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

İskemiye 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 (Video 1, 2. See corresponding video/movie images at www.anakarder.com). Myocardial perfusion scintigraphy revealed ischemia in RCA regions. We took the patient to catheter laboratory for removing the unopened stent. Coronary angiography confirmed that the stent was dislodged and endothelialized. We grabbed the stent using snare and pulled out the stent gradually (Fig. 1). Aortic root imaging was performed in order to visualize the complications such as aortic dissection and was normal. No other complications developed. Since patient had ischemia in RCA



Figure 1. Endothelialized unopened stent

region we planned intervention to chronic total lesion in RCA after 1 month considering the endothelia recovery.

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Video 1, 2. Coronary angiogram shows an unopened stent in the RCA ostium. About one third of the stent was out of the coronary artery

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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 transözofajiyal ekokardiyografi ile değerlendirilmesi

Patent foramen ovale (PFO) is a common clinical finding, affecting 10 to 24% of the general population and is a result of an incomplete fusion of the 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.

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. Two-dimensional transesophageal echocardiography detected a high mobile membrane adjacent and parallel to the IAS (Fig.1A and Video 1. See corresponding video/movie images at www.anakarder.com) and also showed PFO with left- to- right shunt (Fig. 1B and Video 2. See corresponding video/movie images at www.anakarder.com). Three-dimensional transesophageal echocardiography was performed and confirmed double IAS (Fig. 2A, B, asterisk and Video 3, 4. See corresponding video/movie images at www.anakarder.com).

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