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A case of plaque protrusion was suspected to contributing factor of acute stent thrombosis after primary PCI of ACS.

A 72-year-old man, presented with dyspnea, was brought to our hospital due to acute decompensated heart failure on February 18th, 2019. Treatment with diuretics and vasodilator therapy improved his symptoms with time, however, the patient suddenly complained chest pain 2 days after admission. ECG revealed ST-segment elevation at inferior leads with elevated cardiac enzyme, emergent CAG was performed immediately. CAG showed thrombotic occlusion at mid RCA, subsequently primary PCI was performed. After thrombus aspiration, IVUS image showed ruptured plaque with residual thrombus at the culprit site. We implanted the 3rd generation stent(BP- PtCrEES) and finished the procedure with TIMI III flow.

However, 2 hours after procedure, the patient complained chest pain again, and ECG also showed ST-segment elevation at inferior leads. Therefore we performed CAG, which showed thrombotic occlusion at the stented site. IVUS image after thrombus aspiration showed plaque protrusion inside the stent, we performed additional post dilatation with non-compliant balloon inside the stent. Final IVUS image showed compressed plaque inside the stent.

Peri-procedural myocardial infarction following PCI is associated with adverse short and long outcomes. Furthermore, intra-stent protrusion is reported to be one of the important predictors of adverse events.

We report a case of plaque protrusion was suspected to contributing factor of acute stent thrombosis after primary PCI of ACS.