treated by CABG, as revascularization by PCI failed. We chose to re-operate one patient with LIMA graft thrombosis by conventional CAGB, as the LAD had shown diffuse arteriosclerotic disease at JOPCAB. Thus, the procedural success rate was 97%. One month after completed hybrid intervention, we observed no deaths. There was one stroke on the fourth postoperative day and two procedure-related, but no spontaneous myocardial infarctions.

**Conclusion:** Our prospective registry documented excellent procedural feasibility and one-month safety of coronary hybrid revascularization combining JOPCAB with PCI.

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**CRT-59**

**IVUS Guided PCI: Taxus Liberté Post Approval Study**

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**Background:** Intravascular ultrasound (IVUS) has been used to quantify coronary artery disease burden, understand lesion morphology and optimize PCI. Numerous trials have investigated the impact of IVUS on outcomes of coronary intervention.

**Methods:** Using 3615 patients from TAXUS Liberté post approval study (December 29, 2009 –March 16, 2011) demographic features, lesion, and procedural characteristics with and without IVUS guided PCI were evaluated.

**Results:** IVUS was utilized in 308/3615 patients (8.5%), 8.8% of lesions and 8.5% of vessels. Patients undergoing IVUS guided PCI more often presented with stable angina (41.9% versus 29.5% P<0.001), de novo lesions (92.9% versus 95.8% P<0.017), a history of multi vessel disease (42.8% versus 34.4% P=0.004), vessels greater than 3.5mm (17.6% versus 9.3% P<0.001), long lesions greater than 28mm (16.7% versus 12.5% P=0.011), LAD (46.5% versus 37.9% P<0.001). There was no increased IVUS use in patients with in-stent restenosis, ostial or left main lesions. IVUS was used less frequently in patients with STEMI (2.6% versus 10.7% P<0.001), total occlusion (2.3% versus 11.8% P<0.001), vessels 2.25mm-2.5mm in diameter (15.6% versus 26.8% P<0.001), or patients with thrombus (4.5% versus 9.7% P<0.001). Non-Q-Wave MI (ARC Definition) was higher in the IVUS group (5.5 versus 1.9 P<0.001).

**Conclusions:** In this real world registry, IVUS use was more frequent in de novo lesions with stable angina, large vessels, long lesions, LAD, in the absence of thrombus and pre-deployment intervention. All cause mortality or myocardial infarction was higher in the IVUS group, suggesting a sicker population. IVUS appeared undereutilized in left pre-deployment intervention. All cause mortality or myocardial infarction was higher in the IVUS group (5.5 versus 1.9 P<0.001). There was no increased IVUS use in patients with in-stent restenosis, ostial or left main lesions. IVUS was used less frequently in patients with STEMI (2.6% versus 10.7% P<0.001), total occlusion (2.3% versus 11.8% P<0.001), vessels 2.25mm-2.5mm in diameter (15.6% versus 26.8% P<0.001), or patients with thrombus (4.5% versus 9.7% P<0.001). Non-Q-Wave MI (ARC Definition) was higher in the IVUS group (5.5 versus 1.9 P<0.001).

**CRT-60**

**Drug Eluting Stents versus Bare Metal Stents in Non-Insulin Dependent Diabetic Patients with Large Coronary Arteries**

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**Background:** It is well known that the risk of restenosis and other adverse cardiac events with bare metal stents (BMS) is increased with smaller stent diameters especially in diabetic patients. Drug eluting stents (DES) have a particular benefit in small vessel disease that been repeatedly shown in several studies; however, whether this benefit occurs in diabetic patients with stenoses in large coronary arteries, is still not clear.

**Objective:** To evaluate the 6 months angiographic & clinical outcome of non-insulin dependent diabetic patients with large coronary vessels undergoing PCI using DES versus BMS. The objective was to evaluate the 6 months angiographic & clinical outcome of non-insulin dependent diabetic patients with large coronary vessels undergoing PCI using DES versus BMS.

**Methods:** 6 months angiographic follow up & clinical follow-up for the occurrence of major clinical events were recorded, including death, myocardial infarction (MI), unstable angina, cerebrovascular accidents and target lesion revascularization (TLR) were performed for a 60 consecutive non-insulin dependent diabetic patients with stenoses in large coronary arteries, requiring PCI using stents of 3.0 mm or more in diameter. The patients were divided into 2 groups; Group I : 30 patients who underwent successful PCI using second generation DES & Group II : 30 patients who underwent successful PCI using BMS.

**Results:** Even though there were no statistically significant difference between both groups in the occurrence of cardiovascular events (death, MI, unstable angina, cerebrovascular accidents) there was a significantly lower incidence of angiographic restenosis and TLR in the DES treated group compared to BMS treated group (2.2% vs. 9.3% P<0.02). There was also a similar incidence of denovo lesions in both groups (6.7% in each group).

**Conclusions:** In non-insulin dependent diabetic patients with large coronary arteries, Second generation DES demonstrated significantly lower 6 months restenosis rate & TLR compared to BMS, while there was no significant differences in rates of cardiovascular events during 6 months follow up between both of them.