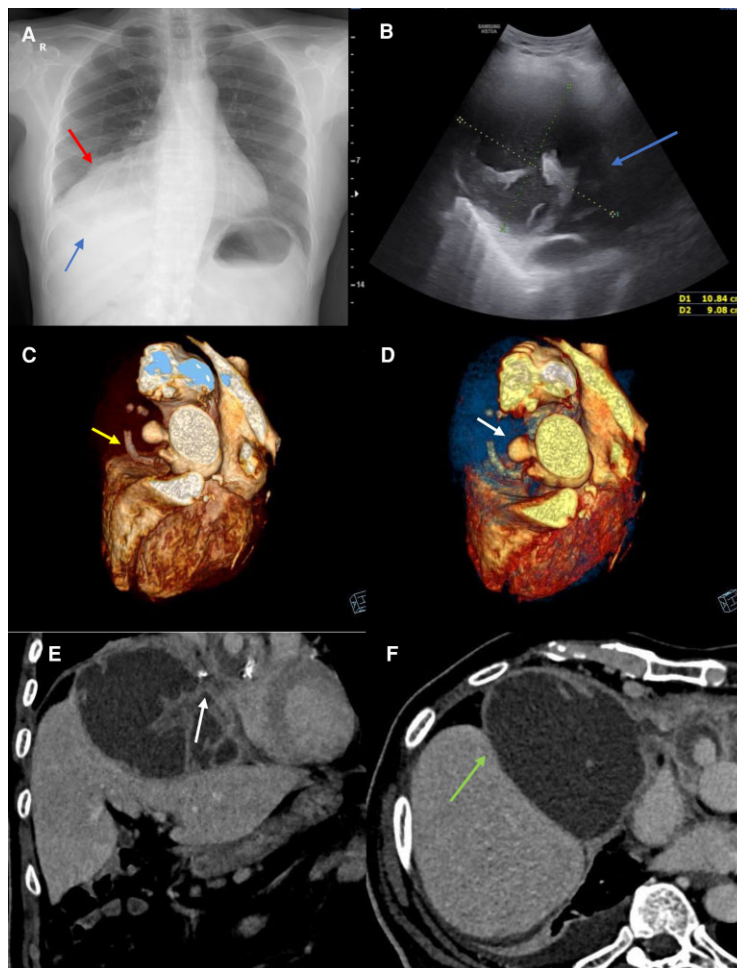


Fractured coronary stent with mycotic pseudoaneurysm and abscess

Naveen Kumar * and **Surendar Alwala**

Department of Radiodiagnosis, Yashoda Hospital, Secunderabad 500003, Telangana, India

Received 1 March 2022; first decision 22 March 2022; accepted 31 March 2022; online publish-ahead-of-print 11 April 2022



* Corresponding author. Email: knkumar483@gmail.com

Handling Editor: Asad Shabbir

© The Author(s) 2022. Published by Oxford University Press on behalf of European Society of Cardiology.

This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial License (<https://creativecommons.org/licenses/by-nc/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited. For commercial re-use, please contact journals.permissions@oup.com

A 66-year-old male with a known history of percutaneous transluminal coronary angioplasty with stenting of the right coronary artery presented with fever and abdominal pain. A chest X-ray (*Panel A*) showed a radio-opacity in the right lower zone (red arrow) with a broad base towards the mediastinum and obscured the right hemidiaphragm (blue arrow). An ultrasound abdomen (*Panel B*) showed an irregular heterogeneous collection (blue arrow) with thick internal septations in the right subdiaphragmatic region. Volume rendering technique images (*Panels C and D*) showed a fractured stent in the right coronary artery (yellow arrow) and a focal contrast-filled pseudoaneurysm arising from the aortic root (white arrow). Contrast CT showed a multiloculated collection in the mediastinum extending from the ascending aorta, along the right border of the heart across the right dome of the diaphragm (*Panel E*, white arrow) into the right subphrenic space, compressing the right chambers of the heart and liver (*Panel F*, green arrow). Methicillin-resistant *Staphylococcus aureus* was grown in blood

cultures. The patient started receiving intravenous vancomycin and was referred for cardiothoracic surgery for further management. A fractured coronary stent with mycotic pseudoaneurysm, mediastinal, and a subdiaphragmatic abscess is a rare, life-threatening complication following percutaneous coronary angioplasty. The diagnosis of this condition remains difficult and requires imaging. It must be considered whenever a patient develops fever and chest pain after stent implantation. Aseptic precautions will prevent these complications.

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

Conflict of interest: None declared.

Funding: None declared.