Plaque rupture in a non-culprit artery detected by optical coherence tomography and treated with plaque capping

G. Sengottuvelu a,*, Ravindran Rajendran b

a Senior Consultant Cardiologist, Apollo Hospitals, Chennai 06, India
b Associate Consultant Cardiologist, Apollo Hospitals, Chennai 06, India

A 52 yrs old male presented with ST elevation anterior wall myocardial infarction with chest pain of 2 h duration. Coronary angiogram showed occluded mid left anterior descending (Fig. 1A & Video 1) artery for which primary PCI was done (Fig. 1B & Video 2) with a bioresorbable vascular scaffold (BVS). Caudal view showed filling defects in the left circumflex (LCX) artery with preserved TIMI III flow (Fig. 1C, D & Video 3). OCT of LCX artery showed a ruptured plaque with significant plaque burden (Fig. 1E). Hence LCX was treated with another BVS capping the ruptured plaque (Fig. 1F & Video 4).

Supplementary data related to this article can be found online at http://dx.doi.org/10.1016/j.ihj.2014.10.404.

Non-significant plaque events leading to acute coronary syndromes (ACS) are more common and multiple plaque ruptures are known to occur during acute coronary syndrome.1 Early reports on BVS for ACS are promising.2 Many of

* Corresponding author. Tel.: +91 44 28294343x6753; fax: +91 44 28294429.
E-mail address: drsgeng@gmail.com (G. Sengottuvelu).
http://dx.doi.org/10.1016/j.ihj.2014.10.404
0019-4832/Copyright © 2014, Cardiological Society of India. All rights reserved.
these unstable plaques gets stabilised with the medications, but in our case, significant plaque burden with a large ruptured cavity predisposing for thrombus formation was noted and hence PCI was done with BVS capping the plaque. Transient scaffolding by capping unstable plaques may heal these lesions, though further studies are needed.

Conflicts of interest

All authors have none to declare.

REFERENCES
