



## Lower Rate of Restenosis and Reinterventions With Covered vs Bare Metal Stents Following Innominate Artery Stenting

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Résumé en  
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**PURPOSE:** To determine any difference between bare metal stents (BMS) and balloon-expandable covered stents in the treatment of innominate artery atheromatous lesions. **MATERIALS AND METHODS:** A multicenter retrospective study involving 13 university hospitals in France collected 93 patients (mean age  $63.2 \pm 11.1$  years; 57 men) treated over a 10-year period. All patients had systolic blood pressure asymmetry  $>15$  mm Hg and were either asymptomatic (39, 42%) or had carotid (20, 22%), vertebrobasilar (24, 26%), and/or brachial (20, 22%) symptoms. Innominate artery stenosis ranged from 50% to 70% in 4 (4%) symptomatic cases and between 70% and 90% in 52 (56%) cases; 28 (30%) lesions were preocclusive and 8 (9%) were occluded. One (1%) severely symptomatic patient had a  $<50\%$  stenosis. Demographic characteristics, operative indications, and procedure details were compared between the covered (36, 39%) and BMS (57, 61%) groups. Multivariate analysis was performed to determine relative risks of restenosis and reinterventions [reported with 95% confidence intervals (CI)].

**RESULTS:** The endovascular procedures were performed mainly via retrograde carotid access (75, 81%). Perioperative strokes occurred in 4 (4.3%) patients. During the mean  $34.5 \pm 31.2$ -month follow-up, 30 (32%) restenoses were detected and 13 (20%) reinterventions were performed. Relative risks were 6.9 (95% CI 2.2 to 22.2,  $p=0.001$ ) for restenosis and 14.6 (95% CI 1.8 to 120.8,  $p=0.004$ ) for reinterventions between BMS and covered stents. The severity of the treated lesions had no influence on the results.

**CONCLUSION:** Patients treated with BMS for innominate artery stenosis have more frequent restenoses and reinterventions than patients treated with covered stents.

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