

# Bioresorbable vascular scaffold implantation for recurrent in-stent restenosis: an option in case of multiple failures?

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An 80-year-old male underwent coronary angiography for unstable angina. He had a history of multiple PCI in the LCx towards OM1 due to recurrent in-stent restenosis (ISR) (bare metal stent-ISR treated with drug-eluting stent [DES]; DES-ISR treated with cutting and non-compliant [NC] balloons; new DES-ISR treated with drug-eluting balloon). The angiography showed a recalcitrant multifocal ISR on OM1 (**Figure 1A, Figure 1B**). Although off-label, we treated the ISR with two (3.5×18 mm and 3.5×28 mm) bioresorbable vascular scaffolds (BVS; Absorb™; Abbott Vascular, Santa Clara, CA, USA) implanted in overlap from distal to proximal OM1. Post-dilatation was performed with a 3.5×21 mm NC balloon. Final angiographic (**Figure 1C, Figure 1D**) and IVUS (**Figure 1E, Figure 1F**) results were good as well as six-month angiographic follow-up (**Online Figure 1A, Online Figure 1B**). These

images show that BVS may be an option in case of recalcitrant ISR after failure of the conventional treatment.

## Conflict of interest statement

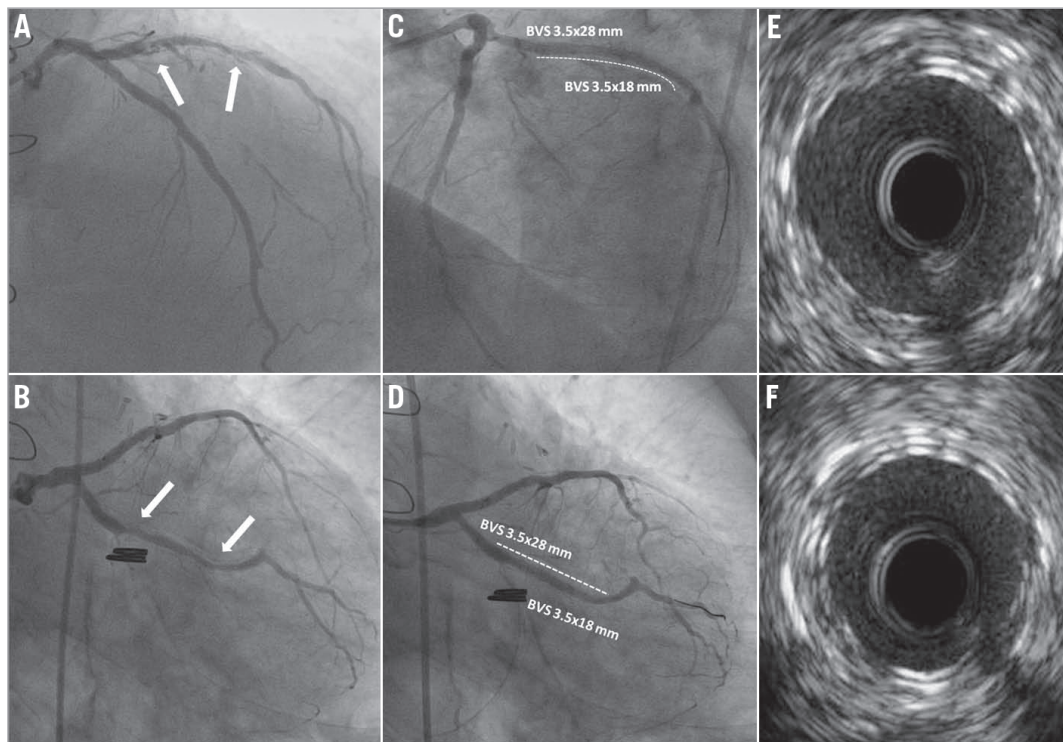
The authors have no conflicts of interest to declare.

## Online data supplement

**Online Figure 1.** A) & B) Six-month angiographic follow-up showing patency of the OM1 segment treated with in-stent BVS implantation.

**Moving image 1.** Pre-PCI IVUS pullback from the distal to proximal OM1 showing multiple strut layers and multifocal ISR.

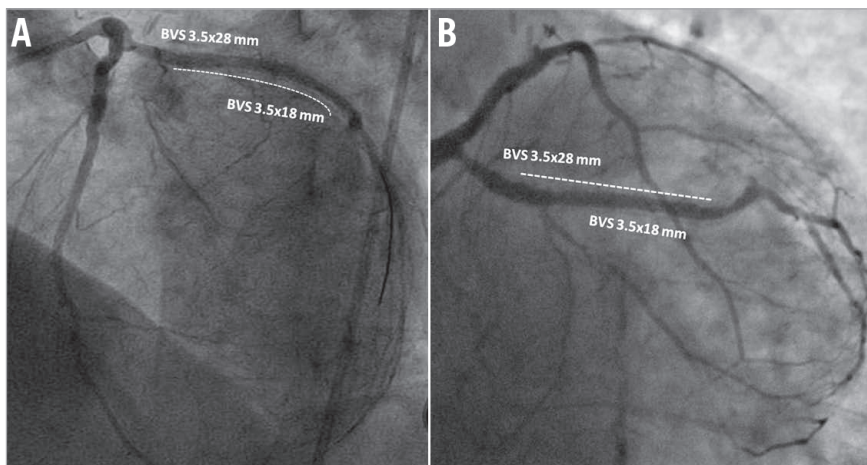
**Moving image 2.** Final IVUS pullback following BVS implantation from distal to proximal OM1.



**Figure 1.** A) & B) Restenosis in the distal and proximal OM1 at baseline angiography. Final angiographic (C & D) and IVUS results at the proximal (E) and distal (F) ISR sites following in-stent BVS implantation.

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**Online Figure 1.** A) & B) Six-month angiographic follow-up showing patency of the OMI segment treated with in-stent BVS implantation.