TIMING OF LATE STENT THROMBOSIS OCCURRENCE: NECESSITY OF DUAL ANTIPLATELET THERAPY CONTINUATION FOR ACUTE MYOCARDIAL INFARCTION CASES AFTER ONE MONTH

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Background: Late stent thrombosis (LST) often occurs by discontinuation of dual antiplatelet therapy (DAPT) after stenting for acute myocardial infarction (AMI), although the ACC/AHA guidelines recommend the continuation of DAPT for 1 year after stenting for AMI whether drug-eluting stent (DES) or bare-metal stent (BMS) is implanted. We evaluated the impact of clinical status, AMI or non-AMI, and discontinuation of DAPT on the prevalence of LST.

Methods: From April 2000 to March 2010, 2824 patients (3726 lesions) were treated for AMI and 13671 patients (28781 lesions) for non-AMI, in whom we retrospectively reviewed clinical data of those with LST. LST was defined as stent thrombosis according to the Academic Research Consortium definition which occurs from 1 month to 1 year after procedure.

Results: LST occurred in 14 patients (14 lesions: BMS 13, DES 1) after stenting for AMI and in 19 patients (20 lesions: BMS 9, DES 11) after stenting for non-AMI. The timing of LST occurrence after stenting for AMI was later than that after stenting for non-AMI. The rate of patients who discontinued DAPT was 63.6% (AMI: 78.6%, non-AMI: 52.6%, p=0.16). The figure shows the association between the timing of LST occurrence and DAPT continuation.

Conclusions: It was clear that the timing of LST occurrence after stenting for AMI was different from that after stenting for non-AMI. Our data suggests the necessity of DAPT continuation longer than 1 year after stenting for AMI, even when BMS was implanted.