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**CARDIOVASCULAR FLASHLIGHT**

**Extremely late drug-eluting stent thrombosis related to uncovered struts: the phantom menace**

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A 75-year-old man was referred to our institution for lateral ST-elevation myocardial infarction. He previously underwent a 2.5 × 18 mm sirolimus-eluting stent implantation on the first diagonal branch 9 years earlier for symptomatic stable coronary artery disease. He has been under aspirin for the past 8 years with an eventful evolution.

Thrombolysis, clopidogrel-loading dose, and enoxaparin were given 2 h after symptom onset, leading to prompt reperfusion (cessation of chest pain and ST-segment elevation normalization). Control coronary angiography revealed an intermediate stenosis on the proximal left anterior descending artery and no visible lesion within the stent (*Panel A, arrows; Supplementary material online, Video S1*). Optical coherence tomography analysis of this stent was then performed (Supplementary material online, Video S2). It showed correct neointimal coverage of the distal part of the stent (*Panel B*), but residual thrombus (*Panel C, arrows*), as well as uncovered struts (*Panels C and D, arrowheads*) and stent malapposition (*Panel D, arrows*) were observed on the proximal part of the stent. The final diagnosis was STEMI related to very late sirolimus-stent thrombosis consecutive to incomplete neointimal struts coverage. The troponin Ic peak was 64.8 µg/L. Echocardiography revealed lateral wall hypokinesia and left ventricle ejection fraction was measured to 50%. The patient was discharged under long-term double antiplatelet therapy (ticagrelor + aspirin).

This case illustrates that extremely delayed re-endothelialization process within the first generation drug-eluting stents exists and could eventually cause thrombotic complications many years after initial deployment. Optical coherence tomography imaging appears a valuable tool for culprit lesion identification and pathophysiology characterization in this situation.

Supplementary material is available at *European Heart Journal* online.

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