CORONARY

ACUTE CORONARY SYNDROME

CRT-100

Management and Long-term Prognosis of Spontaneous Coronary Artery Dissection: Results From A Multicentre Observational Study

Corrado Lettieri,1 Battista Castiglioni,2 Dennis Zavalloni,2 Giuseppe Musumeci,4 Federica Ettori,3 Omella Leonzio,3 Azemir Latich,3 Marco Ferlini,3 Daniela Trabattoni,7 Paolo Colombo,9 Nuccia Morici,9 Giuseppe Tarantini,9 Massimo Napodano,11 Roberto Zanini1

BACKGROUND The optimal management, short and long-term prognosis of patients with spontaneous coronary artery dissection (SCAD) remain still not well defined because of their heterogeneous clinical and angiographic presentation.

METHODS A retrospective and prospective multi-center study was conducted on 134 patients with angiographically confirmed SCAD. Clinical and angiographic characteristics, treatment modalities, in-hospital and long-term outcomes and factors affecting the choice of treatment strategy in this rare clinical setting were evaluated.

RESULTS Mean age was 52 ± 11 years and 81% were female. Multivessel SCAD was found in 13% of patients and 93% were admitted with an acute coronary syndrome. Patients with conservative management (78/134; 58%) had a lower risk of 2 or 3 (OR = 1.05; p < 0.0001) and presence of basal TIMI flow 2 or 3 (OR = 0.23; p = 0.007) compared to those undergoing revascularization (90/134). PR more often showed positive remodeling (72%, 65 of 90, p < 0.0001) and showed similar long-term outcome. Patients treated conservatively or revascularized showed similar long-term outcome.

CONCLUSIONS According to this large observational study, a case-specific treatment of SCAD based on few clinical and angiographic features provided excellent short and long-term prognosis.
Everolimus-Eluting Biodegradable Vascular Scaffold Use in Acute Coronary Syndromes: Initial Clinical Experience from South Western Canada

Ayyaz Sultan, Varinder Randhawa, Mistre Alemayehu, Shahar Lavi
London Health Sciences Centre, London, ON, Canada

BACKGROUND Contemporary studies have established encouraging clinical outcomes for the everolimus-eluting biodegradable vascular scaffold (BVS) ABSORB™ in patients with stable coronary artery disease (CAD). There is limited data on its use in patients presenting with acute coronary syndromes (ACS). We aimed to evaluate the safety and efficacy of BVS deployment in the setting of ACS at our tertiary cardiac center in southwestern Ontario.

METHODS Retrospective chart review of all ACS with BVS use was undertaken since June 2013. Data was analyzed for baseline demography and in-hospital and 30-day mortality.

RESULTS 43 BVS were deployed in 30 patients. Mean age was 56.5 ± 12.2 years; 30% were female and 76.6% were less than 65 years old. Nearly 70% were hypertensive and dyslipidemic, while one-third were diabetics and smokers. 50% of the patients presented with STEMI, of which 86.7% received primary PCI. Mean total Syntax score was 14.0 ± 1.5 and 72% of lesions were ACC Type B² lesions, with visible thrombus present in one-third. Complete occlusion was seen in 18.6% of lesions at the outset. 62.8% were LAD lesions. All BVS were deployed in the first attempt, 75% (33/43) of BVS were post-dilated. Final TIMI 3 flow was evident in 42 (97.7%) patients, with no case of worsening coronary flow. 30% of all BVS were deployed across bifurcations without any loss of coronary flow in the side branches. There has been no reported case of in-hospital or 30-day mortality, early stent thrombosis or repeat revascularization of the index artery.

CONCLUSIONS Our experience suggests that usage of BVS, in selected ‘real-world’ patients with ACS, may be a safe and practical option with favorable short-term outcomes. Long-term follow up data and further evaluation in larger randomized controlled trials is needed.

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