We describe a case of post-operative displacement of an aortic coarctation (CoA) stent, which was determined 6 months after deployment. A 21-year-old woman with history of surgery for CoA in early childhood presented with fatigue and shortness of breath. Cardiac catheterization and aortography showed a recurrence of CoA. An 18 × 42-mm Sinus-XL (Optimed XL, Ettlingen, Germany) self-expandable stent was implanted at the narrowing segment with a good outcome (Figures 1A and 1B). The patient was asymptomatic at the 1-month follow-up. Six months later, she became symptomatic, and continuous Doppler echocardiography showed a peak systolic gradient of 70 mm Hg in the aorta. Repeat aortography showed migration of the stent distally from its normal position (Figure 1C). We deployed a new self-expandable stent at the CoA site and performed balloon angioplasty for complete sealing to the wall (Figure 1D). A stent with an antimigration design may be preferred to prevent displacement. If self-expandable stents are used for CoA, postdilation must be performed with adequate balloon angioplasty. To our knowledge, this is the first report of late slippage of a self-expandable stent after successful deployment in a patient with CoA recurrence.

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FIGURE 1 Intervention to Aortic Coarctation

(A) Aortic recoarctation (arrow). (B) An 18 × 42-mm self-expandable stent deployed successfully. (C) Stent migrated distally, and coarctation area (arrow) is not covered. (D) Final result of procedure.