



E1724  
JACC April 5, 2011  
Volume 57, Issue 14

 i2 SUMMIT

## COMPARISON OF THREE-YEAR CLINICAL OUTCOME WITH THE CRUSH VERSUS THE CULOTTE TECHNIQUE USING SIROLIMUS-ELUTING STENT IN CORONARY BIFURCATION LESION: FROM THE J-CYPHER REGISTRY

i2 Poster Contributions

Ernest N. Morial Convention Center, Hall F

Sunday, April 03, 2011, 10:00 a.m.-11:15 a.m.

---

Session Title: PCI - Bifurcations

Abstract Category: 8. PCI - Bifurcations

Session-Poster Board Number: 2502-580

---

Authors: *Toshihiro Tamura, Takeshi Kimura, Takeshi Morimoto, Kazushige Kadota, Yoshihisa Nakagawa, Kazuaki Mitsudo, j-Cypher Registry Investigators, Tenri Hospital, Tenri, Japan*

**Background:** Although various two-stent approaches have been performed in coronary bifurcations, the optimal two-stent technique is still controversy. We compared the crush and the culotte technique in bifurcation lesions with the long-term clinical outcomes.

**Methods:** Between August 2004 and November 2006, 12824 patients were enrolled in j-Cypher registry. Among them, we identified 2250 non-LMCA native bifurcation lesions using only SES. 361 (16.0%) bifurcations in 341 patients were treated with SES in both main vessel and side branch. Of these, the crush and culotte stenting technique was used in 73 (20%) in 73 patients and 59 (16%) lesions in 58 patients, respectively. The strategy of two-stenting technique was selected according to the operators' discretion. We investigated 3-year clinical outcomes in bifurcations with the crush versus culotte technique using SES.

**Results:** There was no significant differences regarding the rate of true bifurcation and T-shaped bifurcation. Final kissing balloon technique was performed 80.8% in crush and 86.4% in culotte ( $p=0.39$ ). Follow-up angiography was performed in 96 (72.7%) lesions. The incidence of binary restenosis rate was 26.0% in crush and 20.0% in culotte ( $p=0.50$ ). The binary restenosis of main vessel and side branch were found in 22.0% versus 6.7% ( $P=0.03$ ) and 12.0% versus 13.3% ( $P=0.85$ ), respectively. There was no significant differences regarding total death between two groups ( $p=0.20$ ). There was also no significant differences in the incidence of ARC definite stent thrombosis and TLR at 3 year between the groups; crush 1.47%, culotte 1.85% ( $P=0.87$ ) and crush 26.2%, culotte 15.1% ( $p=0.19$ ), respectively.

**Conclusions:** Both the crush and the culotte bifurcation stenting techniques were associated with similar and favorable three-year clinical and angiographic