

1108 Nodular Calcification Induced by Hinge Motion of Right Coronary Artery

A 71-year-old man with hypertension and history of smoking was suspected to be silent myocardial ischemia by coronary CT angiography. Coronary angiography revealed a severe coronary narrowing with a focal filling defect in the middle right coronary artery. We performed percutaneous coronary intervention with rotational atherectomy (RA) for the severely calcified lesion. Following RA, intravascular ultrasound (IVUS) and optical coherence tomography (OCT) demonstrated the lesion with nodular calcification and eccentric calcified sheet at the proximal and distal parts of the nodular calcified lesion. After intravascular imaging, the lesion of nodular calcification was successfully treated with implantation of everolimus-eluting platinum chromium stent.

Pathologically, nodular calcification is the least common form of calcification in the coronary artery and is typically observed in tortuous calcified vessels. Previous reports suggested that the formation of nodular calcification may be associated with the torsion stress. In the current case, nodular calcification was observed at a hinge point. We think the current case may help to advance the understanding for calcified lesion by coronary imaging.