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**CARDIOVASCULAR FLASHLIGHT**

**The world’s longest follow-up after percutaneous coronary intervention, 37 years and still going strong**

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When in 1977 a 38-year-old man presented with unremitting unstable angina to the University Hospital of Zurich, Switzerland, an exception was made to the rule to reserve coronary angiography to patients refractory to extended medical treatment. A single lesion of the left anterior descending artery (LAD) was found (Panel A). Andreas Roland Grünzig (ARG) had been successfully performing peripheral artery balloon angioplasty for almost 4 years at that time and had been looking for over a year for a suitable patient to perform the first in-man coronary procedure with a miniaturized balloon, dedicated for coronary artery disease. On 16 September 1977 the world’s first percutaneous coronary intervention (PCI) remedied the stenosis in the LAD successfully. The patient remained symptom-free for 23 years when a new lesion just proximal to the initial one required a stent. Again he remained asymptomatic for 14 years when a coronary angiogram performed for recurrent exertional angina revealed a stenosis in the distal part of the stent placed in 2000, again just proximal to the historically initial lesion (Panel B). There was also a new stenosis in the proximal part of the right coronary artery (RCA, Panel C). Left ventricular function was normal (Panel D). A drug-eluting stent was placed in each the LAD (Panel E) and the RCA (Panel F). The exercise stress test the next day was normal. The patient was discharged on prasugrel 10 mg, rosuvastatin 10 mg and ramipril 2.5 mg (for hypertension).

This patient had formed a team with ARG to lay the ground for PCI, to date the most common therapeutic intervention in cardiovascular medicine if not in medicine in general. The outcome is remarkable with a 37-year course with just 2 short box-stops after 23 and 37 years, respectively. And the prognosis is excellent for this man, currently 75 years old and still professionally and socially very active.

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