Recurrent in-stent restenosis after subclavian artery stenting in a young female patient with Takayasu’s arteritis.

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Background:
Takayasu’s arteritis (TA) is a rare, nonspecific inflammatory disease, affecting the aorta and its major branches. Efficacy of surgical or endovascular treatment is still a matter of controversy because of the high rate of restenosis after the procedure.

Case:
We present 17-year-old woman after left hemispheric stroke in 2013 due to the left common carotid artery occlusion, with coexisting left subclavian artery (LSA) short segment occlusion. TA was diagnosed then. Anti-inflammatory treatment including mycophenolate mofetil and methylprednisolone was started.

The medical history included:
- hypercholesterolaemia,
- Crohn’s disease,
- chronic recurrent multifocal osteomyelitis,
- Langerhans cell histiocytosis treated with a chemotherapy.

In 2013 we performed double (femoral and radial) - approach angioplasty of the occluded LSA with the drug (paclitaxel) - eluting stent Nefro 7x22mm implantation.

On Doppler ultrasound (DUS) performed in 2014 in-stent restenosis with retrograde flow in left vertebral artery (LVA) was shown. Reangioplasty procedure was done with the use of paclitaxel-releasing balloon Admiral 5.0x20mm.

Unfortunately, in 2016 another critical restenosis occurred. We decided to implant sirolimus-eluting, self-apposing Stentys SES 3.5-4.5x27mm stent (off-label use) with a very good outcome.

Follow-up:
On 12-month follow-up patient remains neurologically asymptomatic, without significant in-stent restenosis on DUS and CT-angiography.

Conclusions:
The use of the drug-eluting self-apposing stent might be a promising option for treatment of patients with recurrent in-stent restenosis.