



## Floating LAD stents

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## History:

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

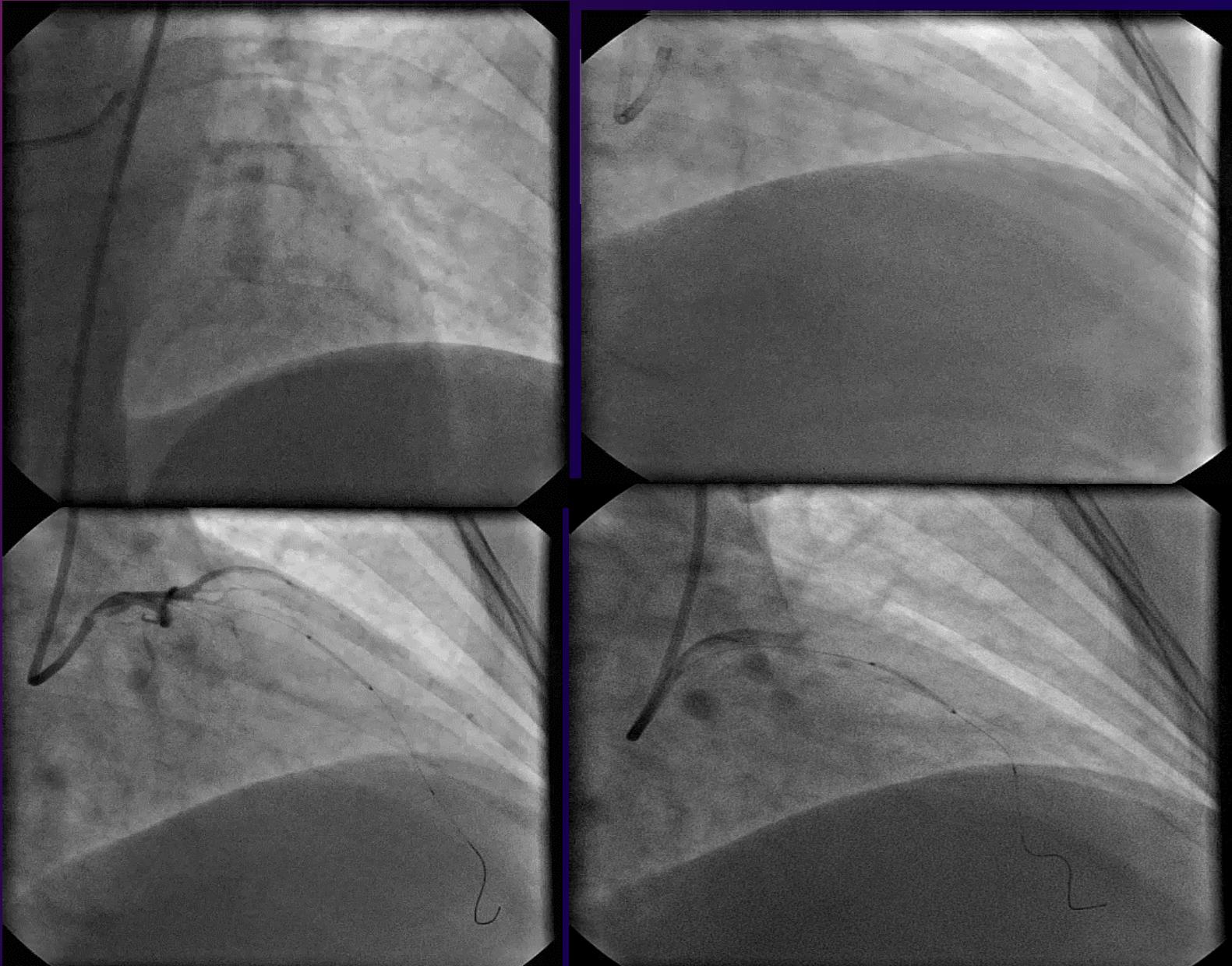
## PMH:

- PCI on LAD 4 years ago
- HTN

## DH:

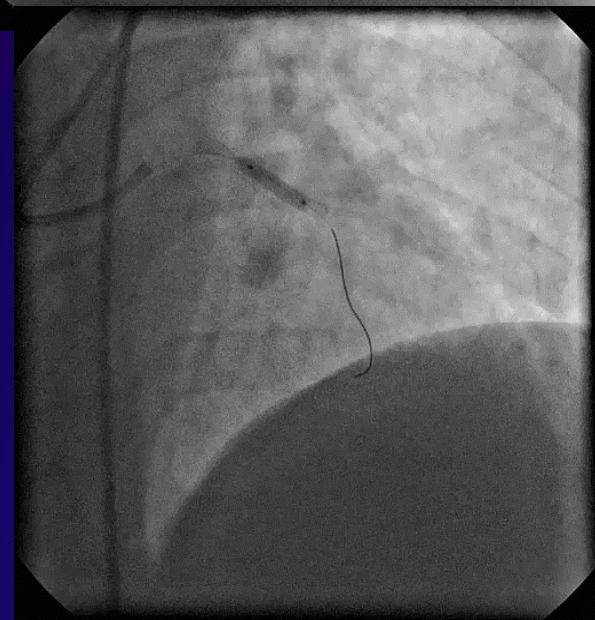
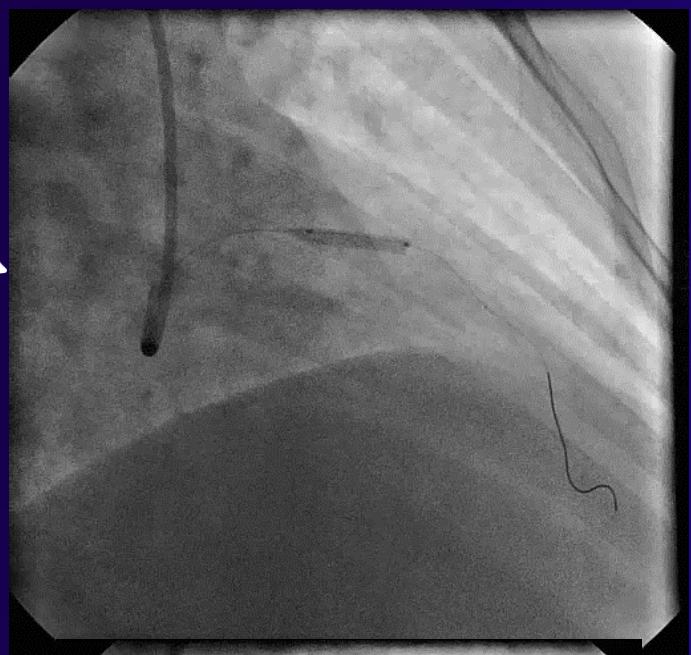
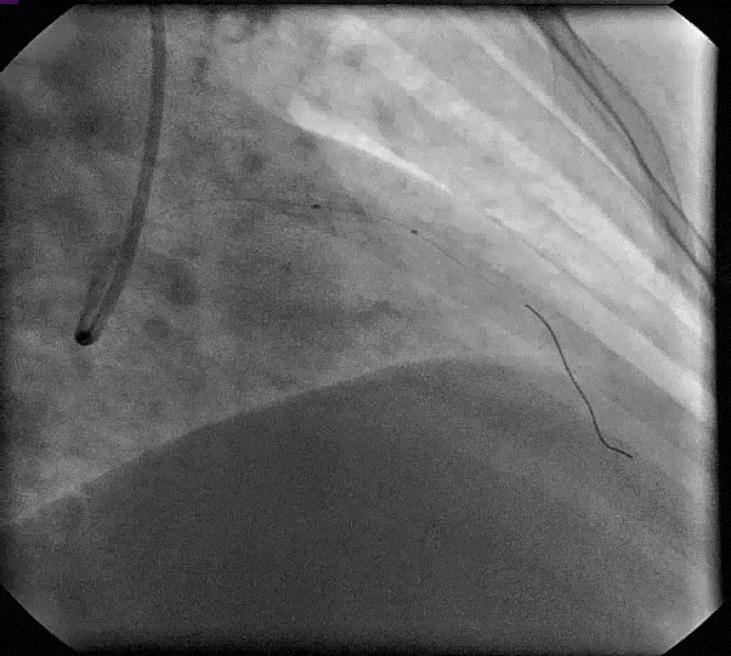
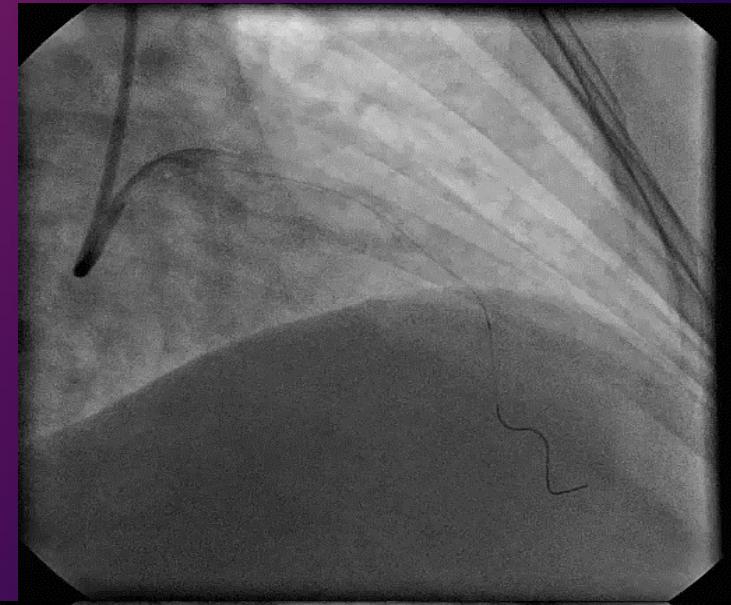
ASA	NC
OSVIX	Atorvastatin
Valsartan	Amlodipine

We reviewed previous procedure



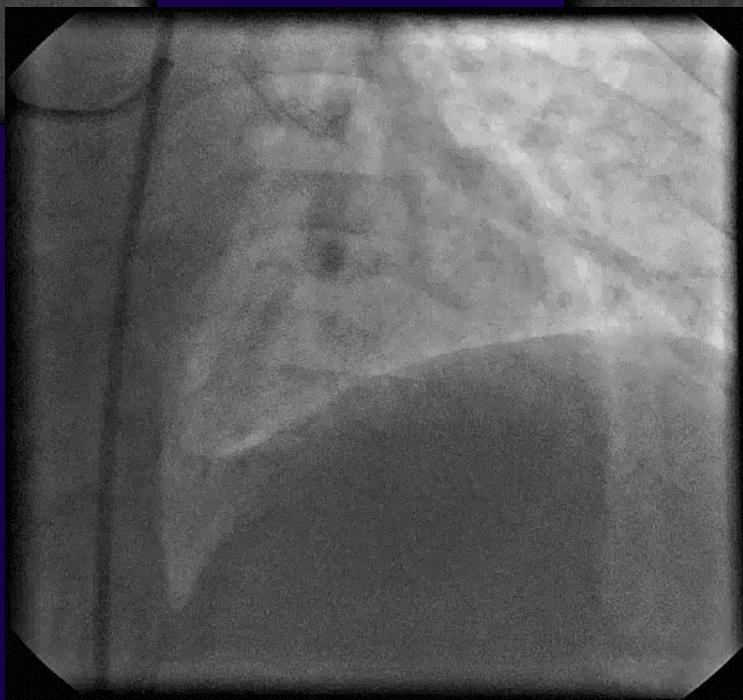
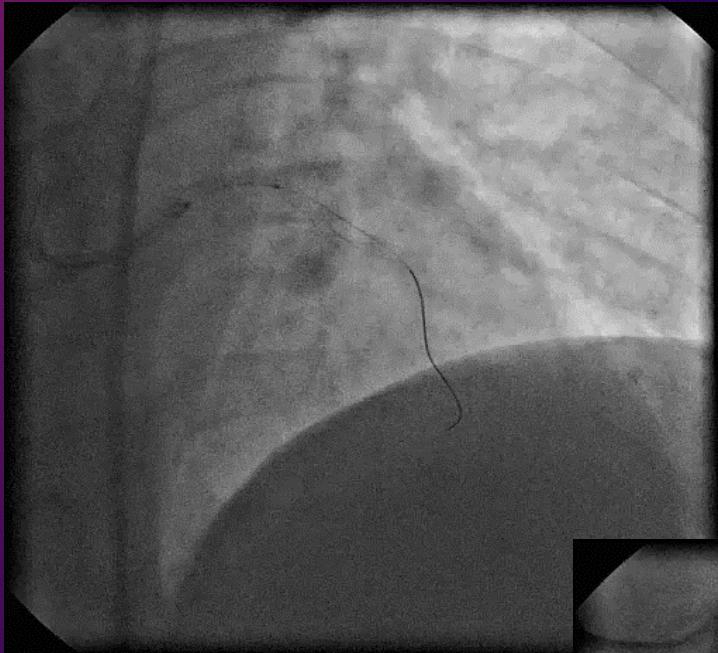
# We reviewed previous procedure

euro  
**PCR**

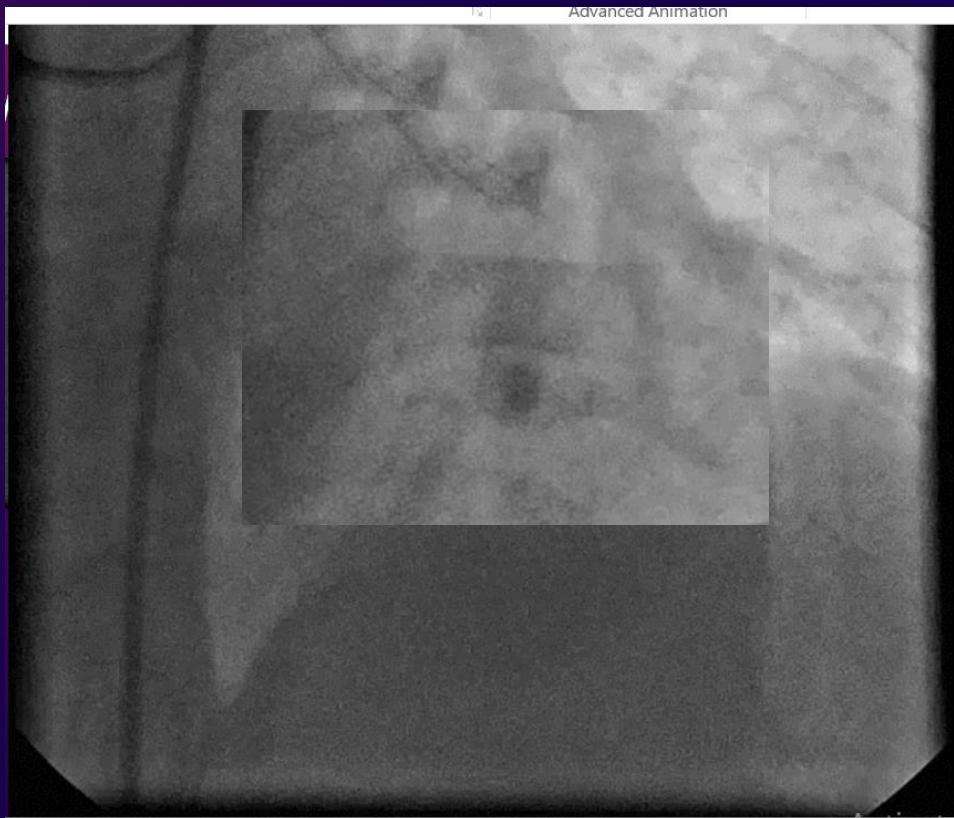


# We reviewed previous procedure

euro  
**PCR**



2021 | euro  
**PCR**

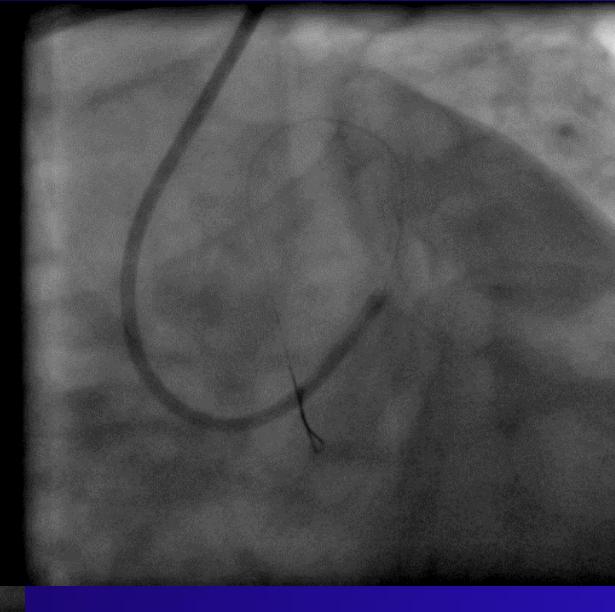
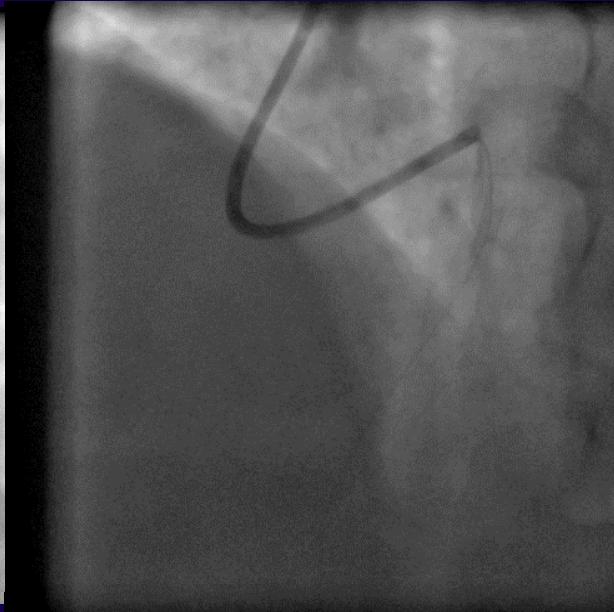
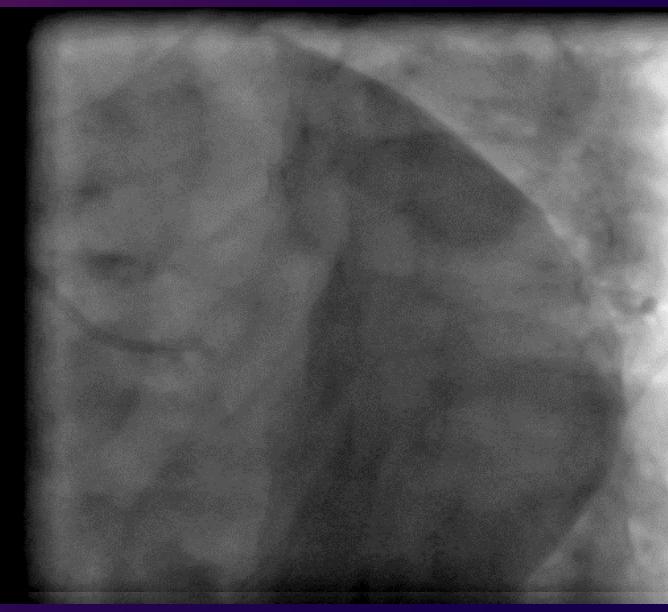
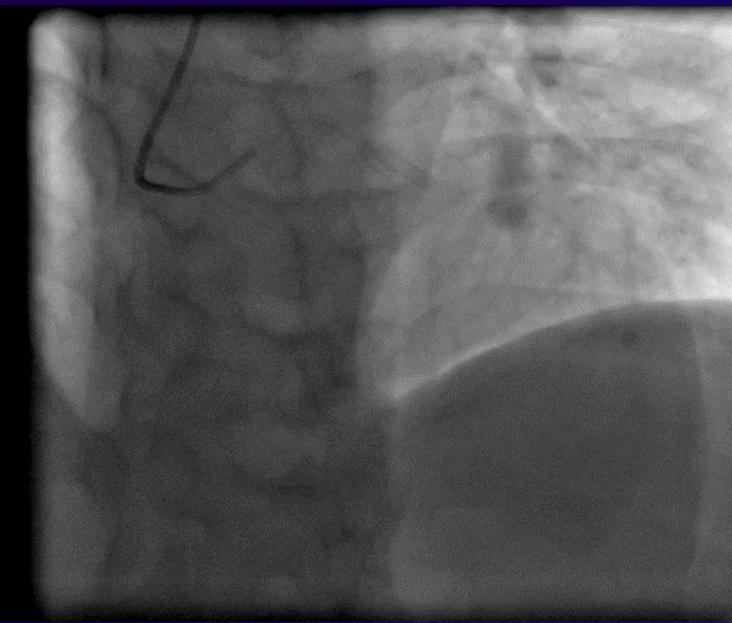




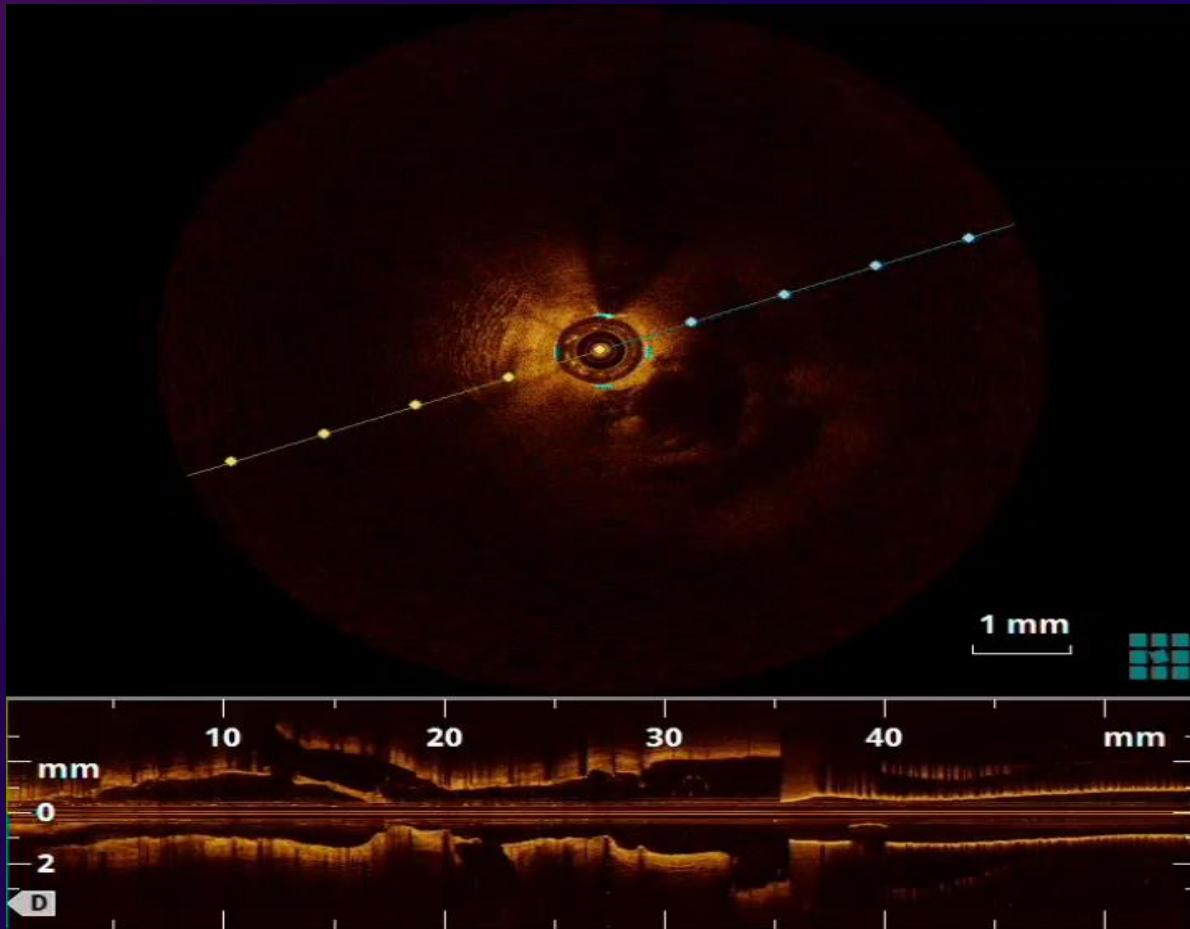
- Because of chest pain and to check what seems to be a mistake we performed angiography and OCT



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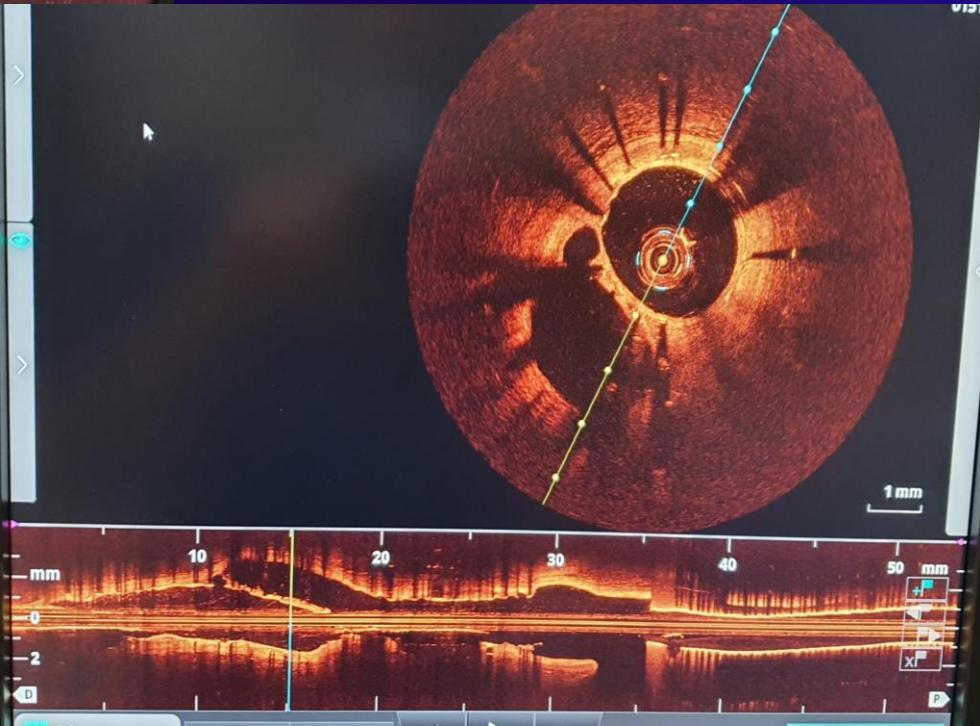
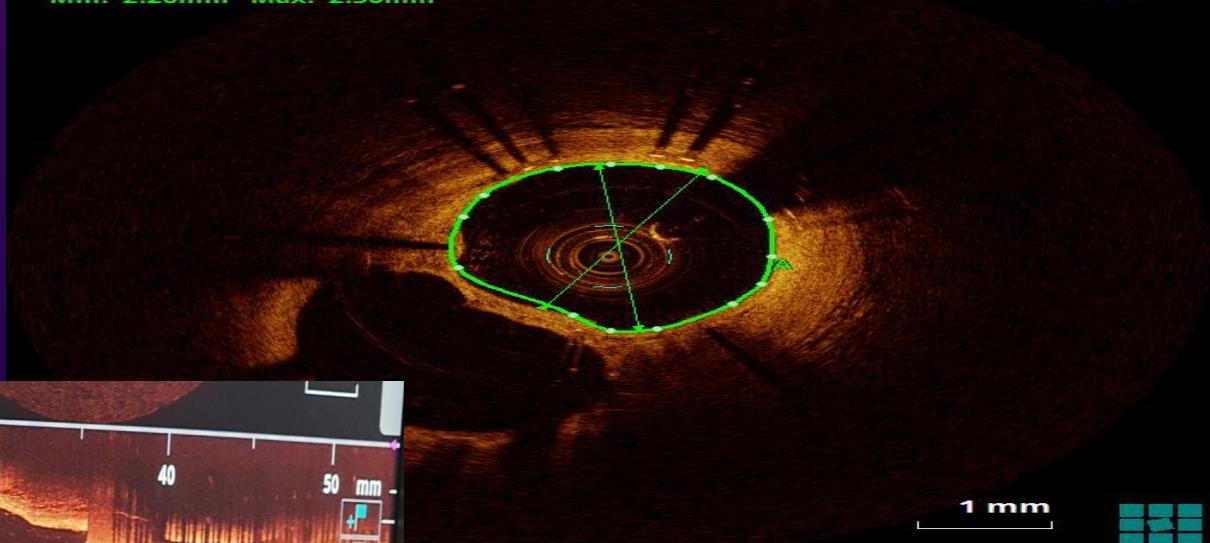


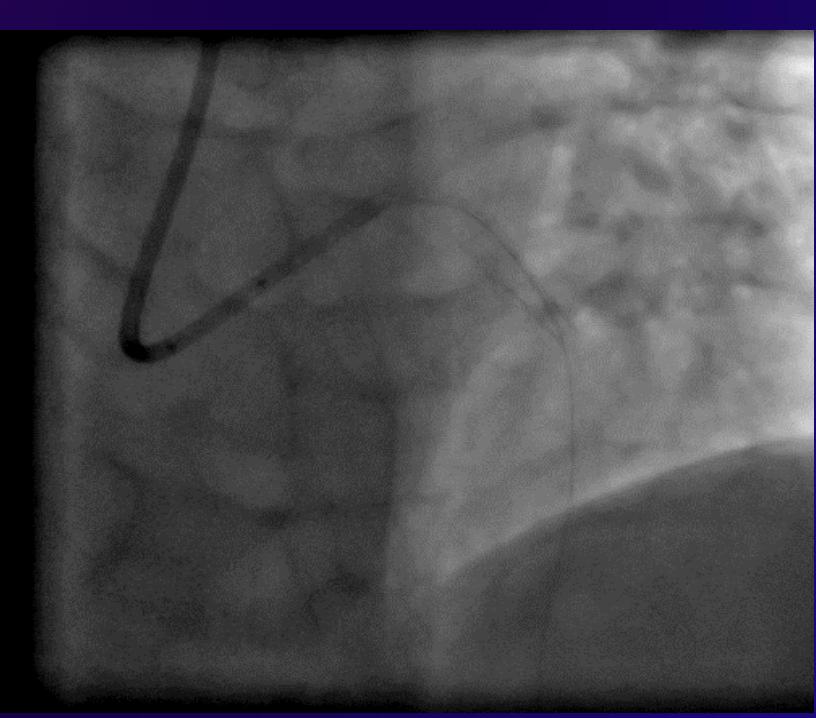
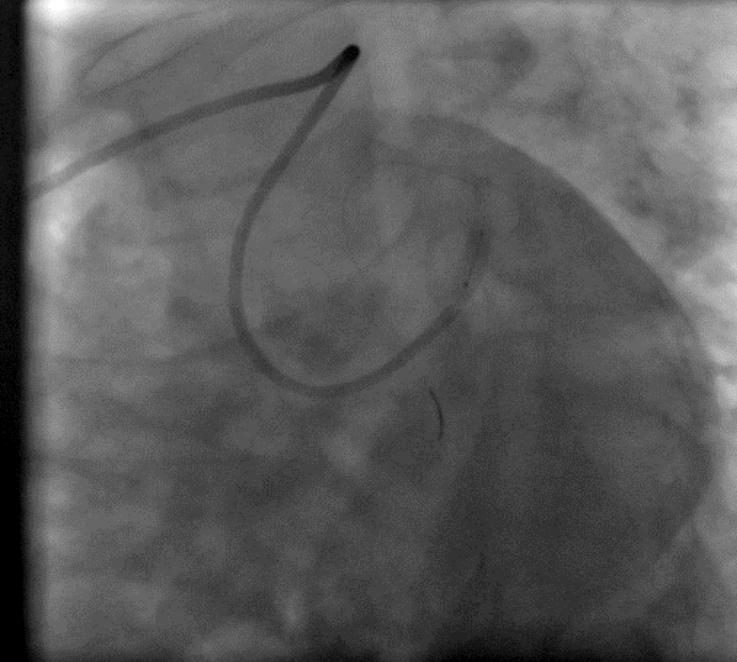
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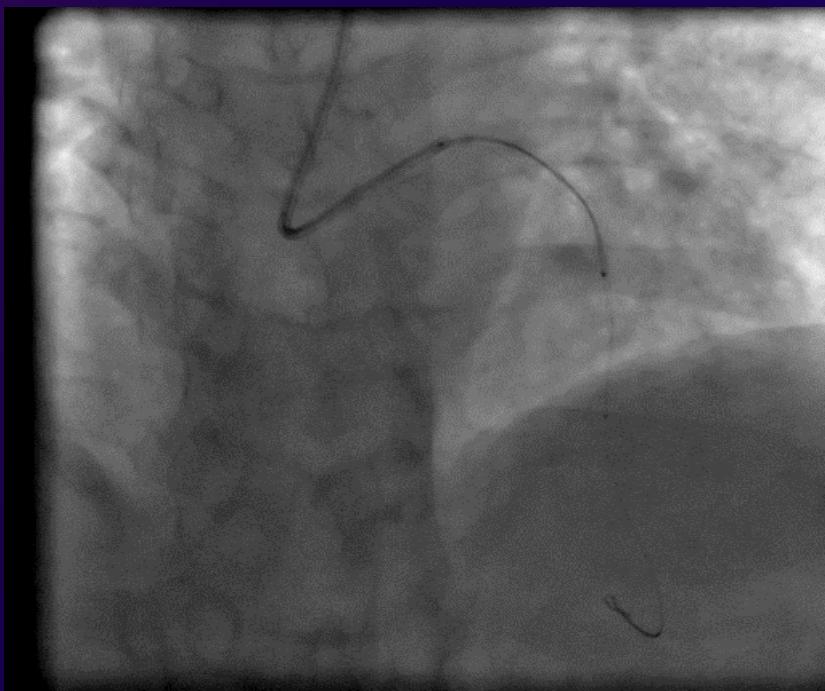
A Area: 4.56mm<sup>2</sup>  
Mean Diameter: 2.40mm  
Min: 2.26mm Max: 2.50mm

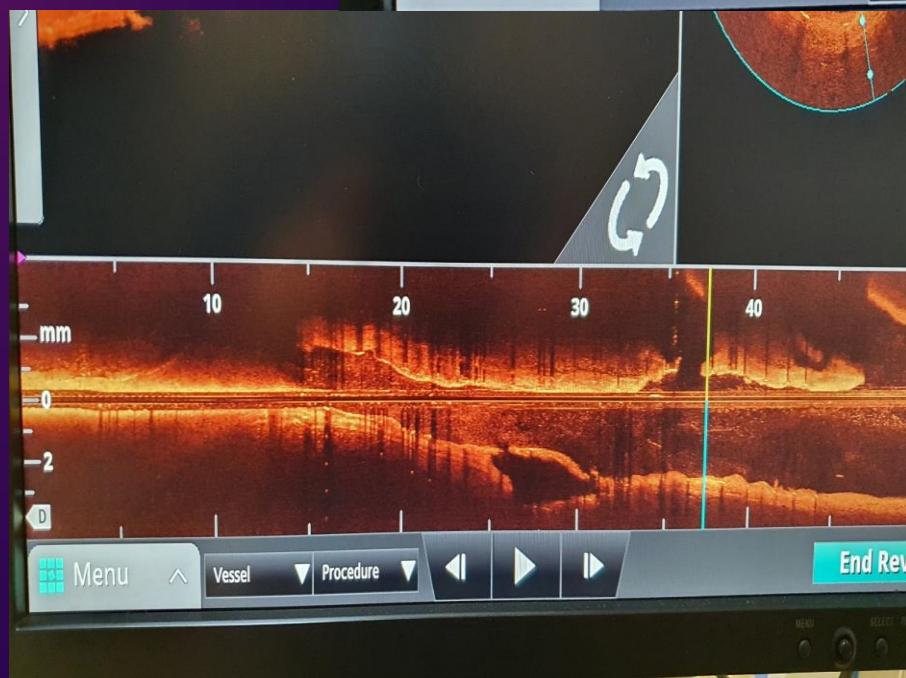
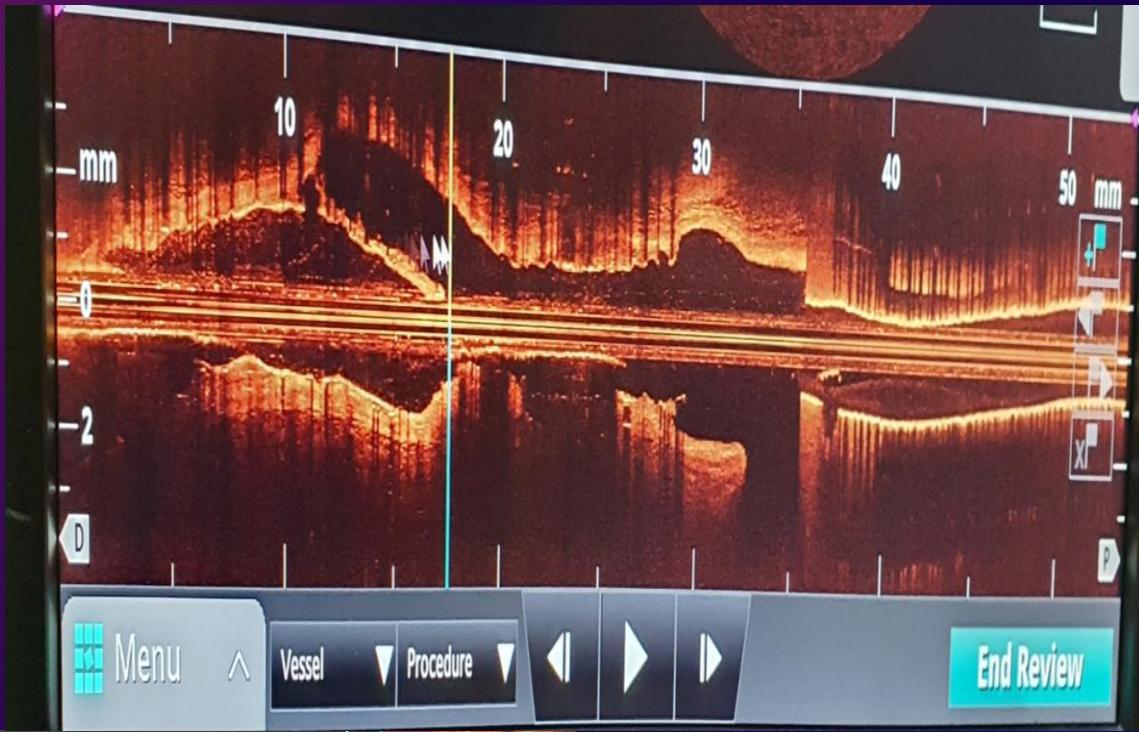
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## Take home message

- 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 shore us about optimization.
- 4 years later presentation with undersize stent in proximal LAD can happen with continuation of DAPT