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A case of early progression to ACS from moderate stenosis lesion with FFR negative study

The patient was 70's male. We performed PCI at LAD lesion due to effort angina pectoris. Eight month later, coronary angiography revealed no ISR lesion. Two years later, F/U coronary CT showed a new lesion at proximal RCA. And then we performed coronary angiography, which revealed moderate stenosis at proximal RCA. We deferred PCI at this lesion, because FFR study was negative (FFR:0.96). However, two month later, he was transferred to our hospital due to rest chest pain. ECG revealed ST elevation at inferior leads with reciprocal change. We performed emergent coronary angiography. Coronary angiography revealed thrombotic total occlusive lesion at the proximal RCA. IVUS guided primary PCI was performed at the proximal RCA, and drug eluting stent was implanted at the proximal RCA of culprit lesion. We experienced the case of early progression to ACS from moderate stenosis lesion with FFR negative study. We report this case with consideration.