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A case of rapid in-stent restenosis by protruding coronary calcified nodule in the hemodialysis patient

The patient was a 65-year-old man, who had received hemodialysis for 2 years due to diabetic nephropathy. 3 years previously, stent implantation was performed in proximal and middle part of right coronary artery due to acute coronary syndrome. Follow up coronary CT and CAG showed in-stent occlusion (ISO) asymptotically and then he was admitted to take coronary intervention. After guide wire passed, ISO lesion was treated with combination of drug eluting stent (DES) and drug coating balloon (DCB). 3 months after, follow up CAG showed severe in-stent restenosis (ISR) in proximal RCA. Subsequently IVUS assessment was performed for ISR lesion. IVUS showed the eccentric protruding mass with high back scatter, signal attenuation, which was concordant with a calcified nodule (CN). The ISR lesion was successfully treated with DCB after high pressure balloon dilatation. PCI strategies for CN are mentioned as rotational atherectomy, high-pressure and scoring balloon. However, the best therapeutics for CN are unclear. Careful follow up is required in this case.