Several studies have shown the safety of MRI after coronary stenting; however, few of them included patients soon after stenting. In this report, we describe a case of MRI-induced stent dislodgment from left main coronary artery (LMCA) 2 weeks after stenting.

Case Report
A 56-year-old woman underwent coronary angiography for recurrence of angina 12 months after coronary artery bypass graft surgery. Coronary artery bypass graft surgery had been performed with left internal mammary artery grafted to left anterior descending artery and a saphenous vein graft to obtuse marginal branch for LMCA stenosis (Figure 1). The comorbidities of patient included hypertension, dyslipidemia, diabetes mellitus, and prior neurosurgery for a pituitary adenoma. The repeat angiogram showed known stenosis in LMCA, nonobstructive disease of left anterior descending artery and right coronary artery, patent saphenous vein graft to obtuse marginal branch, and an occluded left internal mammary artery (Figure 2). After discussion, stenting of the LMCA with a 3.5x8 mm drug-eluting stent (Cypher; Cordis Corp, Markham, Ontario) was deployed after predilation under intravascular ultrasound guidance (Figure 3).

The patient underwent MRI of the head in a 1.5-Tesla scanner for surveillance of pituitary pathology 2 weeks after stenting. Follow-up angiography (Figure 4) was performed to investigate the symptoms of chest pain and assess stent patency. The implanted stent could not be visualized in the LMCA on angiography, and an intermediate residual stenosis was observed. A whole-body screening computed tomography was performed to locate the missing stent that was successfully identified in the proximal branch of the left iliac artery (Figure 5). In the absence of symptoms for arterial insufficiency, no attempt was made to retrieve the embolized stent. Normal perfusion on repeat nuclear imaging confirmed that residual LMCA stenosis was not hemodynamically significant, and patient was continued on medical therapy with no clinical events occurring during long-term clinical follow-up.

Discussion
To our knowledge, this is the first report of coronary stent dislodgment related to an MRI procedure. Although the clinical implications of stent dislodgment can be serious, fortunately no adverse consequences were observed in this case as the stent migrated to a peripheral vessel in pelvis, an area with significant collateral circulation.

Safety of MRI After Coronary Stenting
Careful screening of patients undergoing MRI is mandated in patients with metallic objects and implants. To improve safety, all implant devices are classified as MR safe, MR conditional, or MR unsafe based on the hazard posed in strong magnetic fields. The stents are composed of metal alloys, such as stainless steel, tantalum, nitinol, cobalt, titanium, chromium, and nickel, which are weak ferromagnetic metals and classified as MR conditional, which means that there is no known hazard in a specified MR environment within standard use. The currently available stents are predominantly made of 316 low-carbon stainless steel (316L) and titanium. Steel 316L contains nickel (10%–14%) that diminishes the occurrence of ferromagnetism. Factors influencing the risk of MRI with metallic implants are (1) strength of the static magnetic field, (2) gradients of the magnetic field, (3) degree of ferromagnetism, (4) geometry of device, and (5) the location and orientation of the implant in situ during MRI. Several studies have reported on the safety of 1.5- to 3-Tesla MRI for coronary stents, but few included patients soon after stenting.

Potential Mechanism of Stent Dislodgment After MRI
Despite the demonstrated safety of MRI for most patients with coronary stents, we advise careful risk assessment. A short stent at an aorto-ostial location, use of drug-eluting stent with delayed endothelial coverage, and a short time of MRI after stenting are high-risk features for an adverse effect in a strong magnetic field.

Conclusions
The available evidence supports the safety of MRI after coronary stenting in general. However, careful risk assessment should be undertaken for an individual patient with regard to the type and location of stents and the timing of MRI after stenting.

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Disclosures

None.

References


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