IMAGES IN INTERVENTION

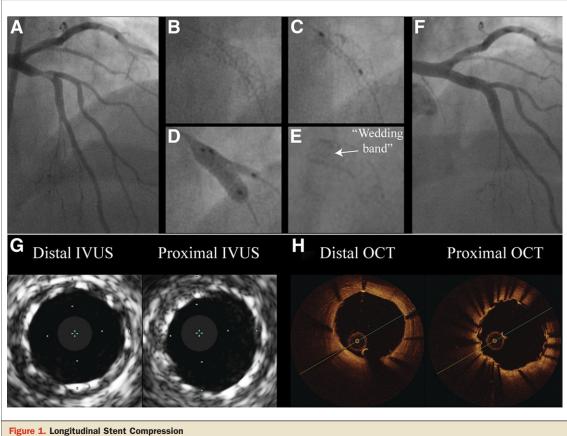
Longitudinal Stent Compression Demonstrated by Angiographic "Wedding Band" and 3-Dimensional Optical Coherence Tomography

Jason Foerst, MD,* Nicolas Foin, PhD,† Bruce Hettleman, MD‡

Roanoke, Virginia; London, England; and Lebanon, New Hampshire

A 69-year-old man presented with a non-STsegment elevation myocardial infarction. He underwent coronary angiography revealing a hazy, 90% lesion in the proximal left anterior descending

(LAD) artery and a 60% lesion in the ostial first diagonal (D1) (Fig. 1A). The LAD lesion was treated with aspiration thrombectomy and implant of a 3.5 × 16 mm Promus Element (Boston



IVUS= intravascular ultrasound; OCT=optical coherence tomography.

From the *Cardiology Section, Virginia Tech-Carilion School of Medicine and Research Institute, Roanoke, Virginia; †International Centre for Circulatory Health, Imperial College, London, England; and the ‡Cardiology Section, Geisel School of Medicine, Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire. The authors have reported that they have no relationships relevant to the contents of this paper to disclose. Manuscript received August 2, 2012; accepted August 16, 2012.



Figure 1. Longitudinal Stent Compression Continued

Scientific, Natick, Massachusetts) at 12 atm (Fig. 1B). Following post-dilation with a 3.5-mm noncompliant balloon, the stent appeared compressed with obvious shortening and a proximal "wedding band" effect due to increased strut density (Figs. 1C and 1E). This bunching of stent struts was confirmed by intravascular ultrasound (Fig. 1G). The D1 was then wired through the LAD stent side cell and kissing balloon inflations with a 3.75-mm balloon in the LAD and a 2-mm balloon in the D1 were performed (Figs. 1D and 1E).

He presented with chest pain 4 days later and underwent coronary angiography revealing a widely patent stent (Fig. 1F). Optical coherence tomography was performed, and it revealed a well-apposed LAD stent with compression of the proximal segment by 4 mm (Fig. 1H). Because the stent was well apposed with TIMI (Thrombolysis In Myocardial Infarction) flow grade 3, no intervention was performed. Off-line 3-dimensional rendering of the optical coherence tomography data were performed confirming the longitudinal compression (Fig. 1I).

Designed for improved deliverability, the platinum alloyed Promus Element stent has 81- μ m struts and fewer connecting elements than the original Promus stent does. Bench-top models suggest that this design increases vulnerability of longitudinal compression and elongation (1). As next-generation stents strive for improved flexibility, the optimal treatment strategy and long-term consequences of longitudinal compression warrant ongoing investigation.

Reprint requests and correspondence: Dr. Jason R. Foerst, Virginia Tech-Carilion School of Medicine and Research Institute, 127 McClanahan Street, Suite 300, Roanoke, Virginia 24014. E-mail: jrfoerst@carilionclinic.org.

REFERENCE

 Ormiston JA, Webber B, Webster MW. Stent longitudinal integrity: bench insights into a clinical problem. J Am Coll Cardiol Intv 2011;4: 1310-7