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IMPACT OF VESSEL CALCIFICATION ON INTIMAL COVERAGE AFTER PACLITAXEL-COATED NITINOL DRUG-ELUTING STENT (ZILVER-PTX) IMPLANTATION IN THE SUPERFICIAL FEMORAL ARTERY

Poster Contributions

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Sunday, March 30, 2014, 9:45 a.m.-10:30 a.m.

Session Title: Carotid and Endovascular Intervention

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Background: We evaluated the neointimal coverage (NIC) at calcified segments treated with paclitaxel-coated nitinol drug-eluting stent (Zilver-PTX) in the superficial femoral artery.

Methods: Thirteen de-novo lesions, which underwent intravascular ultrasound (IVUS) before Zilver-PTX deployment, were enrolled. Arc of calcium and location of calcification before stent implantation was measured by IVUS. NIC was examined by angiography at 6-monthes follow-up. NIC was graded as 0, stent struts exposed; grade 1, struts bulging into the lumen, but still transparently visible although covered; grade 2, struts embedded in the neointima, but translucent; grade 3, struts fully embedded and invisible.

Results: Nine segments were classified into Grade-0 and 4 segments were categorized in Grade-1. None of the segments were divided into Grade-2/3. Average arc of calcium was 221 ± 99 degree and 85% segments graded into superficial calcification. Furthermore morphology of calcification did not correlate with degree of NIC.

Conclusions: NIC at calcified segments were not observed after Zilver-PTX implantation. Therefore dual antiplatelet therapy might be continued at least 6-months at the severe calcified segments.

Uncovered Strut at the severe calcified lesions

