

A case of coronary artery stent infection complicated by stroke and mycotic aneurysm

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Introduction: Infection related to coronary artery stent is very rare condition with devastating complication such as mycotic aneurysm, septic arthritis and high mortality. Here we report a case of coronary artery stent infection complicated by mycotic aneurysm and stroke

Case: A 67 years-old male patient presented to outpatient clinic with exertional chest pain. He underwent coronary angiography(CAG), which showed right coronary artery(RCA) chronic total occlusion. He received second stage CAG and percutaneous coronary intervention(PCI) with two stent implantation at RCA. He was discharged the day after PCI. After discharge he developed fever, dizziness, nausea and visited emergency room 3 days after PCI. Brain MRI for dizziness showed small infarction at cerebellum. His blood culture showed growth of methicillin sensitive staphylococcus aureus and was admitted to general ward. Chest and abdomen computed tomography revealed no evidence of infection and trans-esophageal echocardiography revealed no evidence of infective endocarditis but minimal amount of pericardial effusion. Bacteremia cleared off after 4 days of vancomycin, 11 days of nafcillin, but the focus was unclear. Positron emission tomography(PET) was done at day 18 which showed multiple hyper-metabolic soft tissue lesion in left peri-aortic area of thoracic ascending aorta and RCA stent site. Coronary aorta CT angiography at day 23 showed mycotic aneurysm in proximal RCA with fat infiltration and pseudoaneurysm. Follow up coronary CT angiography was done at day 30, 37 which showed no interval change of pseudoaneurysm and decided to maintain antibiotics without surgery. He was discharged from hospital after six week of intravenous antibiotic therapy, and took 6 month of oral antibiotics. Follow up PET after 6 months showed complete response of hyper-metabolic soft tissue lesion at thoracic ascending aorta and RCA stent site.

Conclusion: Coronary stent infection is rare but potentially fatal complication of PCI. Further more patient presenting with fever, chest pain, and positive blood culture after coronary intervention should always consider the possibility of coronary stent infection.

