



ALMOST FORGOTTEN...

- A 81 y-o man is admitted to our institution for anterior STEMI / H+120 mins
- Previous medical history:
  - Proximal LAD PCI with 4.0x 8 mm BMS implantation 18 years before
  - HTN
  - Rheumatoid arthritis
  - Recent marked inflammatory syndrome related to acute gout.
- Previous treatment : aspirin , atenolol, omeprazole,
- Upstream management before cath lab
  - Enoxaparin bolus / Aspirin 250 mg LD / Ticagrelor 180 mg

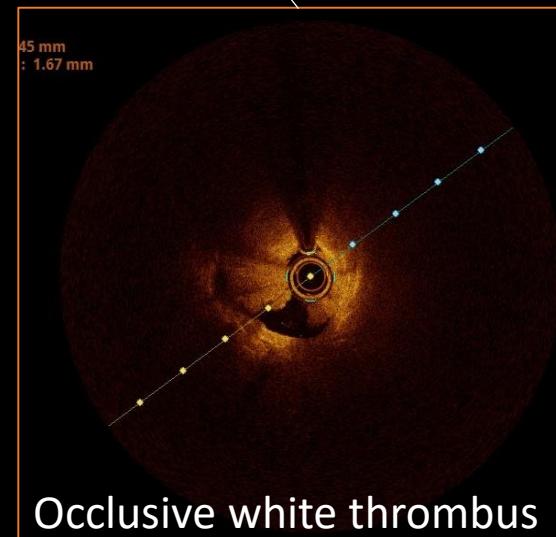
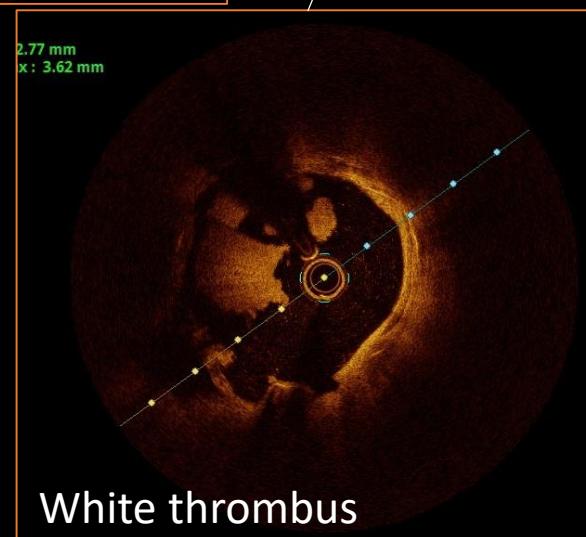
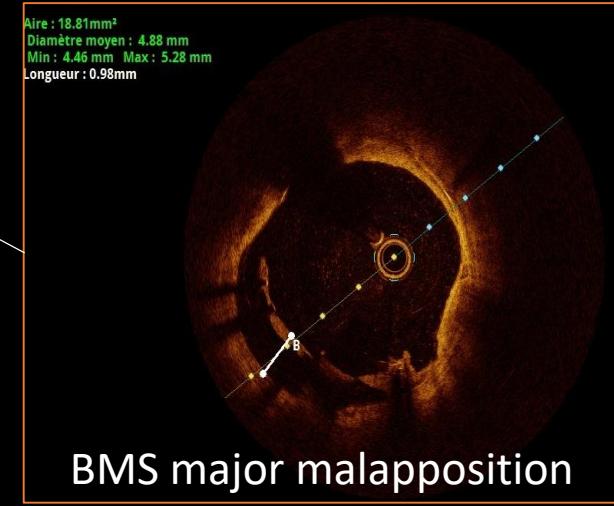
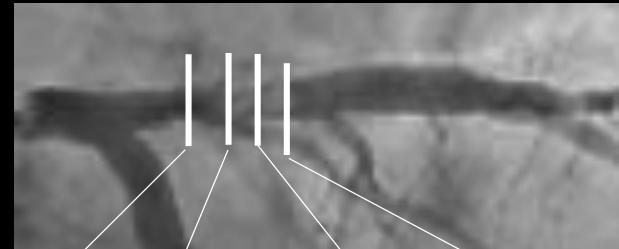
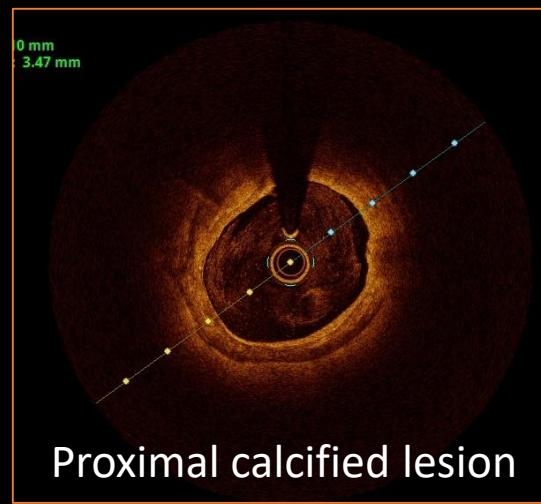
# INITIAL ANGIOGRAPHY





- Proximal LAD Very late stent thrombosis
- TIMI III flow downstream
- No associated significant lesion

# INITIAL OCT RUN



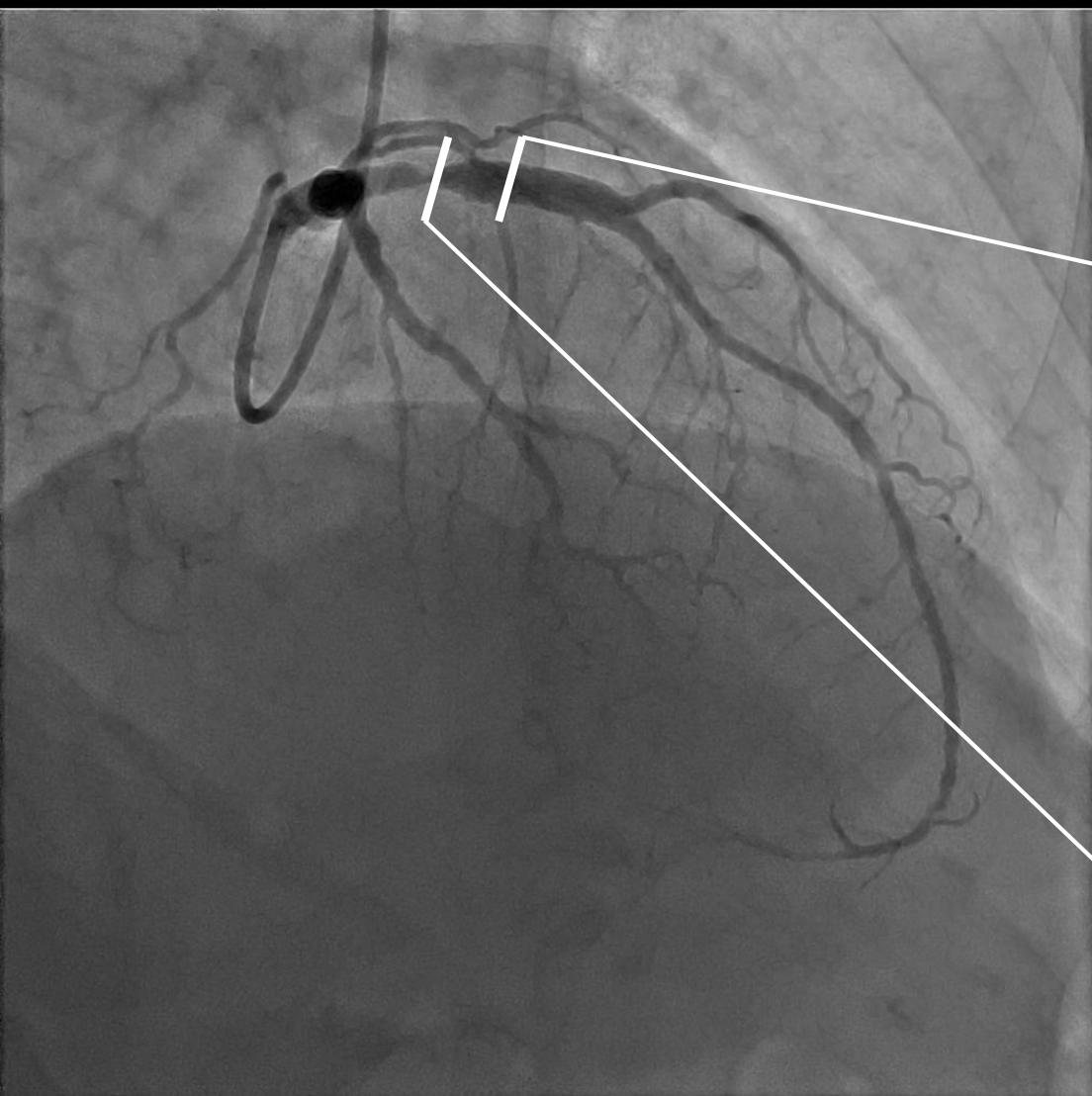
## INITIAL MANAGEMENT STRATEGY ?

- No residual chest pain
- Total ST elevation regression
- TIMI flow in the culprit artery
- Highly thrombotic culprit lesion



- Optimal medical treatment : ASA + Ticagrelor + LMWH
- Medical treatment of the gout crisis.
- Deferred 72h control coronary angiography.

# DEFERRED CONTROL ANGIO + OCT



A Aire : 22.14mm<sup>2</sup>  
Diamètre moyen : 5.30 mm  
Min : 4.78 mm Max : 5.59 mm  
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0001

Severe significant malapposition  
1 mm

A Aire : 5.64mm<sup>2</sup>  
Diamètre moyen : 2.65 mm  
Min : 2.04 mm Max : 3.13 mm  
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Edge related disease progression

Abbott

# 1 STENT & 2 PROBLEMS / PCI STRATEGY

**Distal severe malapposition of the initial device on the remodeled vessel (diameter: 5.5 mm)**



**Post dilatation of the stent with 5.5 x 12 mm NC balloon**

**Proximal edge related disease progression with significant thrombotic lesion**



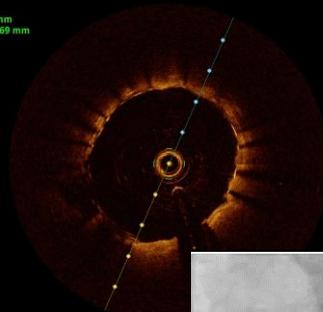
**Implantation of 5.5 x 12 mm MEGATRON™ EES on prox. LAD & optimisation**

Aire : 14.60mm<sup>2</sup>  
Diamètre moyen : 4.31 mm  
Min : 4.10 mm Max : 4.56 mm  
Expansion : 119%



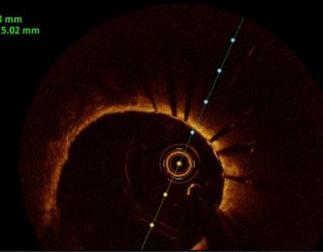
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0344

Aire : 15.49mm<sup>2</sup>  
Diamètre moyen : 4.44 mm  
Min : 4.13 mm Max : 4.69 mm  
Expansion : 84%

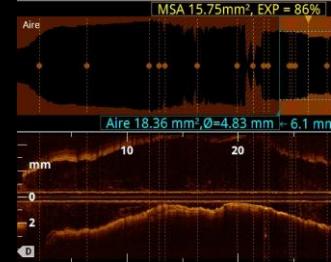
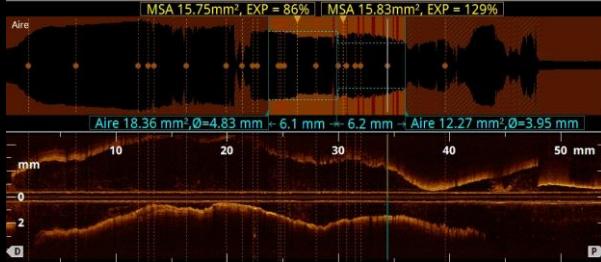


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Aire : 18.36mm<sup>2</sup>  
Diamètre moyen : 4.83 mm  
Min : 4.76 mm Max : 5.02 mm  
Expansion : 100%

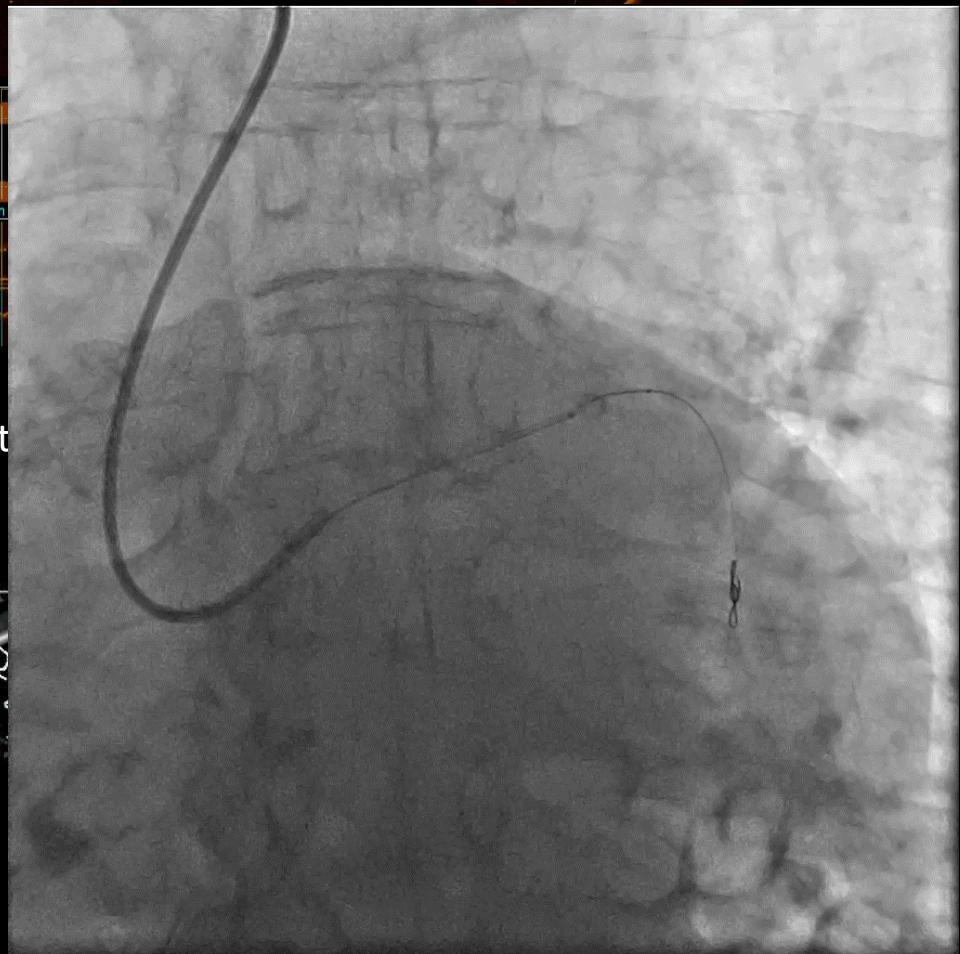
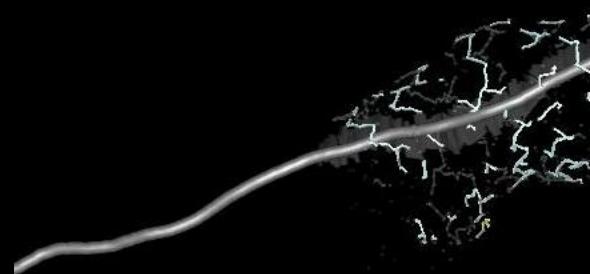


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New DES

Minimal strut



## “Super Extremely Very Late stent Thrombosis”

- Rare Event.
- Multiple potential causes
- Late-acquired incomplete stent apposition (LAISA) is a common mechanism of stent thrombosis.
- Neo lesion at the stent edge can also be a mechanism.
- Systemic inflammation may be a pro thrombotic trigger.
- Optical Coherence tomography (OCT) is an essential tool for identifying the mechanism and guiding the treatment.

- Late course VLST are possible, even 18 y after initial implantation
- Multiple underlying causes can be associated to ST: interest of OCT to decipher
- Deferred OCT is better than ad hoc OCT in this indication, allowing a better discrimination once the thrombus load is reduced.