

## TCT@ACC-i2: Invasive and Interventional Cardiology

### RISK FACTORS FOR VERY LATE STENT THROMBOSIS AFTER SIROLIMUS-ELUTING STENT IMPLANTATION AND IMPACT OF DISCONTINUATION OF THIENOPYRIDINE THERAPY

Poster Contributions

Poster Sessions, Expo North

Monday, March 11, 2013, 9:45 a.m.-10:30 a.m.

Session Title: Adjunct Pharmacology

Abstract Category: 39. TCT@ACC-i2: Adjunct Pharmacology

Presentation Number: 2115-220

Authors: *Yasushi Fuku, Kazushige Kadota, Yusuke Hyodo, Koshi Miyake, Yuki Hayakawa, Naoki Saito, Hideaki Otsuji, Suguru Otsuru, Daiji Hasegawa, Yoshikazu Shigemoto, Seiji Habara, Takeshi Tada, Hiroyuki Tanaka, Hiroyuki Yamamoto, Tsuyoshi Goto, Kazuaki Mitsudo, Kurashiki Central Hospital, Kurashiki, Japan*

**Background:** Risk factors for the development of very late stent thrombosis (VLST) still remain unknown.

**Methods:** We identified risk factors for VLST in consecutive 1962 patients who had undergone the first sirolimus-eluting stent (SES) implantation between November 2002 and October 2007 and the follow-up angiography within 12 months. The predictors were selected from baseline patient, lesion, and procedural characteristics and follow-up angiographic findings including stent fracture (SF) and peri-stent contrast staining (PSS).

**Results:** During the follow-up period (median, 5.6 years), definite VLST developed in 15 patients. Multivariate logistic-regression analysis revealed that PSS (OR [95% CI]: 8.58 [2.45 to 30.10],  $p = 0.001$ ) and SF (OR [95% CI]: 3.88 [1.19 to 12.71],  $p = 0.025$ ) were independent predictors of VLST. Moreover, we assessed the relation between the duration of thienopyridine therapy and VLST with a landmark analysis at 1 year after SES implantation. The rates of VLST at 5 years differed significantly in the patients with SF or PSS whether they discontinued or continued thienopyridine (10.1% vs. 1.3%,  $p = 0.007$ , HR [95% CI]: 8.75 [1.82 to 42.13]). In contrast, there was no significant difference in patients with neither SF nor PSS (0.45% vs. 0.37%,  $p = 0.79$ , HR [95% CI]: 1.26 [0.23 to 6.89]).

**Conclusion:** Our data showed that SF and PSS were identified as strong risk factors for VLST and thienopyridine therapy should be continued indefinitely in patients with SF or PSS after SES implantation.

