BACKGROUND Very small vessel coronary artery disease represents a challenging entity for treatment with percutaneous coronary intervention. Recently, 2.25 mm platinum chromium everolimus-eluting stent (PtCr-EES) is available. We evaluated the efficacy of 2.25 mm PtCr-EES in real-world patients.

METHODS Between September 2012 and February 2014, we treated 247 de novo very small vessel lesions using 2.25 mm PtCr-EES. Angiographic follow-up was routinely performed at 8 months after procedure. The follow up rate was 76.5%.

RESULTS The reference diameter was 2.33+/−0.30 mm, the lesion length was 23.8+/−13.7 mm, and the acute gain was 1.55+/−0.6 mm. The restenosis rate was just 2.8%, the target lesion revascularization rate was just 1.0%, and the late lumen loss was 0.22+/−0.4 mm.

CONCLUSION Based on the 8-month angiographic data, restenosis and target lesion revascularization rate were low. 2.25 mm PtCr-EES is considered effective in treating very small vessel lesions.

BACKGROUND Clinical outcomes in patients treated with drug eluting stent (DES) implantation between Right coronary artery ostial (RCAos) lesion and left main coronary ostial (LMos) lesion still unclear. The purpose of this study is to compare clinical outcomes of DES implantation for RCAos lesion and LMos lesion for 5 years.

RESULTS There was no significant difference between two groups in baseline characteristics. Cumulative MACE for 5 years in patients with aorto-ostial lesion was higher in RCAos group than LMos group (37.5% vs. 14.7%, p=0.028). In RCAos group, the incidences of all-cause death (15.0% vs. 5.9%, p=0.518), MI (12.5% vs. 5.9%, p=0.332), TLR (10.0% vs. 8.8%, p=0.863), and TVR (15.0% vs. 11.8%, p=0.685) were higher than LMos group (17.8% vs. 5.1%, p=0.074).

CONCLUSION Long-term clinical outcomes in patients treated with DES implantation for aorto-ostial lesion seem to be acceptable. A patient with LMos lesion may have better clinical outcome, however further study will be needed.