TCT-708

Long-Term Effectiveness And Safety Of Triple Versus Dual Anti-Platelet Therapy After Percutaneous Coronary Intervention For Unprotected Left Main Coronary Artery Disease

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Background: There is a paucity of data regarding the impact of adding cilostazol to dual antiplatelet therapy (DAPT) on the clinical outcomes after percutaneous coronary intervention (PCI) with DES for left main coronary artery stenosis ≥50% from Sejong General Institute PCI database registry between April 2003 and December 2010. Triple antiplatelet therapy (TAPT) was defined as the addition of cilostazol for at least 3 months 1 year after PCI (n=21),and had other antiplatelet agents or warfarin (n=14) were excluded. The primary effectiveness endpoint was major adverse cardiac and cerebral events (MACCE), defined as the composite outcomes of cardiac death, non-fatal myocardial infarction or stroke. The primary safety endpoints were Thrombolysis In Myocardial Infarction (TIMI) major and minor bleeding.

Results: Of the 290 total patients, 137 patients received TAPT and 153 patients received conventional DAPT after PCI. Patients who has been taken cilostazol for at least 3 months 1 year after PCI (n=21) and had other antiplatelet agents or warfarin (n=14) were excluded. There was no significant difference in the incidence of MACCE (hazard ratio [HR]: 0.71, 95% confidence interval [CI]: (0.39-1.29); p=0.32) and of major bleeding (risk ratio [RR]: 0.76 for TIMI minor bleeding].

Conclusion: In our registry data, TAPT didn’t either reduce the incidence of MACCE and increase clinical bleeding after PCI using DES for unprotected LMCA disease.

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Prognostic Impact of Left Main Coronary Artery Revascularization in Multivessel Coronary Artery Disease

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Background: The proliferation of our understanding for LMCA stenosis and the evolution of contemporary bypass surgery and stent-assisted percutaneous coronary intervention (PCI) have led to substantial clinical uncertainty regarding the prognostic impact of LMCA revascularization. We evaluated whether the left main coronary artery (LMCA) revascularization is associated with the incremental risk of adverse clinical outcomes in multivessel coronary artery disease patients.

Methods: We performed a pooled analysis of 2896 multivessel disease patients with or without significant LMCA stenosis (777 patients and 2121 patients, respectively) from ASAN-MAIN and ASAN-Multivessel Registry; 1773 patients with PCI and 1125 patients were treated with bypass surgery. Primary endpoint was the composite of death, myocardial infarction or stroke.

Results: LMCA stenosis was associated with higher EuroScore (3.2 ± 2.1 vs. 2.9 ± 2.0, p < 0.001) and more complex non-LMCA coronary artery disease assessed by Syntax score (21.7 ± 11.0 vs. 18.6 ± 7.8, p < 0.001). A 5-year incidence of death, myocardial infarction or stroke was significantly higher in patients with LMCA stenosis than those without LMCA stenosis (15.4% vs. 11.3%, p = 0.026). However, after adjustment of comorbidities and anatomical complexity by using IPTW, LMCA revascularization was not associated with the increase of the risk of the composite of death, myocardial infarction or stroke (Hazard ratio 1.11, 95% confidence interval 0.86-1.43, p = 0.42).

Conclusion: Contemporary revascularization treatment for the significant LMCA stenosis conducted by experienced operators did not increase the risk of adverse clinical outcomes. However, physician should carefully evaluate and manage the comorbidities and coronary complexity accompanied by significant LMCA stenosis.

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Predictors of Main Branch Restenosis Following Drug-eluting Stent Implantation in Patients with De Novo Unprotected Distal Left Main Bifurcation Coronary Lesions: The Milan and New-Tokyo (MITO) Registry

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Background: Percutaneous coronary intervention (PCI) for unprotected distal left main lesions (UDLM) is increasing with the improvement in device technology. However, ISR remains one of the main limitations for PCI. This study aims to determine the predictors of main branch re-stenosis (MB-ISR) and clarify the optimal PCI strategy for UDLM.

Methods: Between April 2002 and December 2008, 568 consecutive patients with UDLM following PCI with drug-eluting stent (Cypher and TAXUS) implantation were evaluated.

Results: Overall-ISR during follow-up period (median 1611 days IQR 1157-2021) occurred in 127/568 patients (22.4%); MB-ISR in 60 (10.6%), SB-ISR in 92 (16.2%) and both MB/SB-ISR in 25 (4.4%). Multivariable analysis demonstrated that concomitant calcified and true bifurcation (adjusted HR 2.548, 95% CI 1.389-4.674; p = 0.003) and smaller post-stenting minimal luminal diameter (adjusted HR 0.550, 95% CI 0.301-0.913; p = 0.021) were the positive independent predictors of MB-ISR, while full-left main ostium-covariance approach (FH11006 adjusted HR 0.18, 95% CI 0.105-0.30; p = 0.079) seemed to be the negative predictor of MB-ISR. Occurrence of MB-ISR following minicrush-stenting and FCA was the lowest than the other strategy (3.4%). Cardiac-death were more frequent in patients with MB-ISR versus in patients with no MB-ISR (HR 2.143; p = 0.04).

Conclusion: Presence of calcified and true bifurcation and suboptimal expanded lesion were associated with increasing risk of MB-ISR following UDLM intervention, while FCA seemed to be associated with the low occurrence of MB-ISR. MB-ISR was associated with increased risk of subsequent cardiac-death.

TCT-711

Nicostrandil Prevents Microvascular Dysfunction Resulting from Percutaneous Coronary Intervention in Patients with Stable Angina Pectoris

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Background: Nicostrandil, an ATP sensitive potassium-channel opener, may reduce the incidence of microvascular dysfunction after percutaneous coronary intervention (PCI) by dilating coronary resistance vessels. The aim of this study was to evaluate a coronary pressure wire-derived Index of Microcirculatory Resistance for assessing the microvascular condition in patients with stable angina pectoris undergoing PCI.

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