



## Floating LAD stents

**Dr Ata Firouzi**

**Rajaei Heart Centre, Tehran Iran**

**Dr Mohammad Karimi**

## History:

- 51year old lady referred to our center because of chest pain and dyspnea from 4month ago that worsen from last week and admitted to another hospital with ACS

## PMH:

- PCI on LAD 4years ago
- HTN

## DH:

ASA

NC

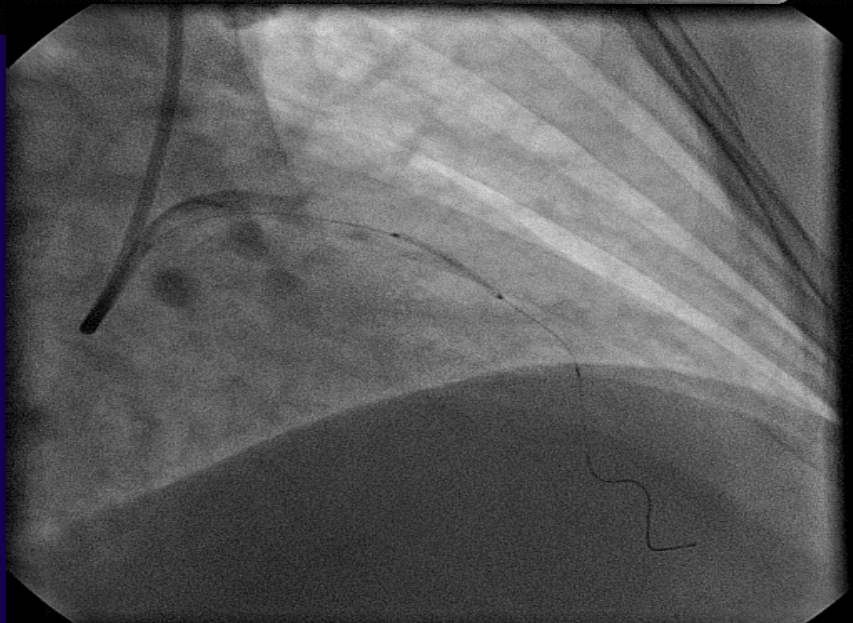
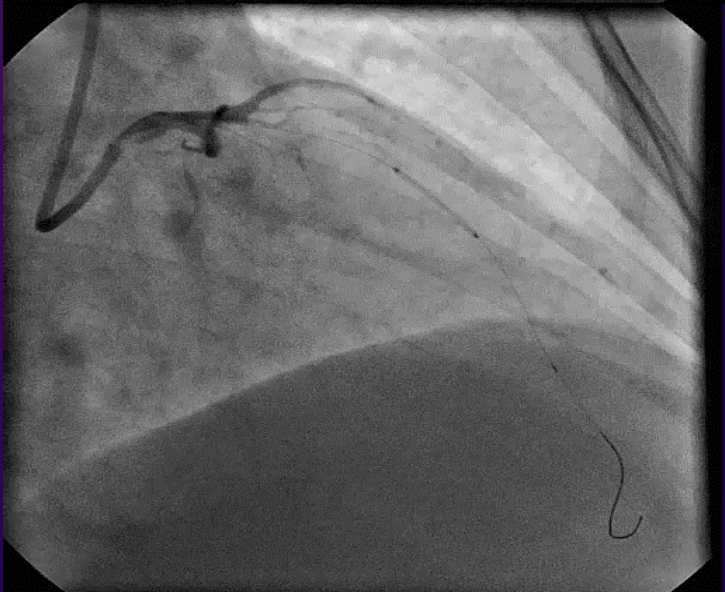
OSVIX

Atorvastatin

Valsartan

Amlodipine

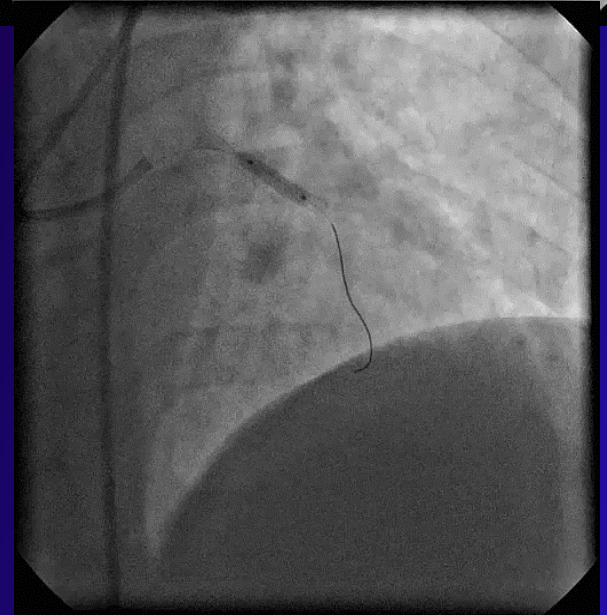
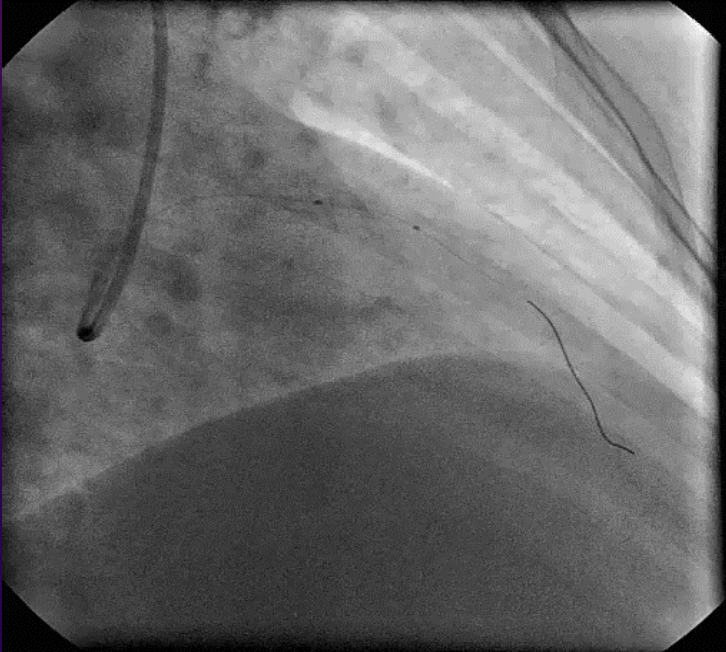
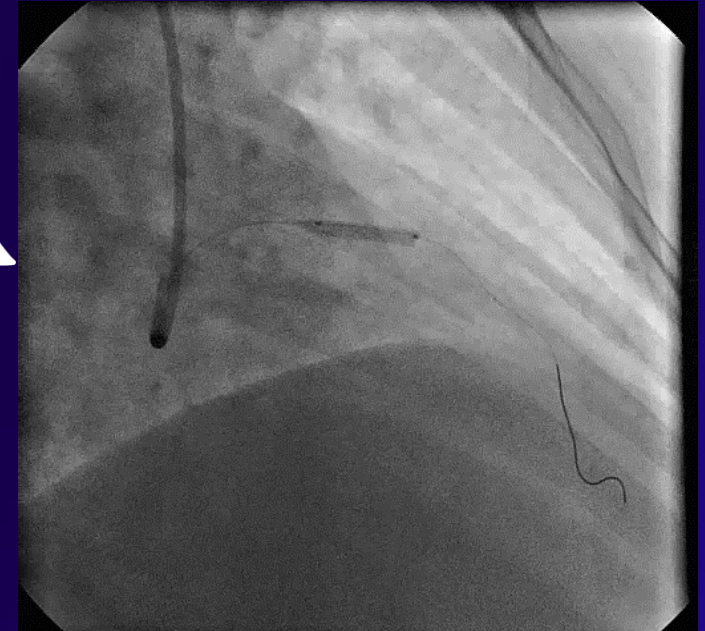
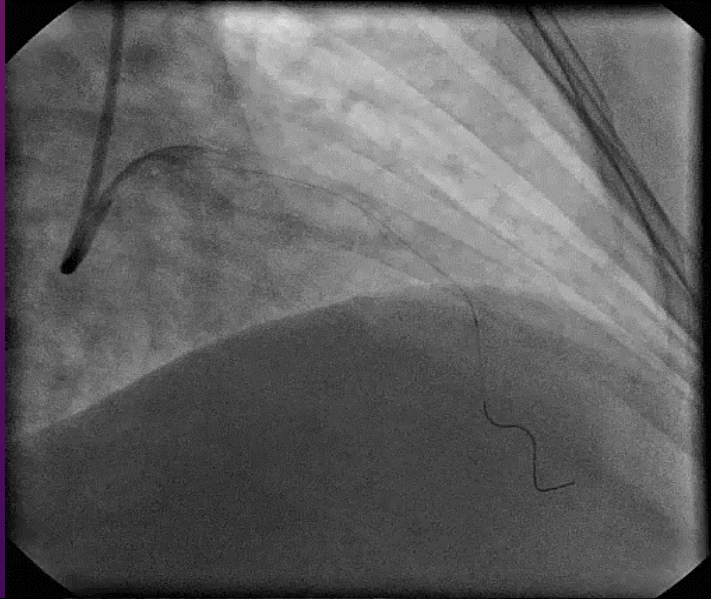
We reviewed previous procedure





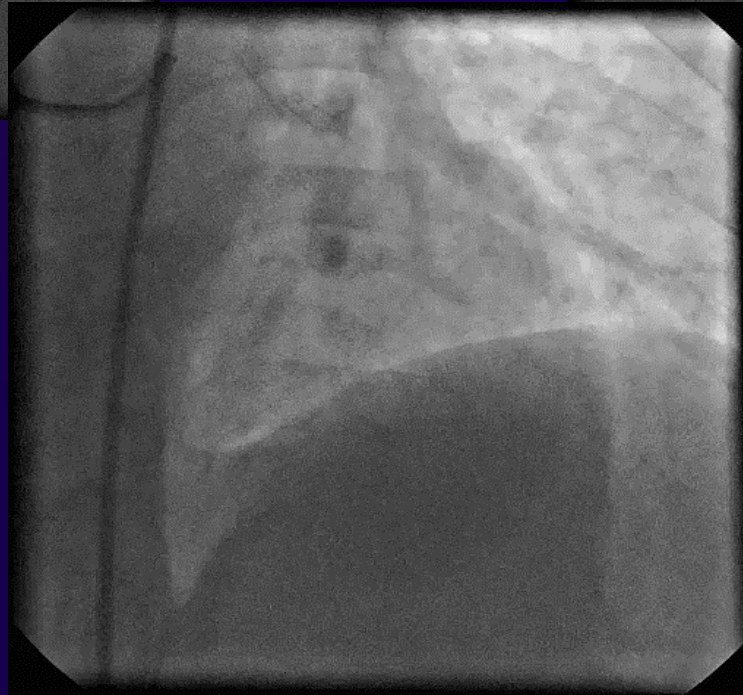
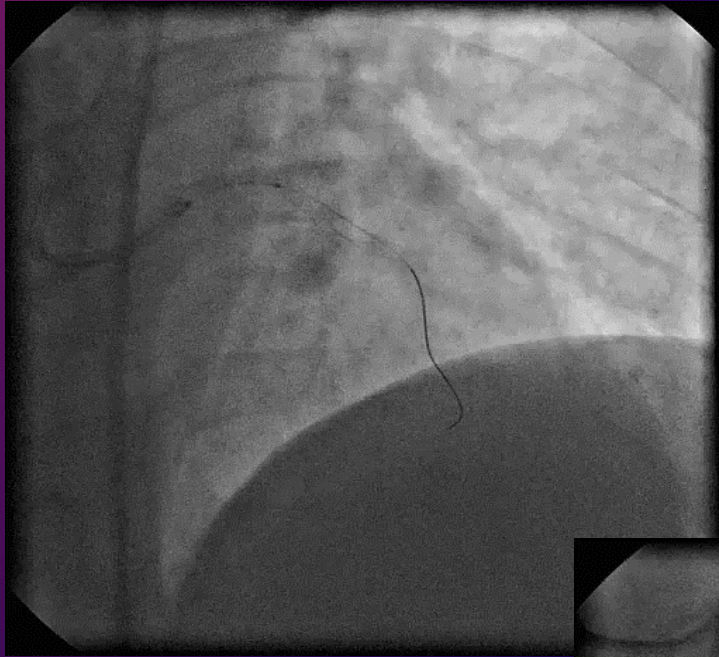
We reviewed previous procedure

euro  
**PCR**

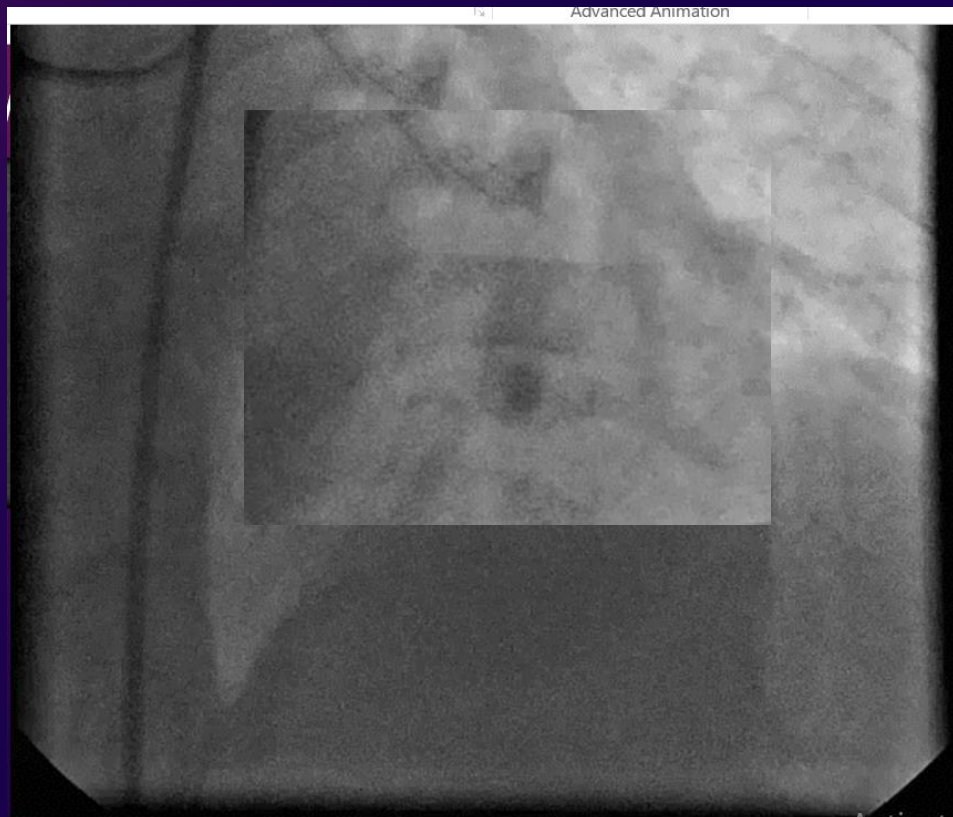


We reviewed previous procedure

euro  
**PCR**



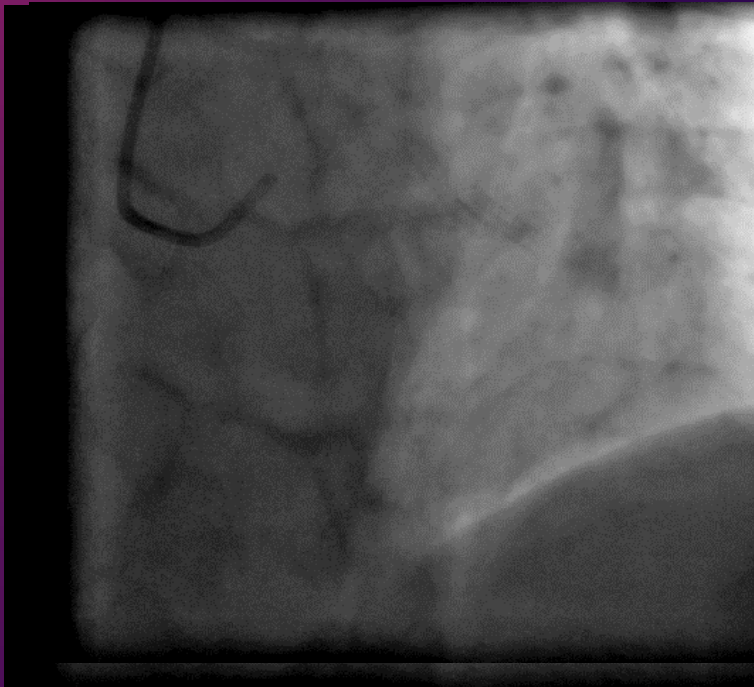
# 2021 | euro PCR



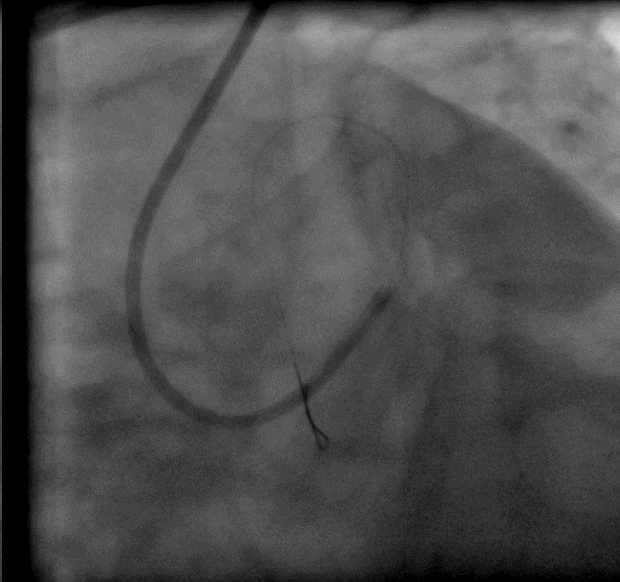
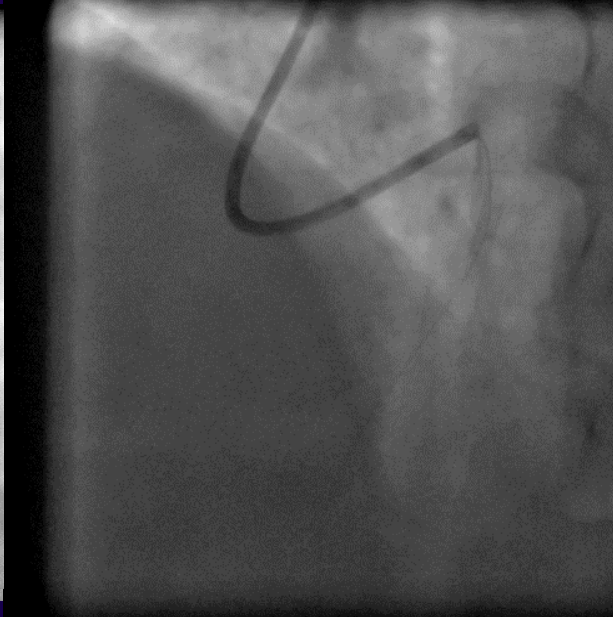
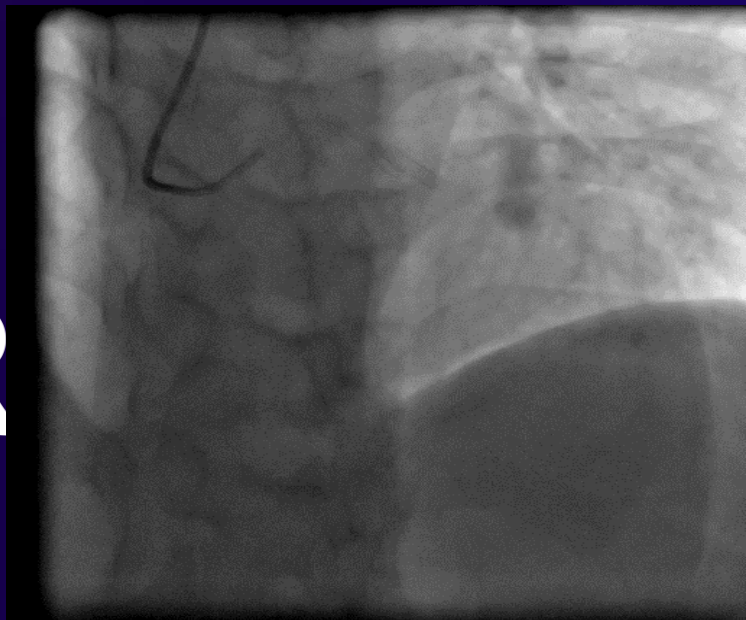




- Because of chest pain and to check what seems to be a mistake we performed angiography and OCT

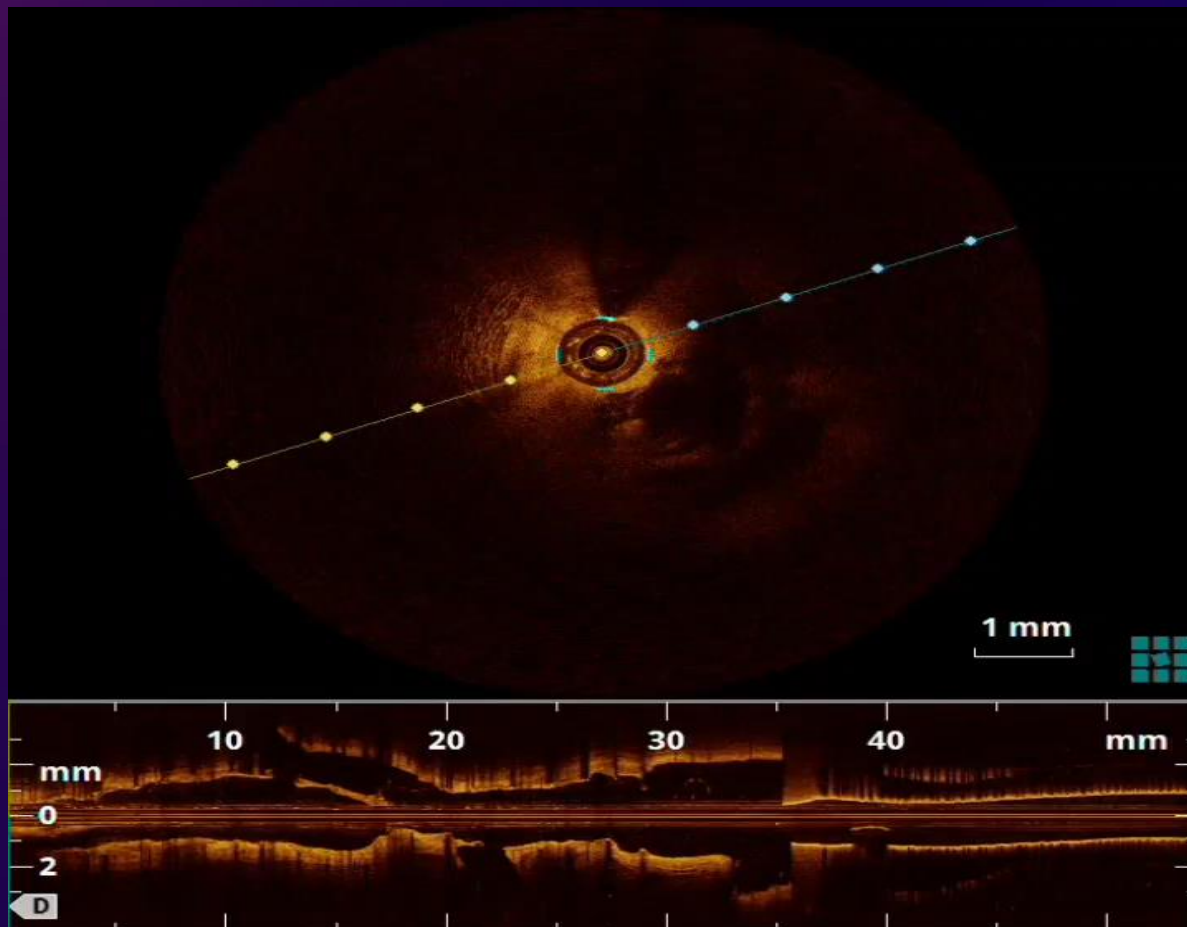


euro  
**PCR**



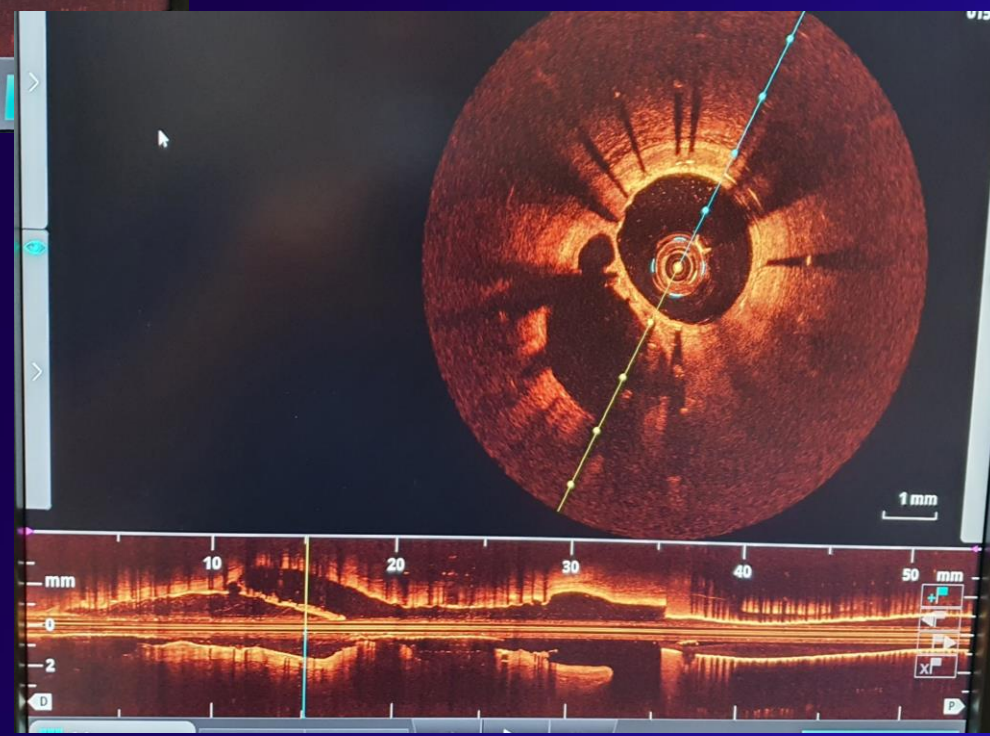
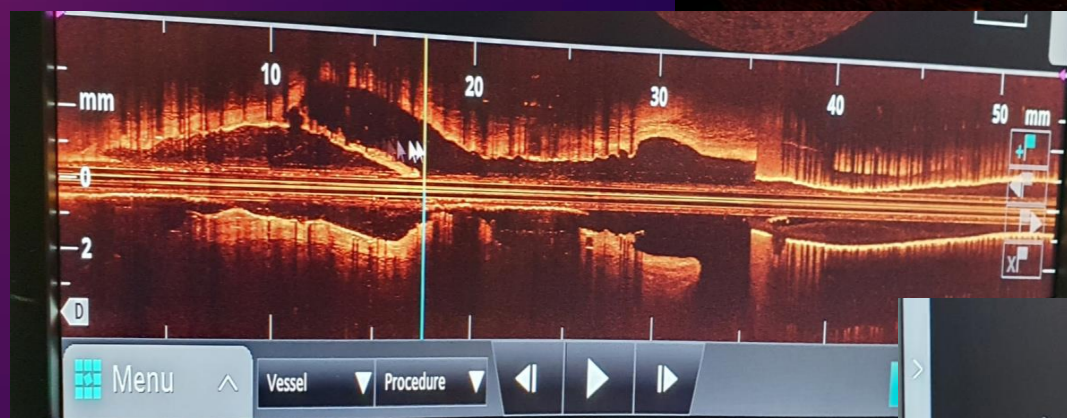
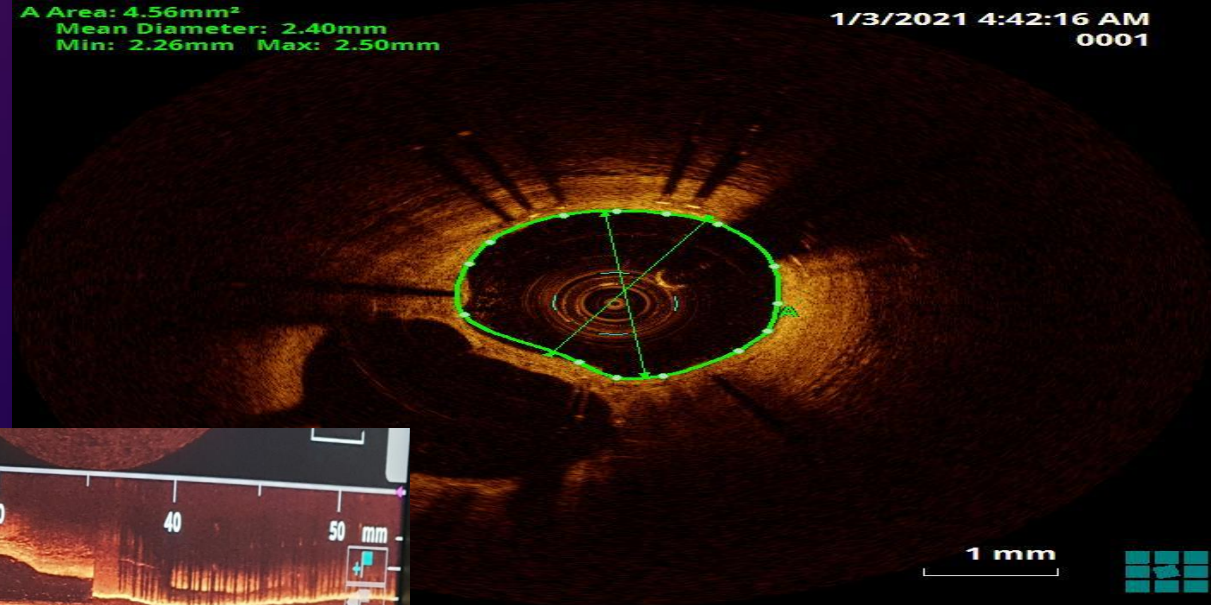


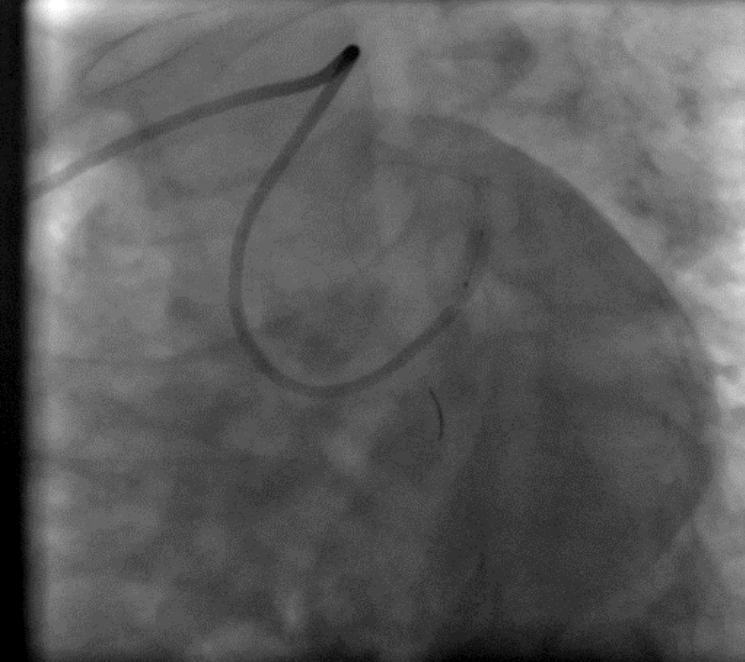
# 2021 | euro PCR



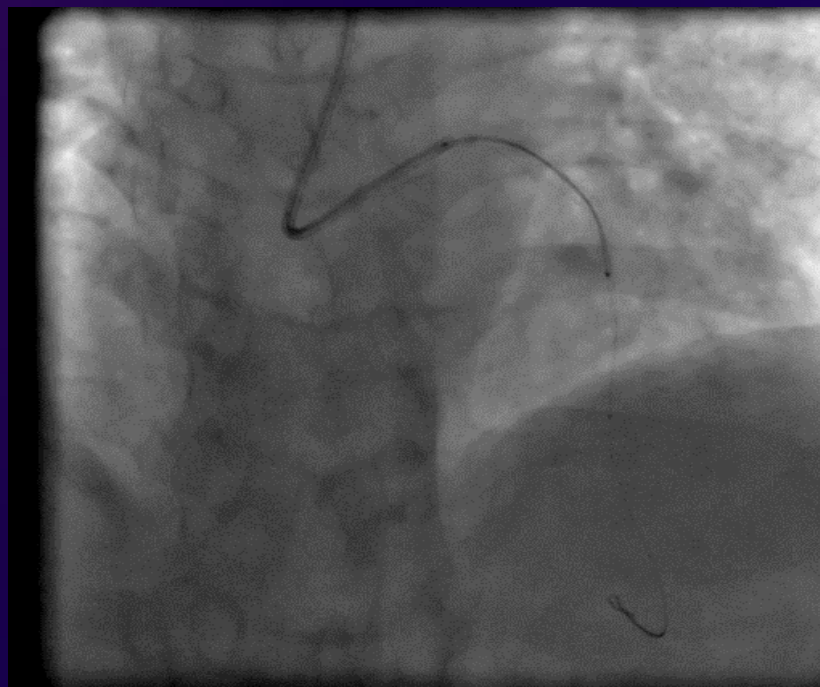
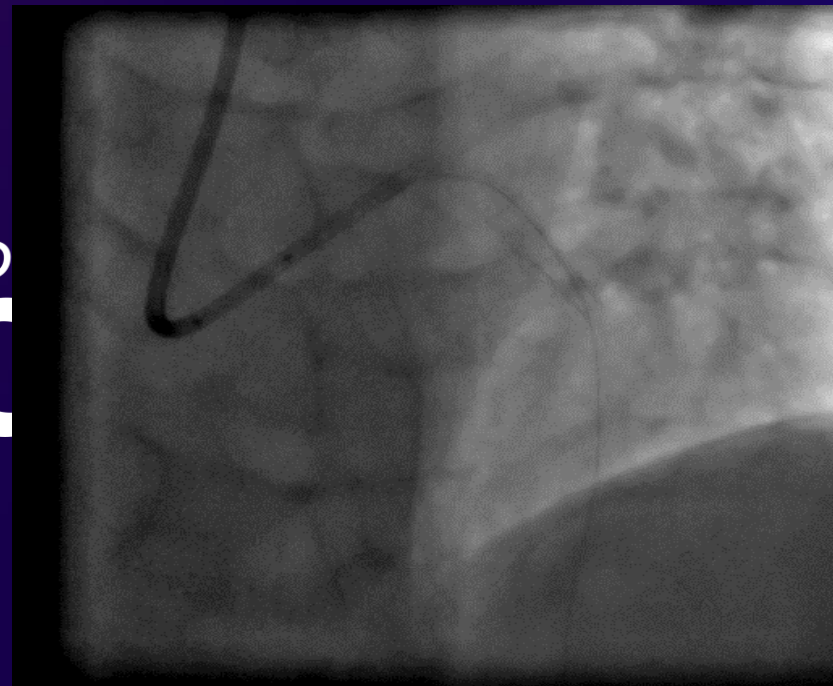
A Area: 4.56mm<sup>2</sup>  
Mean Diameter: 2.40mm  
Min: 2.26mm Max: 2.50mm

1/3/2021 4:42:16 AM  
0001

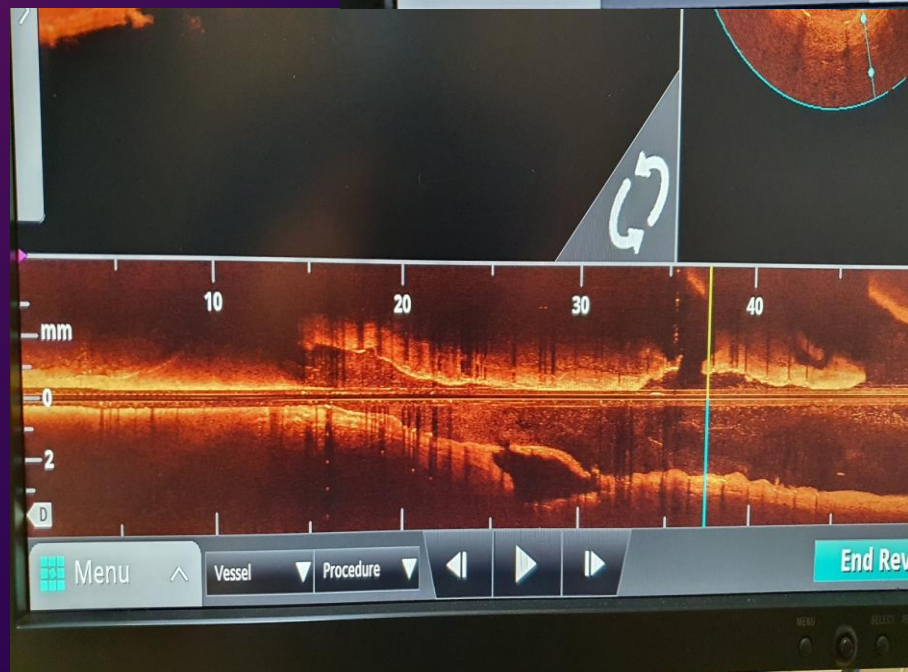
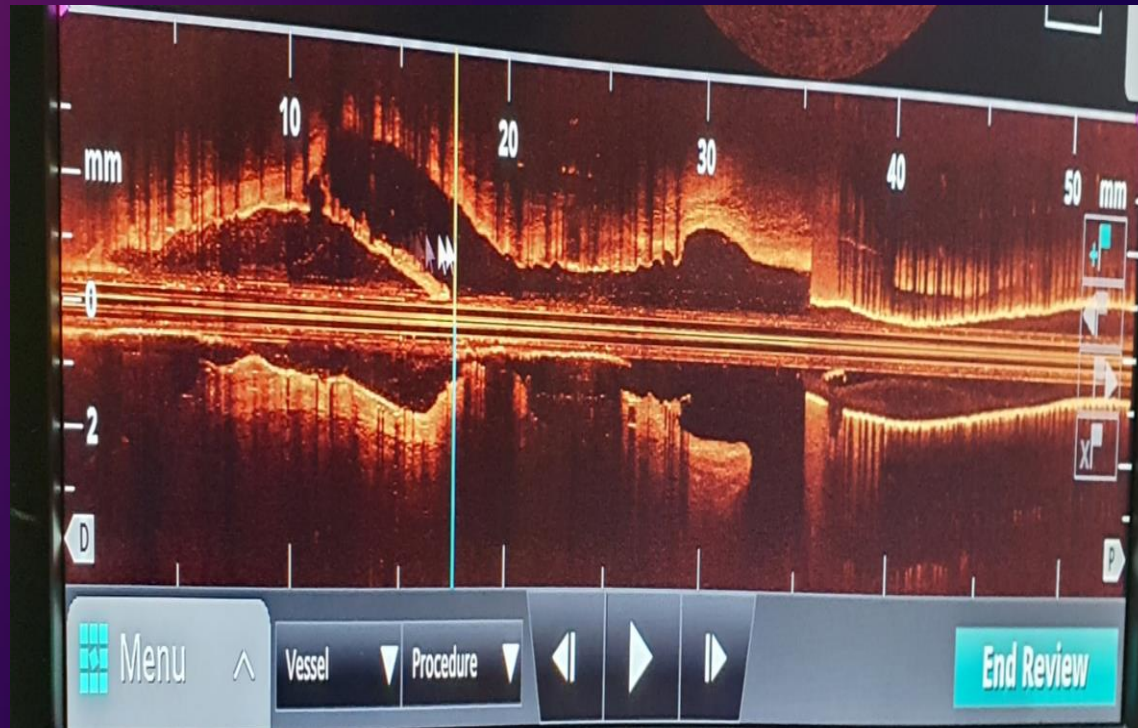




2021 | euro  
PC











## Take home message

- Deploying of small size stent in no obstructive coronary lesion is risk factor for stent migration.
- Mal apposed stent can make very late ACS.
- Intra vascular imaging (OCT or IVUS) can make procedures easier and show us about optimization.
- 4 years later presentation with undersize stent in proximal LAD can happen with continuation of DAPT