

 MYOCARDIAL ISCHEMIA AND INFARCTION

IMPACT OF DRUG-ELUTING STENTS ON LONG-TERM PROGNOSIS OF LARGE SIZE CORONARY LESIONS IN STABLE CORONARY SYNDROME

ACC Poster Contributions

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Background: Drug-eluting stents (DES) have dramatically reduced in-stent restenosis compared with bare-metal stents (BMS). However, it's still controversial whether we should choose DES even for large size (>3.5 mm in diameter), because DES could provoke subacute to very late in-stent thrombosis. Indeed, few data exist regarding which stents could be superior for large size. Therefore, we prospectively studied patients who underwent stent implantation to large coronary lesions.

Methods: Total 229 consecutive patients were enrolled. In addition to standard treatment, at least two antiplatelet drugs were administered. We evaluated target lesion revascularization (TLR), major adverse cardiac events (MACE) during follow-up periods for at least two years.

Results: Mean follow-up periods were 4.0±1.2 years in BMS (n=136), and 3.6±0.9 years in DES (n=93). TLR was significantly lower in DES than BMS (27.4% vs 6.5%, p<0.05). As for occurrence of MACE, there were no significant differences in cardiac death (1.4% vs 1.1%), nonfatal myocardial infarction (1.4 vs 0%). Interestingly, in-stent thrombosis occurred in only two patients of BMS and none in DES. When patients were further divided into short (<18 mm in length, n=127) and long (>18 mm, n=115) lesions, TLR was lower in DES than BMS (24% vs 5%, p<0.05).

Conclusions: These results demonstrate that DES are effective in treatment of large size coronary lesions compared with BMS. We suggest in-stent thrombosis in DES could be fewer than those previously expected.

