Controlled removal of a dislodged stent causing myocardial ischemia 1 year after stent placement

Iskemiye neden olan koroner ostiyumunda sıyrılmış stentin bir yıl sonra kontrollü olarak geri alınması

The potential complications of stent dislodgement include coronary occlusion and thrombosis, myocardial infarction and even life-threatening systemic embolization. Since dislodged stents can cause severe complications, removal of the stent should be the main goal.

A 61-year-old female presented to the clinic for exertional dyspnea and chest pain increasing for the last two months. Patient had a history of percutaneous closure of atrial septal defect (ASD) 10 days ago and stent implantation to the left circumflex artery (LCX) and right coronary artery (RCA) 1 year ago in another hospital. We reviewed the cine angiographic images during the closure of ASD and detected an unopened stent in the RCA ostium causing total occlusion. About one third of the stent was out of the coronary artery (RCA) 1 year after stent placement.

A 34-year-old male patient was admitted to our outpatient clinic for the cardiac source of emboli after transient ischemic attack (TIA). Arrhythmias were not documented and no thrombophilic risk factors could be identified. An electrocardiography showed a sinus rhythm. Two-dimensional transthoracic echocardiography revealed drop-out at interatrial septum. Double interatrial septum (IAS) is a rare anomaly in which there is a double-walled atrial septum with a persistent midline space between the two atria. It is most likely resulting from persistence of the embryologic left venous valve or an abnormal duplication of septum primum.

Three-dimensional transesophageal echocardiographic evaluation of a patent foramen ovale accompanied with interatrial septal space

Patent foramen ovale ve interatriyal septal boşluk birlikteliğinin üç boyutlu transözefajyal ekokardiografi ile değerlendirilmesi

Until now, few cases with double IAS have been reported; most of them are associated with PFO. Transient ischemic attack is seen approximately 5% of patients with PFO. Double IAS is a rare anomaly which may cause TIA. This case demonstrated PFO and double IAS in the cardiac source of emboli after transient ischemic attack.