Asymptomatic Migration of a Sirolimus-eluting Stent into the Aorta

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(A)  (B)

Picture 1.

Picture 2.
A 68-year-old man diagnosed with stable angina was treated for focal stenosis at the ostium of the left main coronary artery (LMCAos) using a sirolimus-eluting stent (SES; Cypher Bx Velocity; 3.5x8 mm) with post-stent ballooning using a 4.5-mm non-compliant balloon at 20 atm (Picture 1A). Intravascular ultrasonography performed after the procedure confirmed that the SES had optimally expanded and slightly protruded into the aorta from the LMCAos (Picture 1B, 2). Nine months later, the absence of the SES at the LMCAos with mild stenosis was revealed. Plain computed tomography revealed that the SES had migrated to the left posterior tibial artery (Picture 3A, 3B). However, the patient had no clinical chest or leg symptoms. Therefore, owing to the hinge stress at the LMCAos (1), the lack of the growth of the intima, and post-dilation shortening of the SES, SESs can migrate into the aorta with any symptomatic manifestations. Thus, physicians should pay a special attention to the indication of SES implantation in LMCA, because of unfavorable complications.

Reference