

# CARDIOVASCULAR INNOVATIONS

DIGITAL  
2020

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*incongruous, surreal or just  
outlandish?*

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in previously widely patent LAD artery stent not very  
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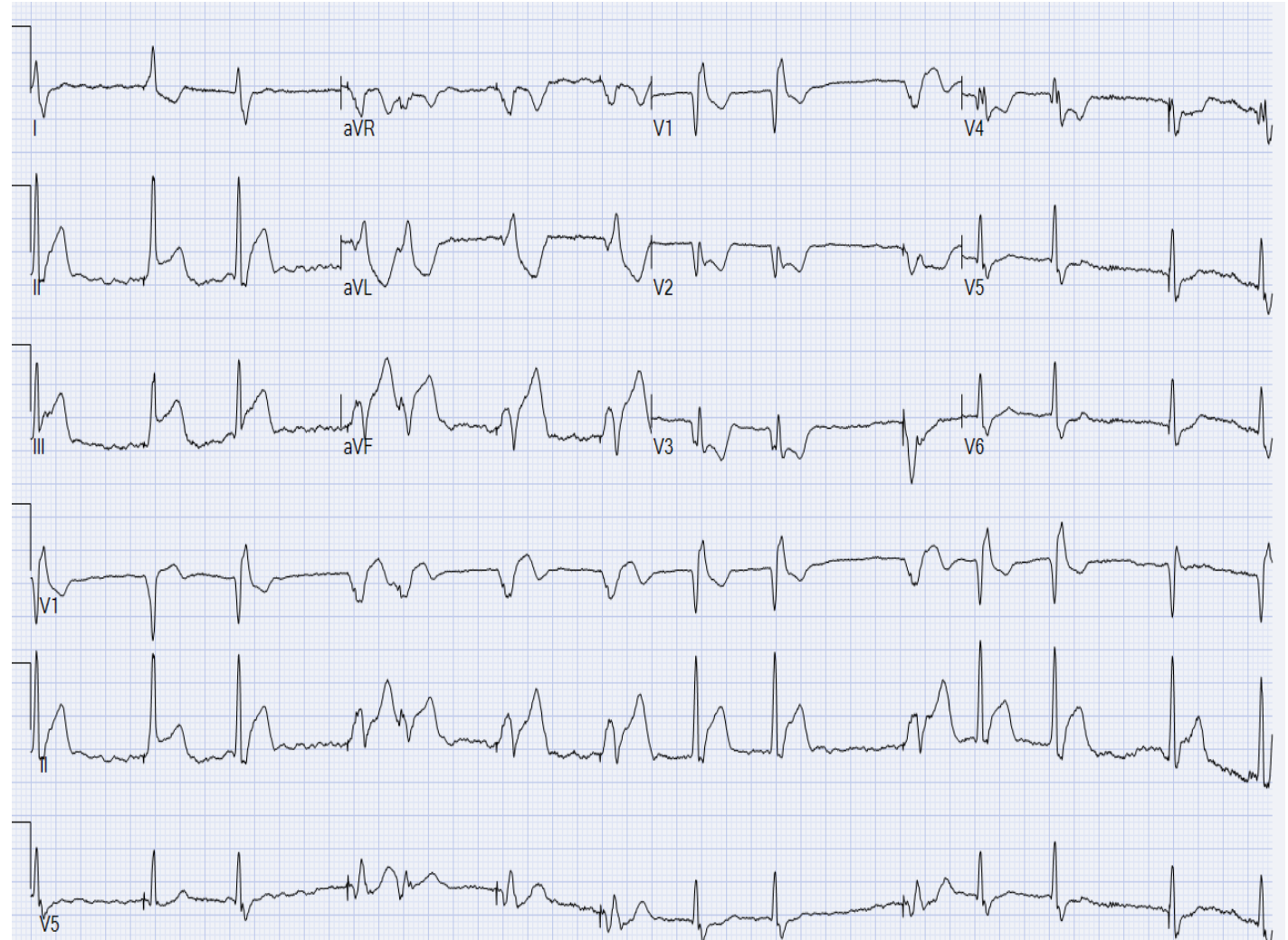
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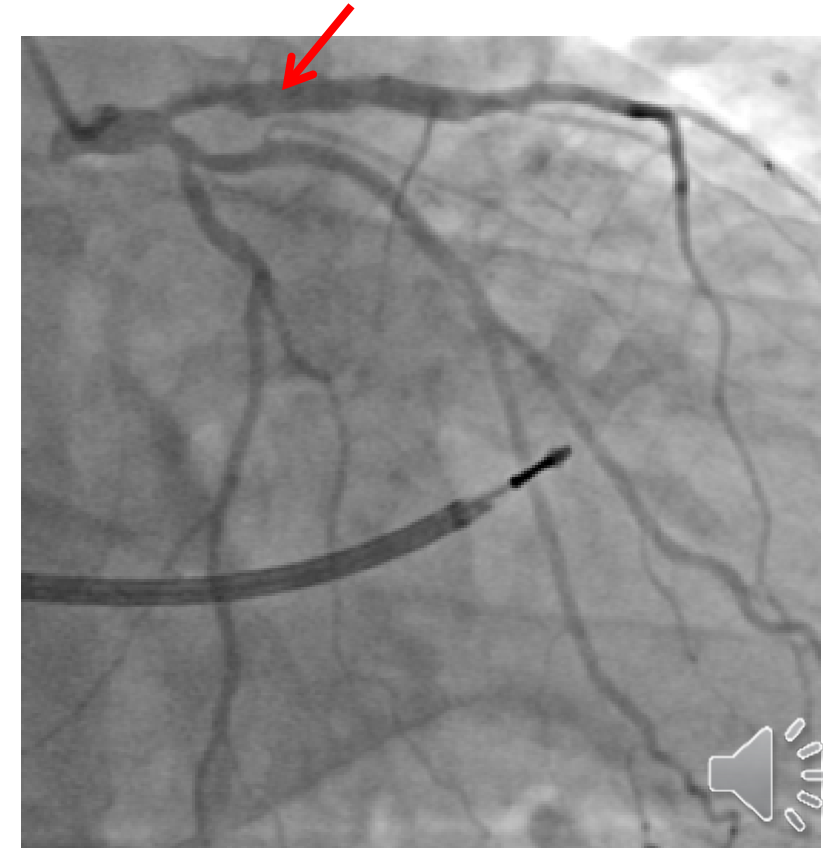
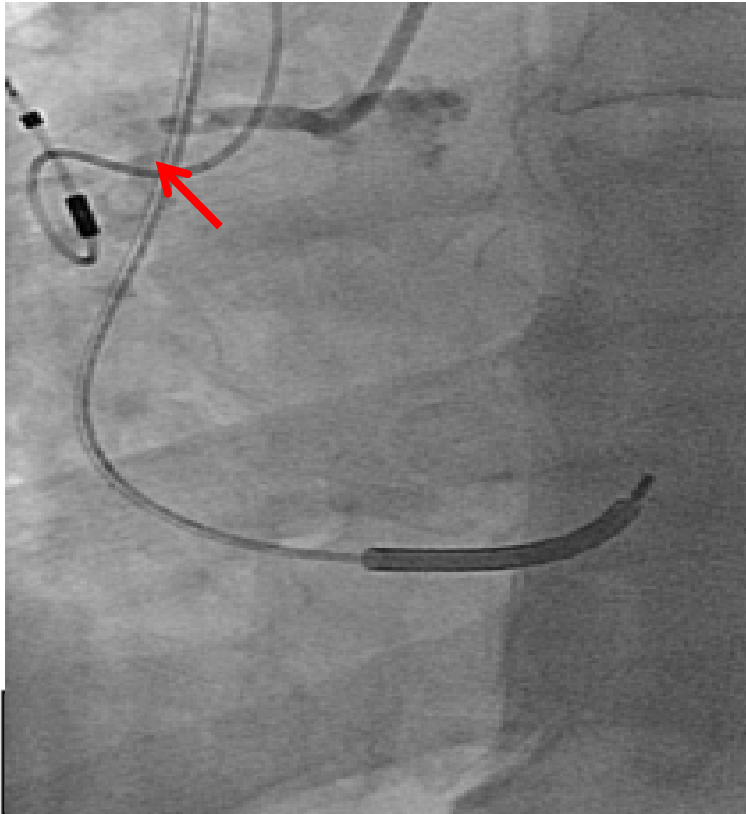
# Clinical presentation

- 51-year-old male with left anterior descending (LAD) stent 10 years prior and chronic controlled atrial fibrillation on therapeutic anti-coagulation with warfarin presented with typical chest pain (CP).
- Initial EKG showed acute infero-posterior ST elevation myocardial infarction (STEMI)

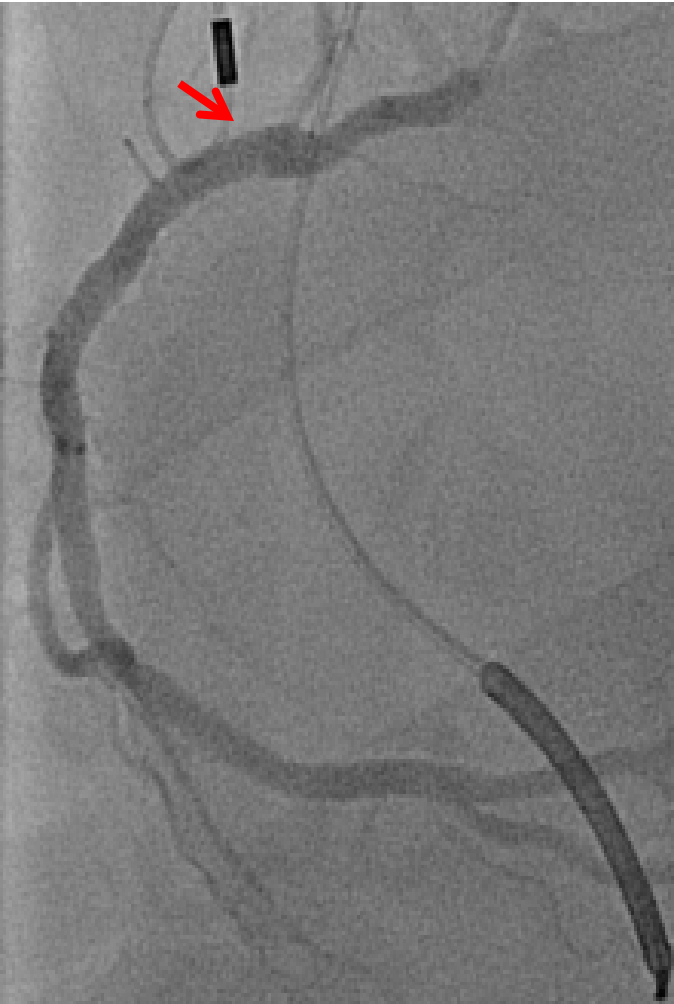


# Catheterization Findings

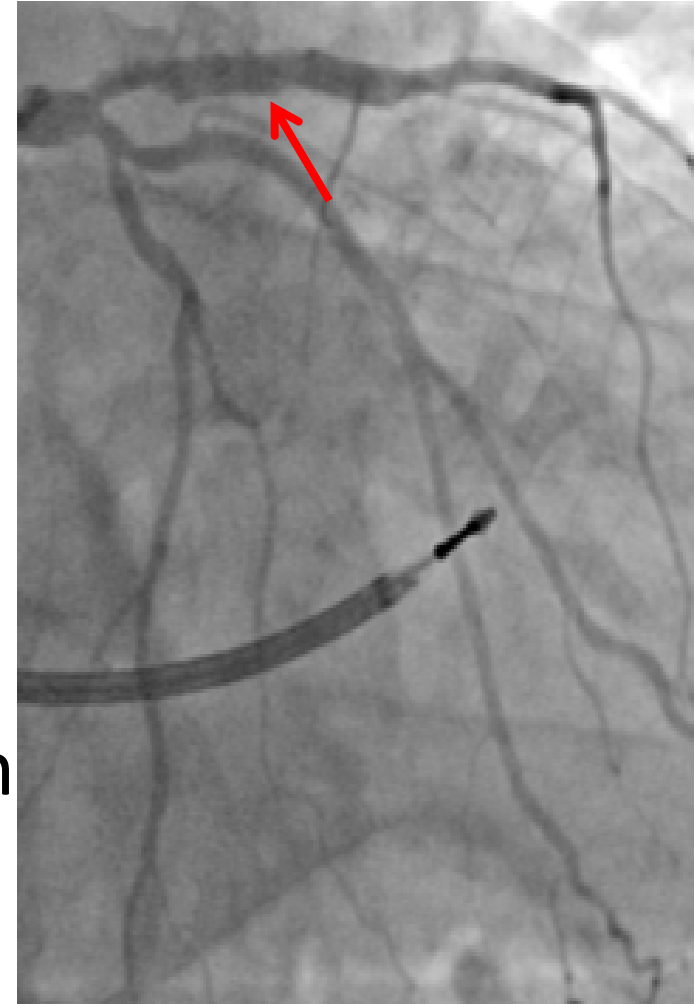
- Proximal RCA was the culprit lesion and primary PCI with a 3.5x28mm drug eluting stent (DES) was performed with excellent results.
- RAO caudal angiogram during index presentation revealing widely patent LAD stent.



# Clinical course

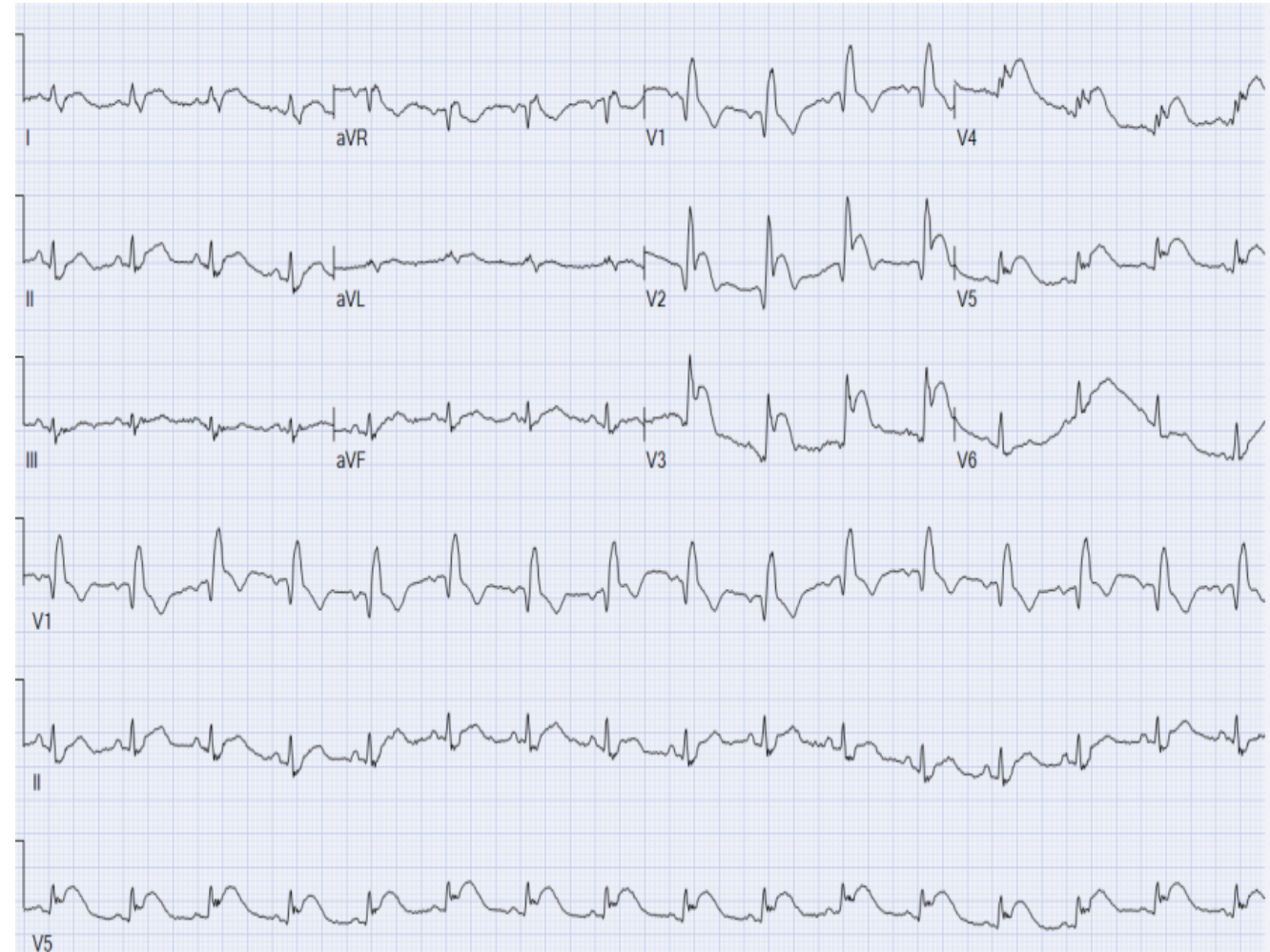


- Dual anti platelet (DAPT) regimen of Aspirin 81 mg and Plavix 75 mg daily after loading dose of 600 mg pre-PCI was continued.
- Echocardiogram showed LVEF of 30%.
- Because of recurrent chest pain 2 days later, repeat coronary angiography was performed showing patent RCA and LAD stents.



# Clinical course

- Patient had an episode of hematemesis, with no hemodynamic compromise and stable hemoglobin, so DAPT and warfarin were continued.
  - Emergent EGD showed gastritis and no intervention was required
- Four days later, chest pain recurred EKG showed acute anteroseptal STEMI.



# Emergent repeat angiogram



RAO caudal angiogram on day 6 revealing definite very late in-stent thrombosis of LAD.



LAD after Primary PCI with 3.5x26mm DES of in-stent thrombosis.

# Clinical course

- Clopidogrel response assay indicated normal P2Y12 receptor platelet blockade and hypercoagulable work up was negative.
- Triple therapy was modified to include aspirin 81 mg, ticagrelor 90 mg BID and apixaban 5 mg BID upon discharge.
- Smoking cessation counselling was successful, and patient has remained tobacco free.

# Teaching point

- Very late stent thrombosis (ST) following DES (drug eluting stent) is very rare, 5 events per 1000 DES.
- Gastrointestinal bleed, acute coronary syndrome, smoking and low ejection fraction (EF) are known risk factors of ST.

# Conclusion

“If it is supposed to happen, it will happen” is probably true. Prevailing risk factors predisposed the patient for this very unusual sequence of events.