LONG-TERM OUTCOME (FIVE YEARS) AFTER UNPROTECTED LEFT MAIN STENTING WITH PACLITAXEL ELUTING STENT: FROM THE FRENCH LEFT MAIN TAXUS REGISTRY

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Background: Treatment of patients with unprotected left main coronary artery disease (ULMCD) remains a subject of ongoing debate. Although, coronary artery bypass graft (CABG) surgery is considered to be the “standard of care” in current clinical practice guidelines, emerging data does not support the superiority of CABG over percutaneous coronary intervention (PCI) with respect to irreversible clinical endpoints. The aim of our study was to assess real-world long-term outcome of PCI with Paclitaxel-eluting stent (PES) for ULMCD.

Methods: We performed 5-year clinical follow-up of 291 consecutive patients treated in 4 French centers for unprotected left main stenosis from March 2003 to June 2005 and included in the French Taxus Left Main Registry.

Results: Patients were 69 +/- 11 years old, 29% were diabetic and 25% had 3-vessel disease. The mean Euroscore was 4.8 +/- 3.4 and the distal left main was involved in 78% of cases.

At 5-years, all cause mortality was 21.9% (vs9.34% at 2 years) and cardiac death was 11.19% (vs 5.19% at 2 years). A gradual increase in cardiac and non-cardiac death was observed during follow-up.

Q wave and non Q wave MI occurred in 1.05 and 4.2% of cases respectively (0.35 and 3.46 at 2 years FU) and stroke in 1.75% (0.35% at 2 years FU). Target lesion revascularization occurred in 10.14% (vs 8.7% at 2 years) and 3.5% of patients underwent CABG (2.4% at 2 years). The incidence of definite and probable LM stent thrombosis was 1.4% (vs 0.69% at 2 years).

Conclusions: PCI in ULMCD patients with implantation of PES provides good long term outcome, even in this relatively high risk population. Cardiac mortality increases by 2.24% per year and all-cause mortality by 4.4% per year.