



"Acute myocardial infarction, double culprit lesion secondary to double subacute stent thrombosis".



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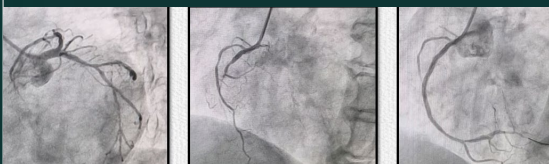
Clinical case

Female 79 years old, Hypertension, Diabetes, current smoking.

Cardiovascular history: Inferior STEMI, Primary PCI to RCA (02/08/2025) Sequential (Stent Thrombosis) + PCI to RCA + LAD (03/06/2025). LVEF 36%

Treatment: DAPT High-intensity statins, beta-blockers, ACEIs, GLT2 inhibitors, MRAs, biguanides.

Coronary angiography (2025/02/08).



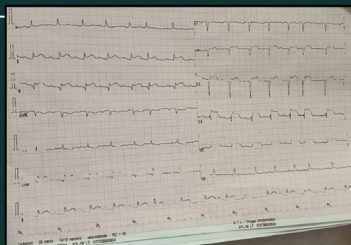
Proximal LAD: 90% , Proximal Cx 80%. RCA; Total thrombotic occlusion. PCI - RCA. Stent Xience Sierra 2.5X38 mm , 2.75x15mm.

Clinical evolution 2025/04/11

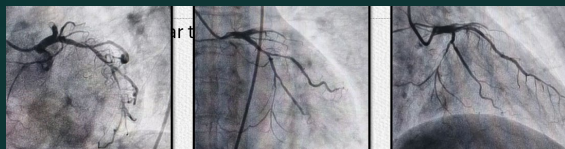
Heart failure decompensation

Chest pain

STEMI infarction anterior and inferior



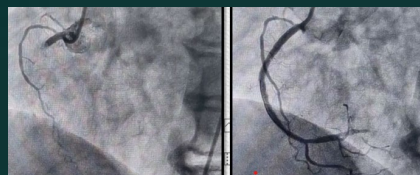
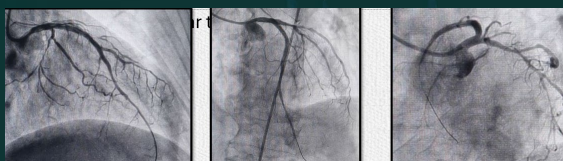
Coronary angiography (2025/04/11).



Proximal left anterior descending artery with stent in total thrombotic occlusion.

Coronary guidewire and balloon angioplasty of the distal LAD using a 2x12 mm SC balloon. IVUS Eagle eye malposition and distal geographic miss. PCI distal LAD with NC Trek Neo 4x12 mm balloon and angioplasty in-stent with medicated balloon. Agent 4x30mm. IVUS final ALM 9mm², Expansion 90%.

Percutaneous coronary intervention, LAD (2025/04/11).



RCA Stent from ostium to the end of the vertical segment, in total thrombotic occlusion. At the RCA using a NC 2.5x20 mm , not restored flow distal artery. Aspiration thrombectomy and IVUS eagle eye whit malposition. Balloon angioplasty of the RCA using a NC balloon 4x20 mm , restored flow distal artery and medicated balloon. agent 3x30mm

Case resolution

The patient was monitored in intensive care unit.

Intensive antithrombotic regimen with a combination of dual-antiplatelet therapy was used.

The patient was discharged at day 7, with decreasing troponin, normal kidney function, and no hemorrhagic complications.