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Multivessel Stenting: Sustained Patency of the R stent SVS at 7 Months Angiographic Follow-up Versus Other Simultaneous Larger Stent

CASE DETAILS:

The patient is a 68 year old male with hyperlipidemia who had an acute inferior myocardial infarction lysed with streptokinase (April 2002). For subsequent evidence of inducible myocardial ischemia, the patient underwent cardiac catheterization and coronary angiography, showing significant stenosis of the middle RCA and of the proximal LAD, and significant "tandem" stenosis of the distal LAD (Figure 1 and 2), with preserved left ventricular ejection fraction (58%). In July 2002, the patient was treated with multivessel coronary angioplasty and stent implantation (EuroCOR Megaflex 3.5 x 19 mm on the middle RCA; BX Sonic 3.5 x 8 mm on the proximal LAD; **R stent SVS** 2.25 x 15 mm on the distal LAD) (Figure 3, 4, 5 and 6).

Because of effort angina and stress test positive for inducible myocardial ischemia, in February 2003 the patient underwent repeat coronary angiography, showing in-stent restenosis on the larger middle RCA EuroCOR stent, treated with in-stent stenting (Cypher 3.0 x 18 mm) and disease progression on the distal RCA, treated with stenting (Multilink Vision 3.0 x 15 mm) (Figure 7 and 8). The distal LAD treated with the SVS 2.25 mm **R stent** had remained perfectly patent (Figure 9).

