TWO YEARS CLINICAL OUTCOMES AFTER LARGE CORONARY STENT (4.0MM) PLACEMENT: COMPARISIION OF BARE-METAL STENT VERSUS DRUG-ELUTING STENT

i2 Poster Contributions
Georgia World Congress Center, Hall B5
Sunday, March 14, 2010, 3:30 p.m.-4:30 p.m.

Session Title: DES II, Restenosis, Left Main and Outcomes
Abstract Category: PCI - DES
Presentation Number: 2502-452

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Background: DES have been shown to decrease restenosis rates in various spectrums of lesions and patients subsets. However, it is not clear whether PCI with DES in large coronary vessels would be better for long-term clinical outcomes than BMS.

Methods: This study assessed the two years clinical outcomes of consecutive 304 patients (147 BMS patients vs. 157 DES patients; PES 77 patients, ZES 80 patients), who treated with single coronary stent (4.0mm) in single de novo large coronary artery disease in three referral cardiac centers from January 2004 to October 2007, and compared the outcomes between the types of implanted stent.

Result: The reference vessel diameter was similar in both groups (BMS 3.92 ± 0.29 mm vs. DES 3.95 ± 0.24 mm; P = 0.50). However, late loss was larger in the BMS group (1.04 ± 0.83 mm vs. 0.73 ± 0.91 mm for DES; P = 0.03). The incidence of major adverse cardiac events at the end of 24 months follow-up was very low (7.9%, 24/304 patients), irrespective of the type of stent deployed (7.5 % in BMS, 8.3 % in DES, P = 0.83). The rate of TVR was also similar in both groups (BMS 4.8% vs. DES 5.7%, P = 0.80). There was no difference of long term outcomes between the two types of DESs (PES 5.2% vs ZES 11.3%, P = 0.25).

Conclusions: Two years clinical outcomes after PCI in large coronary artery disease with single large coronary stent (4.0mm) were excellent. The outcomes were not affected by the type of stent deployed, not only BMS vs. DES, also between DESs.