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The side branch hematoma that re-entry was made by using NSE over the stent strut

The case is 77 years old man. The diagnosis is typical effort angina pectoris. CCTA showed moderate stenosis with calcification at mid LAD. We thought this stenosis caused this chest pain and we planned ad-hoc PCI for the patient. CAG showed 90% stenosis at mid LAD and we performed PCI to LAD. After we put the stent (Synergy 2.5*20mm) and did KBT between LAD and diagonal branch, we noticed that the hematoma was formed at Diagonal branch. We worried about the acute occlusion and tried making re-entry with using NSE and bailed out this situation. In usual, we use Cutting balloon for the hematoma after ballooning. But there is the risk that Cutting balloon could not be collected over stent strut. On the other side, if we put one more stent at the side branch (small vessel size), it is 2 stent strategy and there is a risk of restenosis. So we used NSE for the side branch hematoma over the stent strut, and IVUS showed re-entry. We report one case that it is useful using NSE for side branch hematoma over the stent strut