



**TCT@ACC-i2: Interventional Cardiology**

**THE ASSOCIATION BETWEEN PROGRESSIVE PERI-STENT CONTRAST STAINING, MAJOR ADVERSE CARDIAC EVENTS, AND VERY LATE STENT THROMBOSIS IN PATIENTS AFTER STENT IMPLANTATION**

Moderated Poster Contributions  
TCT@ACC-i2 Moderated Poster Theater, Poster Hall B1  
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**Background:** Peri-stent contrast staining (PSS) is reported to be associated with subsequent target lesion revascularization (TLR) and very late stent thrombosis (VLST). However, the association between the temporal change of PSS and subsequent clinical events is little known.

**Methods:** We performed percutaneous coronary intervention (PCI) in 14388 lesions between September 2001 and May 2013 using 17 types of coronary stents. We performed follow-up coronary angiography (CAG) routinely at 6 to 8 months (mid-term) and at 18 to 20 months (late-term) after PCI. PSS is defined as vessel enlargement with contrast medium staining outside the stent over 20% of stent diameter, as previously reported. We found PSS in 371 lesions (2.6%) at follow-up CAG and observed its temporal change with serial follow-up CAG in 274 lesions, which were divided into 2 groups as follows: progressive PSS and non-progressive PSS. We performed clinical follow-up for more than 1 year after late-term follow-up CAG in 239 lesions (59 progressive PSS and 180 non-progressive PSS) and examined the difference in the cumulative incidence rates of major adverse cardiac events (MACE: all death, myocardial infarction, and TLR) and VLST between the 2 groups.

**Results:** The patients were 190 men and 49 women, and the mean age was 66.2±12.0 years. The mean follow-up period was 3.51±2.04 years. The results are shown in the figure.

**Conclusion:** Progressive PSS might be one of the risk factors for MACE and VLST.

