

Management of calcific coronary

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Case presentation

A 67-year-old man presented to the emergency department with acute coronary syndrome. He had prior anterior ST segment elevation myocardial infarction and subsequent stenting to proximal left anterior descending artery in flush with left circumflex ostium 3 months prior to his presentation. Coronary angiography showed critical ostial left main artery disease, patent left anterior descending artery stent and significant ostial left circumflex lesion. The patient refused coronary artery bypass grafting. Our strategy was to stent left main / left circumflex coronary artery crushing LAD stent. Fortunately, both ostial left circumflex and left anterior descending artery were fixed but unfortunately there was type II stent fracture at ostial left main artery. Based on good patient hemodynamics, coronary flow and unusual site of stent fracture, we decided to manage him conservatively instead of stenting which is the default solution for stent fracture. We followed the patient with multi-slice computed tomography scan thereafter.

Conclusion

Overhang of an aorto-ostial stent with postdilatation may predispose to stent fracture. This type of stent fracture poses a great challenge in its management. Multi-slice computed tomography is the best method for diagnosis and follow up of such an aorto-ostial stent fracture.

Key words: left main coronary artery ostium, percutaneous coronary intervention, stent fracture, case report.

