

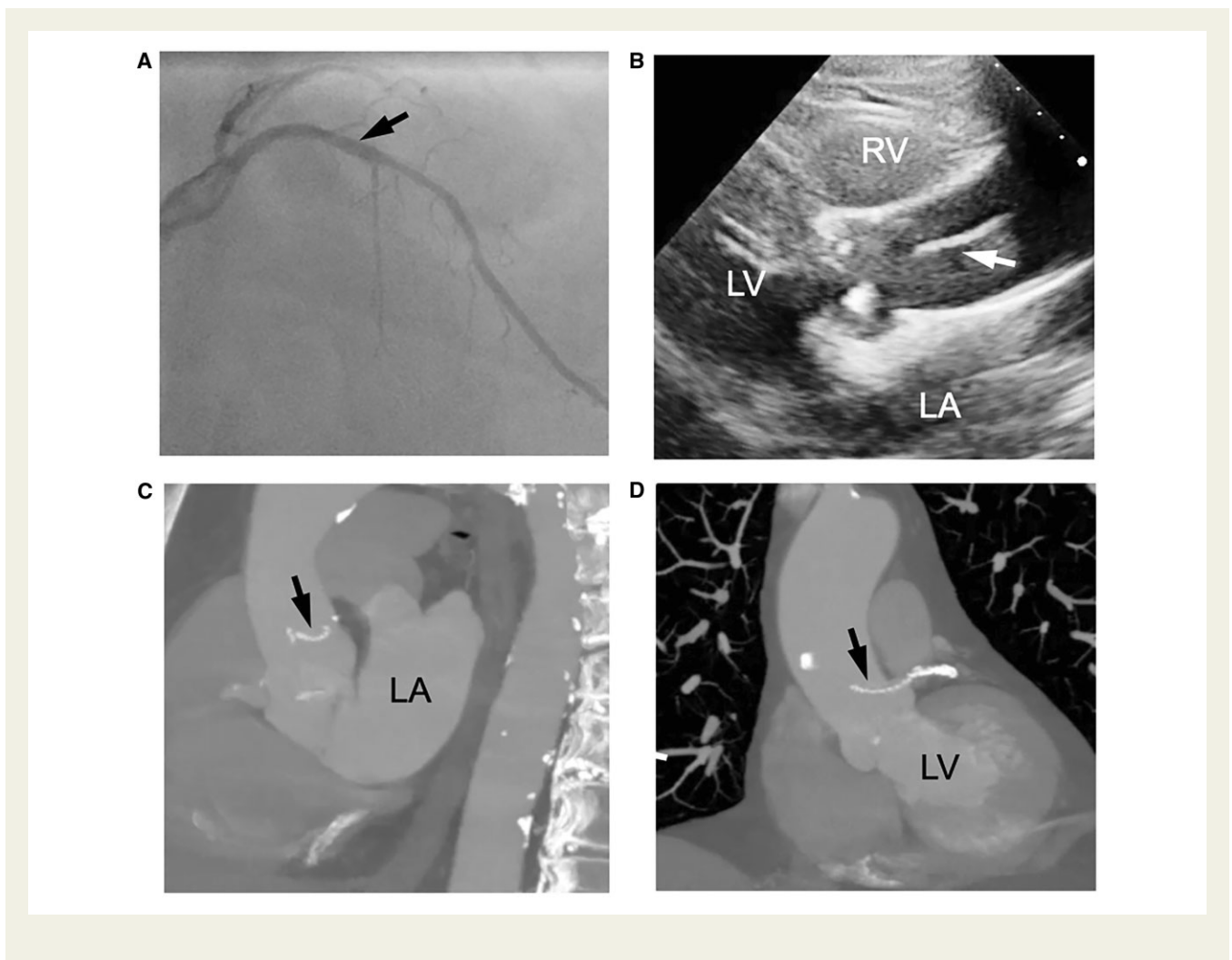
Coronary stent on the move

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A 72-year-old male with a history of the chronic coronary syndrome : descending (LAD) and left circumflex coronary arteries in 2001. He
 was initially treated with bare-metal stents to the left anterior : re-presented in 2012 with unstable angina, receiving a Promus

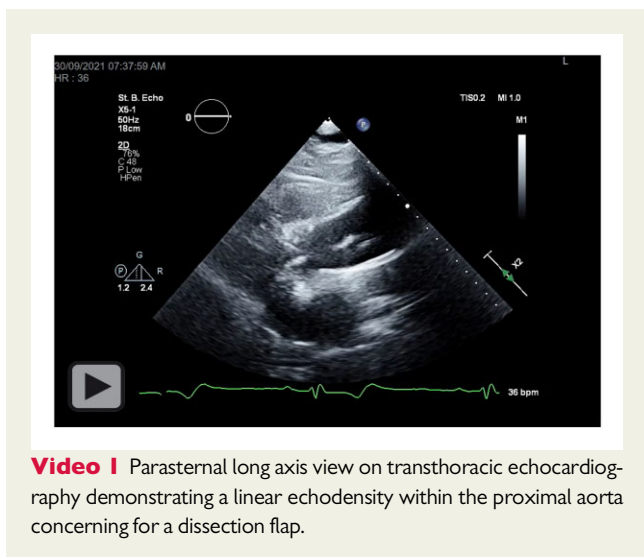


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Video 1 Parasternal long axis view on transthoracic echocardiography demonstrating a linear echodensity within the proximal aorta concerning for a dissection flap.

Everolimus-eluting stent (3.0 mm × 12 mm; Boston Scientific) for in-stent restenosis of the bare-metal LAD stent. Most recently, coronary angiography for angina in 2014 demonstrated patent LAD stents (Panel A).

He presented to the hospital 7 years after his last coronary angiogram in 2021 with pre-syncope. As the electrocardiogram revealed a complete heart block, he was admitted for implantation of a permanent pacemaker. A pre-operative transthoracic echocardiogram dem-

onstrated a linear density within the proximal aorta, concerning for a proximal aortic dissection flap (Panel B; Video 1). Urgent coronary computed tomography angiography (coronary CTA) was obtained. Although no acute aortic syndrome was demonstrated, a linear metallic body appeared to extend from the ostium of the left main coronary artery into the proximal ascending aorta, consistent with migration of the previous LAD coronary stent (Panels C and D). The stent terminated in the centre of the aortic lumen and did not appear to cause aortic wall injury. The migratory stent was not the cause of the complete heart block.

In consultation with the patient's interventional cardiologist, the decision was made to treat the stent migration conservatively with life-long dual anti-platelet therapy, given the absence of symptoms and lack of complications on coronary CTA imaging. The patient was discharged in stable condition after pacemaker insertion.

Supplementary material

Supplementary material is available at *European Heart Journal—Case Reports* online.

Slide sets: A fully edited slide set detailing these cases and suitable for local presentation is available online as [Supplementary data](#).

Consent: The authors confirm that written consent for submission and publication of this case report including images and associated text have been obtained from the patient in line with COPE guidance.