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Sirolimus-eluting stent fracture with thrombus, visualization by optical coherence tomography

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A 72-year-old man, with a history of old myocardial infarction, was admitted for angiography. The angiogram showed a 99% angulated stenosis in the right coronary artery (Panel A). Following implantation of two sirolimus-eluting stents (SES) (Cypher<sup>TM</sup> 3.5x23 mm, 3.5x18 mm) at the culprit lesion and dilatation with a 4 mm balloon at 20 atm, the angulated segment of the artery straightened (Panel B). Intravascular ultrasound demonstrated the well-apposed SES with no stent fracture nor plaque protrusion at the angulated site. Three months after cessation of ticlopidine with continued use of aspirin, an angiogram at 6-month follow-up showed a re-angulated coronary artery with contrast filling defect (Panel C). At this site, optical coherence tomography (LightLab<sup>TM</sup>) revealed the fractured stent at six o'clock with thrombus adhesion (Panel D).

### Figure legend

Coronary angiographies before (A) and after (B) sirolimus-eluting stent implantation. A well-dilated and straightened coronary was achieved by stenting. Six-month follow-up angiogram (C) showed a re-angulated coronary with contrast filling defect (arrow). Optical coherence tomography images at angulated coronary site show a fractured stent with attached thrombus (D).

