BACKGROUND The aim of the study was to investigate 3-year major clinical outcomes in patients(pts) with different type of lesions treated with the zotarolimus-eluting stent (ZES) and everolimus-eluting stent (EES) in a series of Korean population in real-world clinical practice.

METHODS A total of 1477 consecutive pts who underwent percutaneous coronary intervention (PCI) with ZES or SES from April 2003 to July 2011 were enrolled. We analyzed the overall 3-year clinical outcomes with logistic regression, and according to left main lesion, bifurcation, small vessel lesion (<2.25mm), calcification, ostial lesion, and diffuse long lesions (>3cm) after propensity score matching. Further, subgroup analysis was performed for diabetics.

RESULTS In overall study population after the baseline adjustment, there were no difference between two groups, with regard to total death (EES vs. ZES, OR 0.952, 95%CI 0.872-0.997, p=0.057) and cardiac death (OR 0.800, 95% CI 0.722-0.886, p=0.043) for myocardial infarction (OR 1.366, 95% CI 1.242-1.500, p=0.002), and repeated revascularization (OR 0.992, 95% CI 0.867-1.147, p=0.967), and stent thrombosis (OR 1.212, 95% CI 0.400-3.671, p=0.739). However, in diabetic pts, ZES and EES showed similar safety and efficacy compared to ZES, especially in patients with bifurcation or calcified lesions.

CONCLUSION ZES and EES showed similar safety and efficacy during 3-year follow-up in patients with different type of lesions in all comor bases. However, in diabetic patients, ZES was associated with lower incidence of repeated revascularization rate compared to ZES, especially in patients with bifurcation or calcified lesions.

BACKGROUND Some studies showed peri-contrast staining (PSS) after DES deployment is associated with target-lesion revascularization (TLR) and late stent thrombosis. However, the changes of PSS after first generation DES to second generation DES are unclear, so we retrospectively compare the clinical outcomes.

METHODS This study consisted of de novo 5154 lesions in 4155 patients that were treated with first generation DES (defined as sirolimus-eluting stent and paclitaxel-eluting stent) or second generation DES (defined as zotarolimus-eluting stent, everolimus-eluting stent, and biolimus-eluting stent). They were evaluated by follow-up angiography within 12 months after stent implantation, from April 2007 to December 2012. We divided into PSS of first generation DES group and PSS of second generation DES group and compared the two groups in clinical and angiographic outcomes.

RESULTS We had obtained 4400 lesions follow-up angiography. (85.4%) Total late acquired PSS was observed in 90 lesions (2.0%), of which 17 lesions was observed in the second generation DES. Baseline clinical and angiographic characteristics were similar between the two groups. (N.S.) The rate of PSS was higher in first generation DES group. (3.2% vs. 0.9%, p<0.0001) Smooth-contour PSS was highest of first generation DES group and mono-focal PSS was highest of second generation DES group. (smooth contour:37.9% vs. 16.7%, monofocal:5% vs. 16.7%, p=0.001) There was no significant difference in target lesion revascularization (TLR) and stent thrombosis (ST) between two groups, (N.S.) but cumulative incidence of TLR and ST in smooth contour PSS was higher than in smooth contour PSS group. (57.1% versus 21.2%, p=0.018 and 14.3% versus 0%, p=0.025).

CONCLUSION The occurrence of PSS decreases in second generation DES era. Smooth contour PSS was frequently observed in the first generation DES and appeared to be associated with TLR and ST.
CONCLUSION The DEB-BMS strategy was inferior to ZES in terms of late loss at 9 months. However, we did not find increase of death or MI in contrast to the previous study, although sample size was small. Considering early re-endothelialization and no residual polymer of DEB-BMS strategy, we think that it could be a feasible alternative treatment option of de novo coronary artery lesions.

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Two-Year Results Comparing Cobalt-Chromium XIENCE V and Platinum-Chromium PROMUS Element Erovilomus-Eluting Stents
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