Correspondence to: Dr Martin Rotter, Hôpital Cardiologique du Haut-Lévêque, Av de Magellan, 33604 Bordeaux-Pessac, France; martin. rotter@gmx.ch

Accepted 27 June 2005

REFERENCES

 Fatkin D, Kelly RP, Feneley MP. Relations between left atrial appendage blood flow velocity, spontaneous echocardiographic contrast and thromboembolic risk in vivo. J Am Coll Cardiol 1994;23:961–9.

IMAGES IN CARDIOLOGY

- 2 Bland JM, Altman DG. Statistical methods for assessing agreement between two methods of clinical measurement. *Lancet*, 1986;i, 307–10.
- 3 Garcia-Fernandez MA, Torrecilla EG, San Roman D, et al. Left atrial appendage Doppler flow patterns: implications on thrombus formation. Am Heart J 1992;124:955–61.
- 4 Sanders P, Morton JB, Kistler PM, et al. Reversal of atrial mechanical dysfunction after cardioversion of atrial fibrillation: implications for the mechanisms of tachycardia-mediated atrial cardiomyopathy. *Circulation* 2003;108:1976–84.
- 5 Morton JB, Sanders P, Sparks PB, et al. Usefulness of phased-array intracardiac echocardiography for the assessment of left atrial mechanical "stunning" in atrial flutter and comparison with multiplane transesophageal echocardiography. Am J Cardiol 2002;90:741–6.

doi: 10.1136/hrt.2005.069252

Optical coherence tomography imaging of thrombus protrusion through stent struts after stenting in acute coronary syndrome

66 year old man presented with non-ST elevation myocardial infarction and underwent early coronary angiography after medical stabilisation. This showed a non-occlusive thrombus in the mid segment of the right coronary artery (panel A, indicated by broken black arrow). Intravascular ultrasound (IVUS) revealed the presence of a large thrombus at the site of the lesion (panel B) while optical coherence tomography (OCT) imaging (Lightlab Imaging, Inc) clearly showed the eccentric nature of the thrombus (panel C). The lesion was successfully stented with a paclitaxel eluting stent (Taxus), and then post-dilated. The final result was angiographically excellent with post-procedural TIMI 3 flow, and with no obvious in-stent thrombus either on angiography (panel D) or on IVUS (panel E). However, OCT imaging showed that there was still remnant thrombus protruding out from between the stent struts at the site of the original lesion (panel F, double white arrows). OCT imaging utilises near-infrared light waves to provide pictures of significantly superior resolution and clarity as compared to IVUS. Atheroembolism of thrombus is a major cause of slow or no reflow phenomenon after percutaneous coronary intervention, a complication that is associated with increased morbidity and mortality. These images remind us that thrombus often persists immediately after stenting, despite what may appear to be satisfactory angiographic appearances.

> V Y Lim L Buellesfeld E Grube vytlim@yahoo.com

