A 45-year-old gentleman with no cardiovascular risk factors presented with anterior wall myocardial infarction. The coronary angiogram showed critical ostial stenosis of both the right coronary artery (RCA) and the left main coronary artery (LMCA) with normal coronary bed distally. A 3.5 × 13 mm drug-eluting stent (DES) was implanted in the RCA and a 2.75 × 12 mm DES was implanted in the LMCA. Serologic non-treponemal Venereal Disease Research Laboratory was positive and subsequently confirmed with a treponemal positive test. He was treated with Pencillin G for 3 weeks. He was asymptomatic and haemodynamically stable at discharge. After a month, a CT angiogram was sought to rule out stenosis in peripheral arteries. It showed bilateral ostial renal artery stenosis of >90% with an accessory artery that was normal. The coronary stents were patent on CT angiogram. However, the patient returned after 3 months with complaints of chest pain on exertion. A repeat angiogram showed significant in-stent restenosis (ISR) in both the DESs. The patient was referred for coronary artery bypass graft (CABG) and is doing well post-surgery. To our knowledge, this is the first report on a patient with bilateral coronary ostial stenosis who underwent PCI returning with ISR bilaterally. It was also observed that the patient had bilateral renal artery stenosis with a normal flowing accessory artery. We recommend that in patients with ostial stenosis in syphilis, CABG should be preferred to PCI except when the patient is in cardiogenic shock.

(A) Ostial stenosis of the right coronary artery, (B) the stented segment of the right coronary artery, (C) instent restenosis of the RCA, (D) ostial stenosis of the left main coronary artery, (E) the stented segment of the left main coronary artery, (F) instent restenosis of the left main coronary artery, (G) bilateral renal artery stenosis with a normal flowing accessory renal artery, (G1) ostial left renal artery stenosis, (G2) ostial right renal artery stenosis with shrunken right kidney, (G3) accessory left renal artery.