

中文題目：在一位曾經心肌梗塞以及接受過冠狀動脈藥物支架置放的32歲男性急性冠心症患者

英文題目：Acute Coronary Syndrome in a 32-year-old male with previous myocardial infarction and drug-eluting coronary stenting

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Abstract:

A 32-year-old male presented to the ER with cold sweating and vomiting after exercise on Feb 1, 2015. Tracing back his history, he suffered from ST Segment Elevation Myocardial Infarction (STEMI) in 2011 and two bare-metal stents (BMS) were implanted in the proximal left anterior descending artery (LAD) in a regional hospital. He quit smoking after STEMI and received regular medical treatment. However, recurrent MI was noted in 2013 and one drug-eluting stent (DES, size 3.5x23mm) was implanted in the proximal LAD due to BMS in-stent-restenosis (ISR) in another regional hospital.

This time, 12-lead EKG revealed QS pattern over V1-V4 without significant ST segment elevation compared with the baseline tracing. However, typical elevation of cardiac enzymes confirmed the diagnosis of MI and then early coronary angiography was performed. ISR of DES in the proximal LAD was found and percutaneous coronary intervention (PCI) was initiated with thrombus aspiration using a Eliminate catheter. Coronary flow was largely improved in the LAD and then Intravascular ultrasound (IVUS) was used to evaluate the possible etiologies of ISR of DES. After careful examination, IVUS confirmed under-sized stents composed of prior BMS and DES in the proximal LAD with a diameter of 5 mm without much residual tissues on the inner lumen. Angioplasty with a non-compliant balloon (5.0 x15 mm) was performed and then we rechecked IVUS which showed complete stent apposition in the proximal LAD.

After PCI, autoimmune and hematologic disorders were excluded after serial laboratory tests and this patient discharged a few days later with regular follow-up visits till now without any discomforts.

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Conclusions:

1. Angiographic guided PCI is feasible but not always adequate
2. Application of Image modalities like IVUS will facilitate and intensify our PCI strategies, especially in the DES era.
3. Always consider cardiovascular manifestations of other Non-CV disease.