

Huge coronary aneurysm in case of DES as a  
very late complication!

## Our experience

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# Disclosure

No conflict of interest

58 rs,diabetic,ex-Smoker

Anterior Wall AMI in August 2004

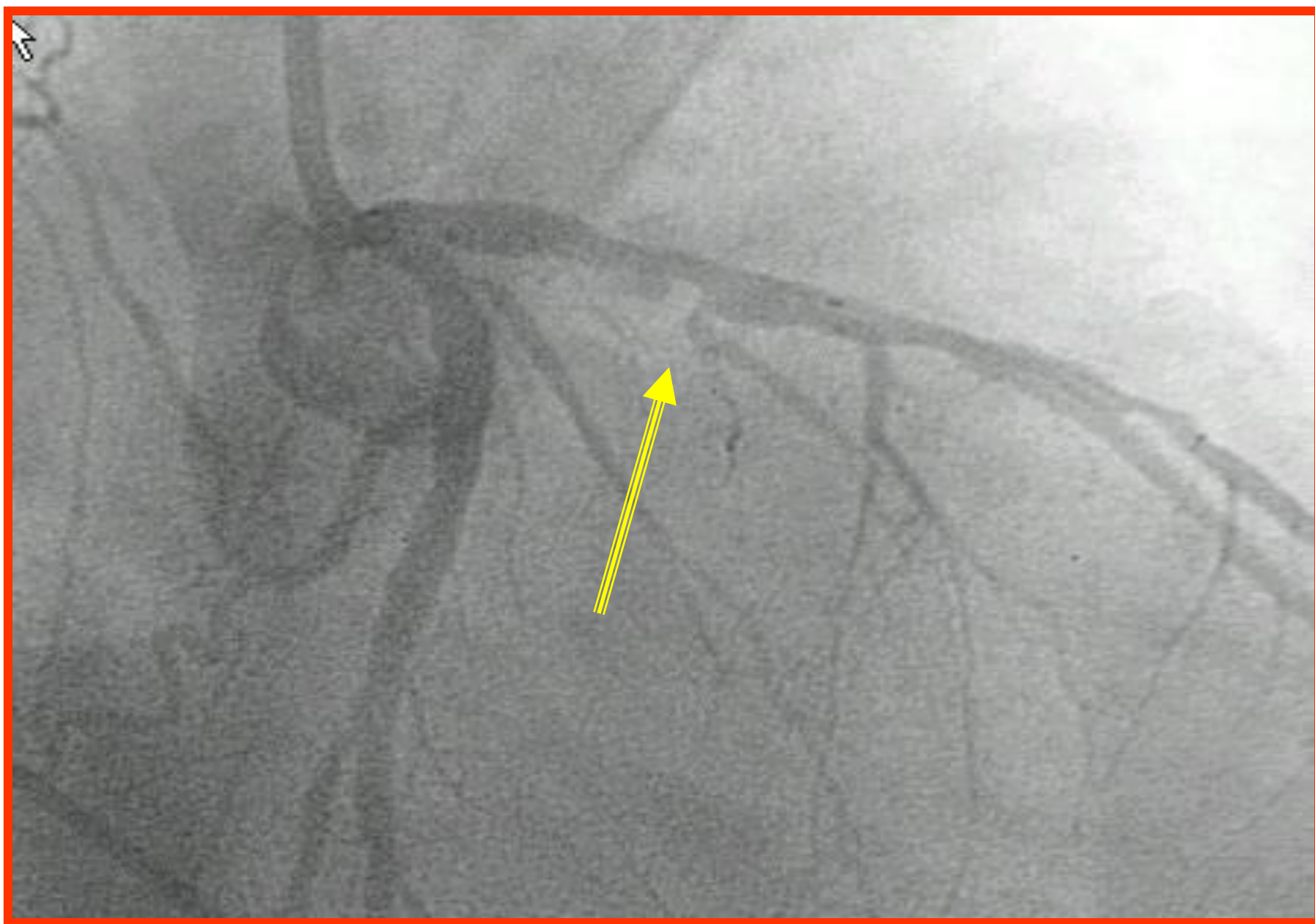
Thrombolysed and managed conservatively

Discharged after 10 days with antiplatelets,nitrates,ACEI  
and beta blockers

Had exertional chest pain after 3 weeks of discharge

Coronary Angiograph,done in early November showed-

**Proximal LAD-90% along with thrombus**



Lesion crossed with floppy wire, Plain Balloon 2.5×15mm inflated at 10 atmosphere

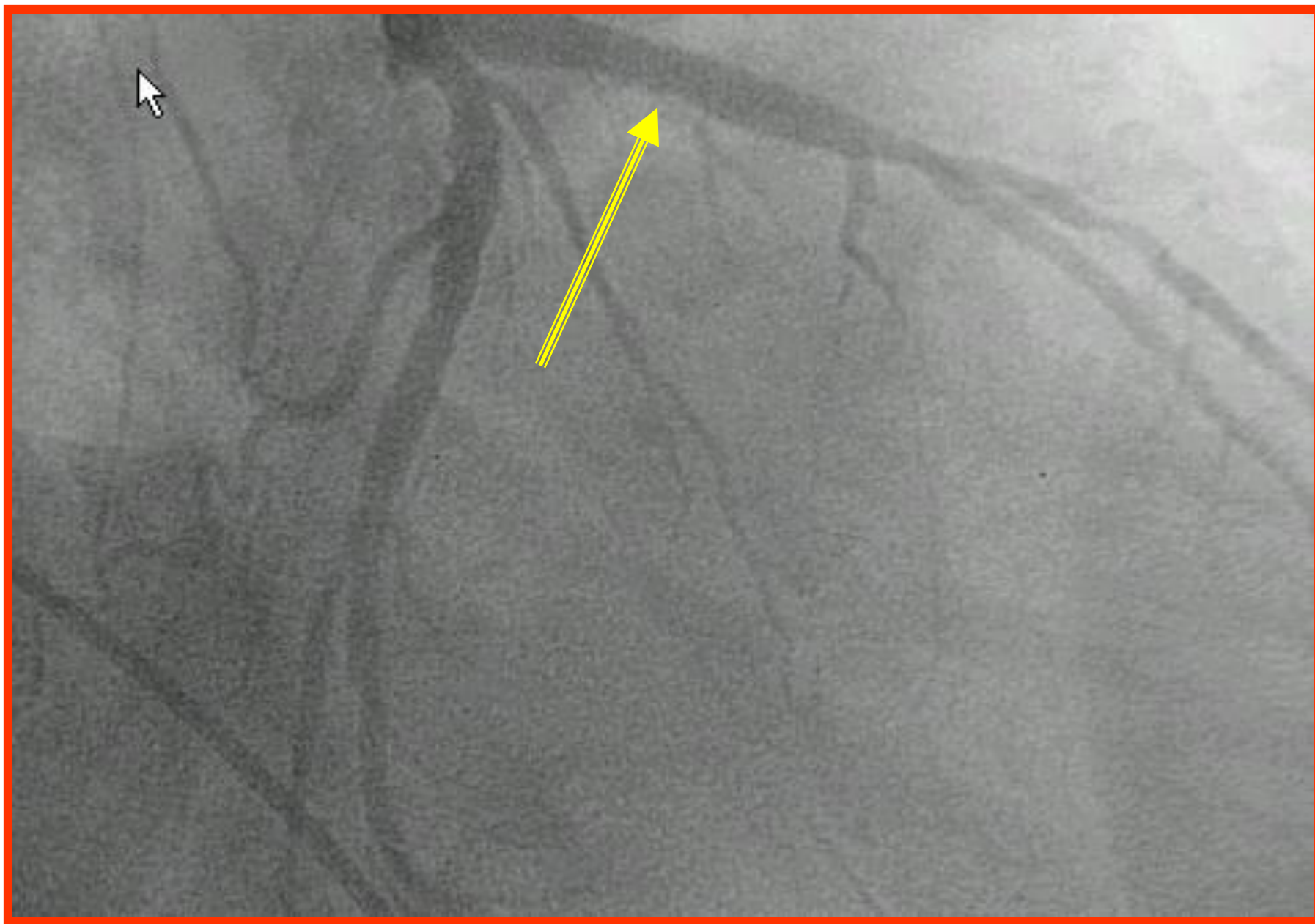
Cypher 3×18mm deployed at 14atmosphere

Post procedure TIMI Grade III flow

Received LMWH (5days) with standard antiplatelets therapy : aspirin 75mg and clopidogrel 75mg along with statin 40mg, ACEI, nitrates and beta blockers & antidiabetic medications.

Discharged after 7 days of hospital stay without any complications with the above medicines.

Pre Procedural hsCRP : 10mg/L, Post procedure hs-CRP: 12mg/L



After 14 months patient developed low grade fever and abdominal pain, resolved in 2-3 days

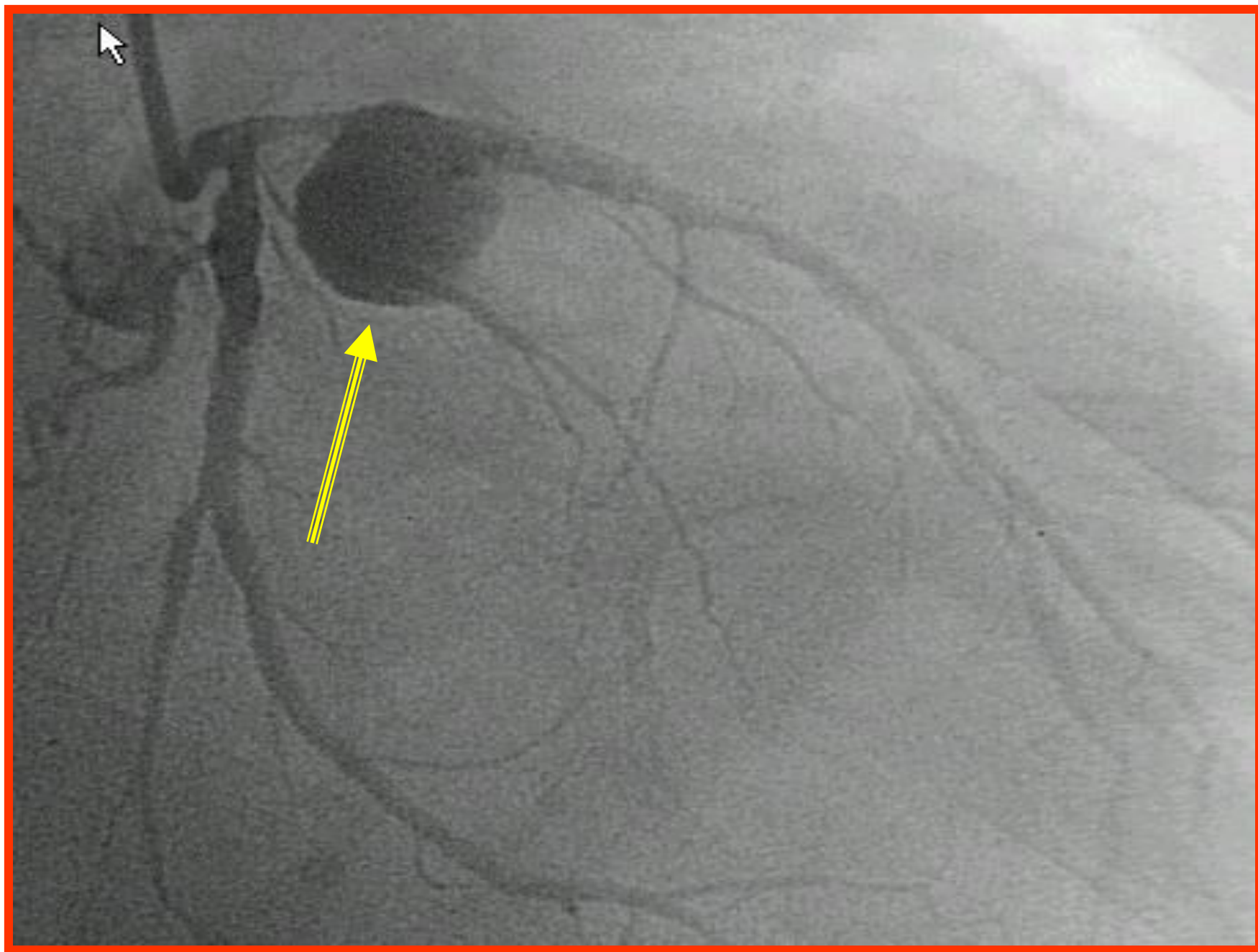
Subsequently developed chest pain

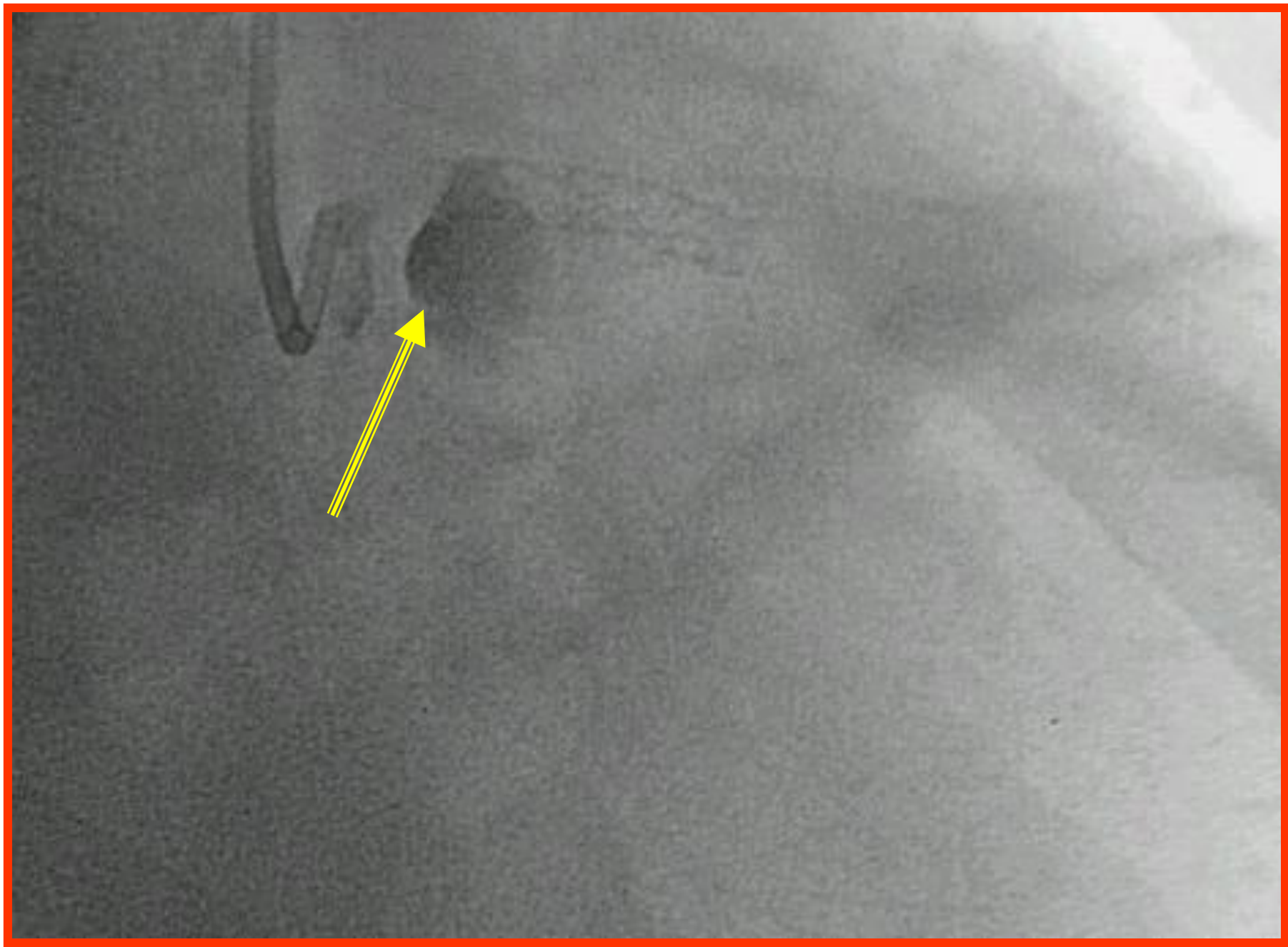
CHEST PAIN was

- constant, dull aching and had a dragging character
- occasionally pain had anginal character relieved with sublingual nitrates
- Mostly not relieved with any medication.

Decision for repeat Coronary Angiography; December 2005

Patients Glycemic and Renal status normal all along





## Patient DES Perspective

# What Does A Patient Expect/Desire?

- Want to feel better
- Don't want complications during the procedure
- Don't want to undergo repeat procedures
- Don't want to worry about catastrophic stent clotting years into the future

# CONCLUSION

Huge coronary aneurysm in case of DES due to infection/inflammation because of reuse of guide wire and guide catheter. Supportive evidence patient presented with fever and high hsCRP. Finally patient managed with CABG



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