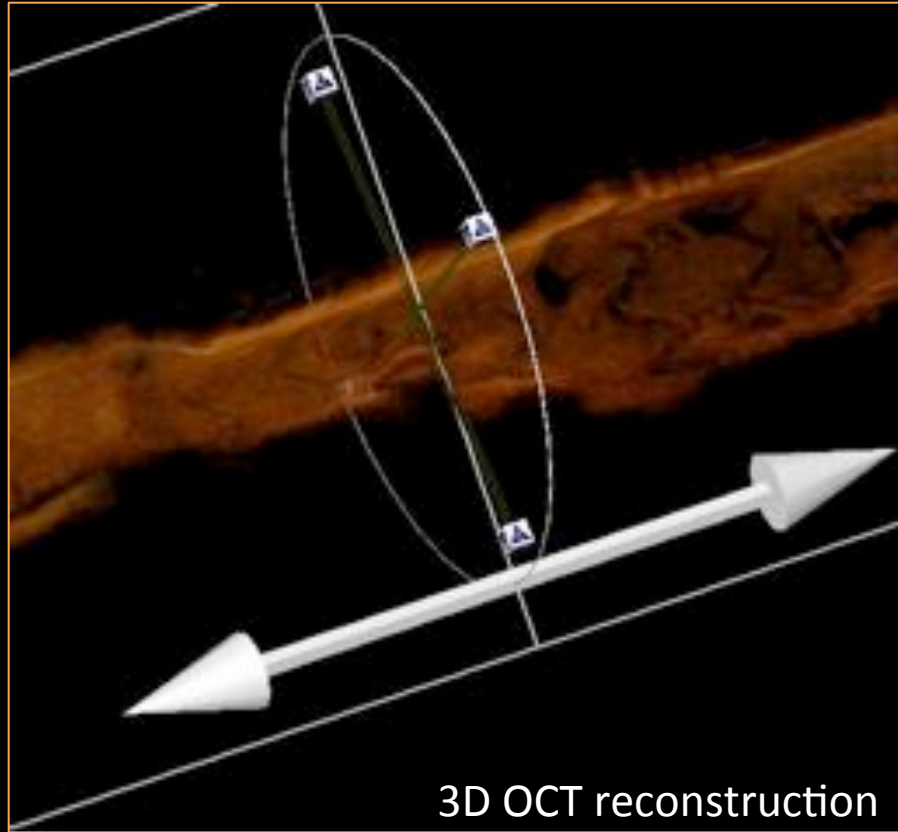
OCT analysis following a primary POBA (3.0x 18 mm)



**Severe ISR with
ISNA architecture**



**Uncovered struts with
coronary mild evagination**

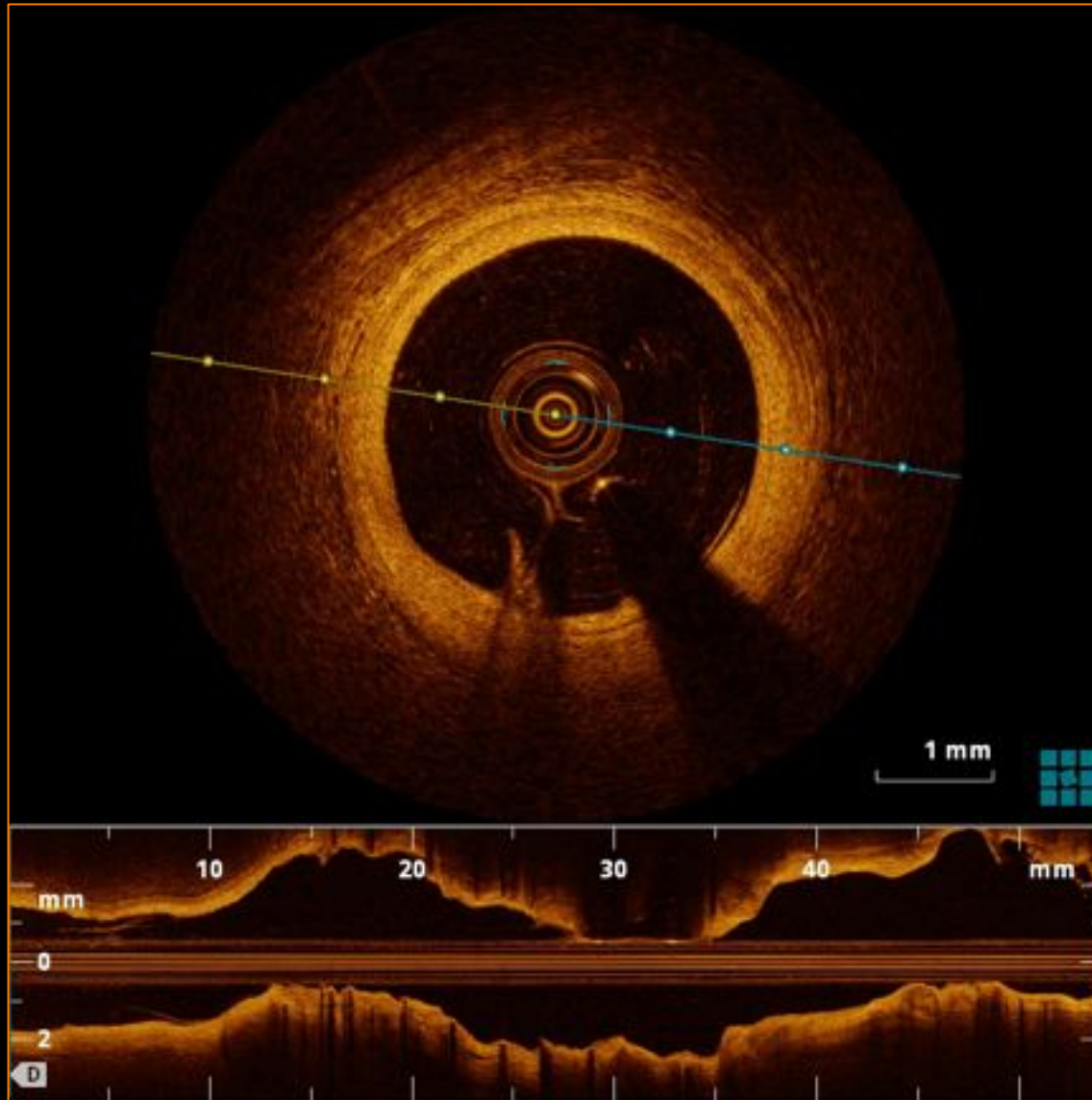


Treatment by 3.0 x 15 mm Paclitaxel eluting balloon (60 s inflation)

4 months Follow-up...



4 months Follow-up...

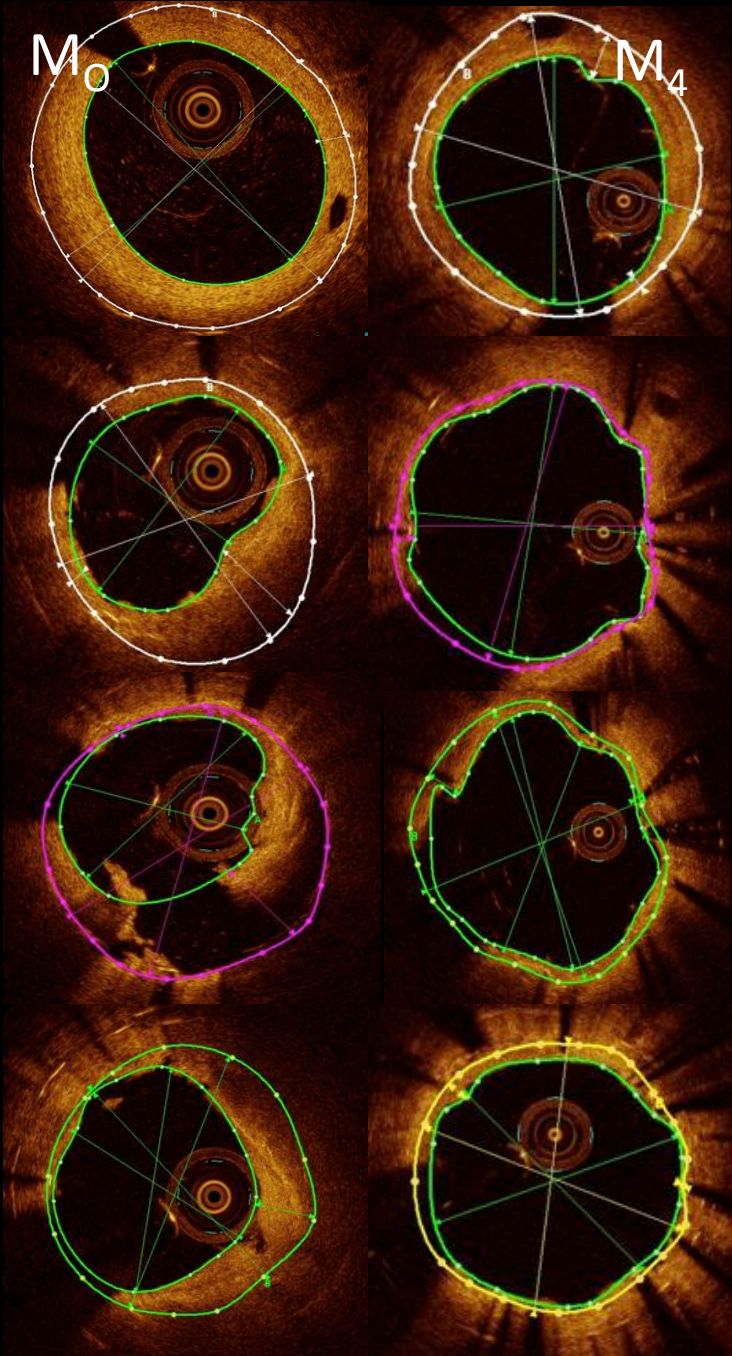


MLA	6,5 mm ²
NI Area	5,1 mm ²
NI Thickness	0,49 mm

MLA	4,1 mm ²
NI Area	3,4 mm ²
NI Thickness	0,43 mm

MLA	4,0 mm ²
NI Area	4,17 mm ²
NI Thickness	0,53 mm

MLA	5,3 mm ²
NI Area	3,4 mm ²
NI Thickness	0,38 mm



MLA	7,6 mm ²
NI Area	3,9 mm ²
NI Thickness	0,36 mm

MLA	10,7 mm ²
NI Area	1,63 mm ²
NI Thickness	0,14 mm

MLA	10,8 mm ²
NI Area	2,72 mm ²
NI Thickness	0,22 mm

MLA	7,1 mm ²
NI Area	1,4 mm ²
NI Thickness	0,11 mm

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