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A DIFFERENT DES SHOULD BE IMPLANTED FOR DES-ISR

Poster Contributions
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Background: In recent years, the use of the drug-coated balloon (DCB) has become possible for in-stent restenosis (ISR), but comparisons with the drug-eluting stent (DES) show that its outcomes are no different from that of DES. In this study we examined the outcomes of implanting a different type of DES for treatment of DES-ISR.

Methods: Among 1959 lesions implanted with DES for angina at our institution between January 2006 and August 2013, the subjects of this study were 82 patients with 91 lesions who underwent DES implantation for DES-ISR (men: 89%, mean age: 69±9 years). The patients were divided into the group of patients receiving the same DES as that initially implanted (Homo stent group: 25 patients, 26 lesions) and the group receiving a different DES (Hetero stent group: 57 patients, 65 lesions), and the groups were compared for QCA at 8 months and incidence of MACE at 1 year (cardiac death, non-fatal myocardial infarction, TLR), and stent thrombosis.

Results: There were no significant differences in clinical characteristics, lesion characteristics, or procedural characteristics. No significant differences were seen in restenosis rate at 8 months (Homo stent group: 25% vs. Hetero stent group: 13%), but late loss was significantly greater in the Homo stent group (0.88±1.0 vs. 0.39±0.7, $p<0.05$). There was no significant difference in cardiac death, non-fatal myocardial infarction, TLR, or incidence of MACE at 1 year (cardiac death: 4.0% vs. 1.7%; non-fatal myocardial infarction: 0% vs. 1.7%; TLR: 16.0% vs. 8.7%; MACE: 20.0% vs. 12.2%), and no stent thrombosis was seen in the 2 groups.

Conclusion: No significant difference was revealed in TLR and incidence of MACE at 1 year, but late loss was significantly greater for repeat stenting with the same DES. Thus, a different type of DES should be considered when implanting a DES for DES-ISR.