An Overhanging Intracoronary Stent: An Incidental Finding or the Sword of Damocles?

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A 57-year-old female with coronary artery disease, status post percutaneous coronary intervention 4 years prior, underwent routine echocardiography revealing a small echodensity in the aortic root. She was referred for transesophageal echocardiography (TEE) to further evaluate this abnormality.

The TEE demonstrated a well-circumscribed tubular echodensity in the right coronary sinus of Valsalva (Figures 1 and 2). Multiplane imaging and Doppler color flow imaging (Figure 3) confirmed this structure to be a coronary stent protruding approximately 7 mm into the aortic root from the right coronary ostium. Review of the prior angiogram revealed a difficult-to-engage right coronary artery (RCA) with a patent proximal RCA stent (Figure 4).

We report the incidental finding of a malpositioned ostial RCA stent masquerading as an echodense mass in the aortic root. Current practice proposes stenting of aorto-ostial lesions with a short overhang. Excess overhang can increase the risk of restenosis and make subsequent catheter interventions more difficult.
Figure 2. Transesophageal echocardiographic image showing the ascending aorta with the hollow mass (arrow).

Figure 3. Doppler color flow imaging showing flow through the right coronary artery stent.

Figure 4. Prior angiogram showing patent right coronary ostial stent.