BeGraft
coronary

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Fast growing coronary aneurysm

Patient history

A 70 year old male with hypertension and a history of coronary pre-diseases presented to our clinic. In May 2013 he got a conventional stent placed in the middle segment of the anterior descending artery, with subsequent in-stent restenosis, and thus placing of a DES in June 2016.

He returned in our clinic in September 2017 due to acute coronary syndrome without ST segment elevation. We performed a coronary angiography where aneurysmal dilatation was observed in the proximal anterior descending artery, prior to the stent. Due to personal reasons of the patient immediate treatment was postponed.

Angiographic findings

In November 2017 the patient came to the clinic due to a new acute coronary syndrome without ST elevation. Echocardiography was normal. It is studied again by cinecoronariography, confirming a 70 % ostial lesion of the anterior descending artery and an increase in the size of the aneurysm detected in September 2017.

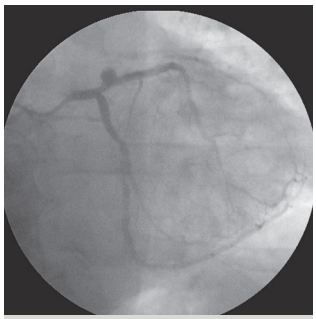
Procedural course

Percutaneous access was established through the right femoral artery with 6 Fr introducer. Selective catheterization of the left coronary artery is performed with XB 3.5 catheter. The angiographic control showed an increase in the size of the aneurysm (within 10 days). A passage of two 0.014 guides was made to the distal circumflex artery and the anterior descending artery. Pre-dilation of the left coronary artery was made with a balloon 2.0 x 15 mm at 12 atm at the level of ostial stenosis. For exclusion of the aneurysm we placed a BeGraft coronary 3.5 x 18 mm at 12 atm. The subsequent angiographic control confirmed the complete exclusion of the aneurysm and a complete resolution of the stenosis in the ostial segment. The patient evolved favorably, without complications. He was discharged 48 hours post-procedure.

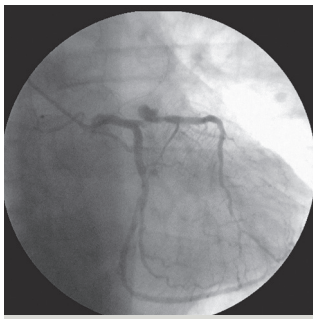
Comments and conclusion

The decision to choose a covered stent was based on the rapid growth of the aneurysm within a short time. The BeGraft coronary is indicated for the treatment of coronary aneurysms and provides the smallest profile available in conjunction with an excellent trackability and navigability. It has a great flexibility and a low profile and allows the use of a 5 Fr guiding catheter. For eventual complications in this procedure we have chosen a 6 Fr catheter for access as the patient had an ostial disease of the anterior descending artery.

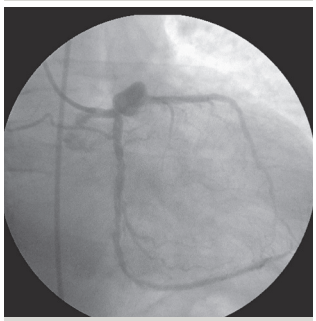
From its handling the system provides a very pleasant feeling at the touch and the manipulation of the system (stent and shaft) and is very comfortable and agile.



07-Sep-2017



13-Nov-2017



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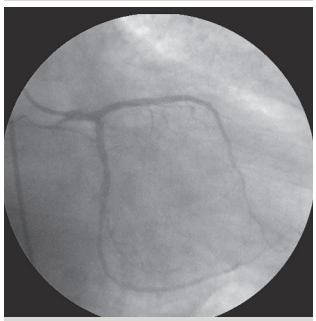

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