

Fractured Coronary Stent with Mycotic Pseudoaneurysm and Abscess

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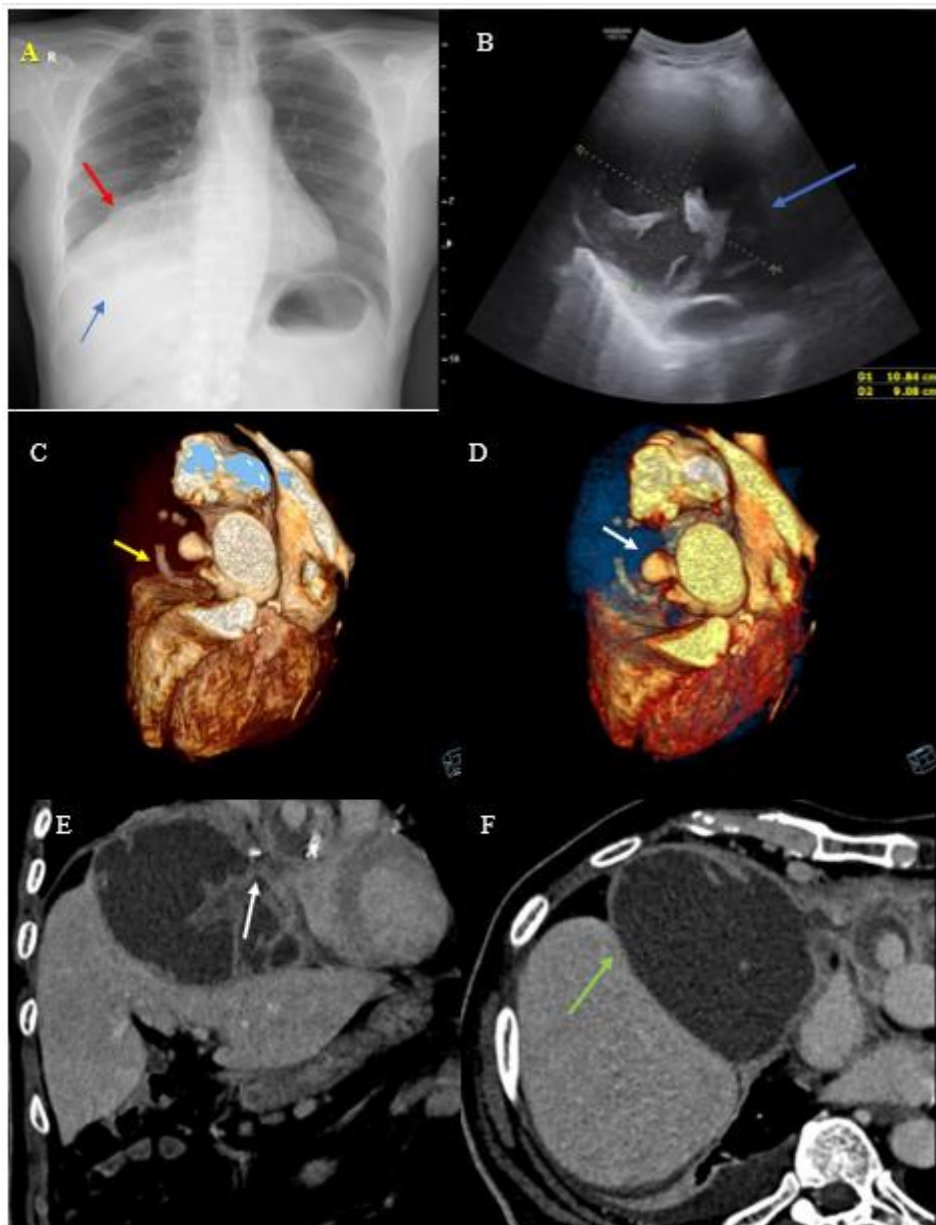
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Introduction

A 66-year-old male with a known history of percutaneous transluminal coronary angioplasty with stenting of right coronary artery, presented with fever and abdominal pain. A chest X-Ray (Panel A) showed a radio opacity in right lower zone (red arrow) with a broad base towards mediastinum and obscured right hemidiaphragm (blue arrow). An ultrasound abdomen (Panel B) showed an irregular heterogenous collection (blue arrow) with thick internal septations in right subdiaphragmatic region. Volume rendering technique images (Panel C & D) showed a fractured stent in the right coronary artery (yellow arrow) and a focal contrast filled pseudoaneurysm arising from the aortic root (white arrow). Contrast CT showed a multiloculated collection in the mediastinum extending from the ascending aorta, along the right

border of the heart across the right dome of diaphragm (Panel E, white arrow) into the right subphrenic space and compressing the right chambers of heart and liver (Panel F, green arrow). Methicillin-resistant staphylococcus aureus grown on blood culture. The patient started receiving intravenous vancomycin and referred to cardio-thoracic surgery for further management. Fractured coronary stent with mycotic pseudoaneurysm, mediastinal and subdiaphragmatic abscess is a rare life-threatening complication following percutaneous coronary angioplasty. The diagnosis of this condition remains difficult and requires imaging. It must be considered whenever a patient develops fever and chest pain after stent implantation. Aseptic precautions will prevent these complications.



Acknowledgement

None.

Conflicts Of Interest

No Conflicts of Interest.

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