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Interest of the SYNTAX Score to predict cardiovascular outcomes after stenting of unprotected left main coronary artery stenosis : 2 Years Follow-up of the ALMA registry

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Aims: The SYNTAX (SX) score, an interesting tool to characterize the severity of the coronary artery disease was designed to predict cardiovascular outcomes in patients with three-vessel or unprotected left main coronary artery (ULMCA) disease in the SYNTAX study. However, the prognostic value of SX score in patients undergoing percutaneous coronary intervention (PCI) of ULMCA stenosis needs to be validated in the "real world". The aim of our study was to evaluate the clinical outcome of all the patients undergoing PCI for ULMCA stenosis according to the SX score in a monocentric registry.

Methods and results: Forty-five patients with de novo ULMCA stenosis (mean age 72±10 years; 76% of male) underwent PCI with bare metal stent (BMS) or drug eluting stent (DES) from January 2006 to December 2008 and were included in the ALMA (Angioplasty of Left Main at Lariboisière hospital) registry. Twenty nine percent of patients were diabetics, mean ejection fraction (EF) was 54±10%. EuroSCORE value was 5.4±3.2 and SX score was 22±8. Ostial ULMCA stenosis was involved in 27% and distal ULMCA lesion in 62% of cases. Distal ULMCA stenoses were treated by provisional T stenting in most of the cases, with one stent implantation in 48% of patients and with two stents in 44%. Clinical follow-up was achieved in all patients (25±10 months). In-hospital MACCE occurred in 6.7% of patients (2 death and 1 myocardial infarction). The rate of major adverse cardiac or cerebrovascular events (MACCE) was 35.6%. Cardiac mortality in the registry was 8.8% at two years. Target lesion revascularisation occurred in 15.6% of patients (7.1% in the DES group vs. 19.4% in the BMS group; p=0.31). None of the patients showing restenosis died. SX score was correlated to MACCE and cardiovascular death. A higher SX score (≥33) compared to the lower group (SX score between 0 to 32) is significantly associated with MACCE (83.3% vs. 28.1%; p<0.01) and cardiac mortality (33.3% vs. 7.7%; p=0.04).

Conclusions: The SX score is a useful tool to predict MACCE and cardiac mortality in patients undergoing percutaneous revascularization of the left main coronary artery.

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Coronary stent thrombosis of drug eluting stent in daily clinical practice: analysis of a tertiary single center registry

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The large reduction in restenosis rates with drug-eluting stents (DES), compared with bare-metal stents (BMS), has already been demonstrated. In those studies this gain was not associated with safety concerns such as excess early and late stent thrombosis (ST). We tried to determine predictive factors of drug eluting instent thrombosis in a tertiary center.

Our study is retrospective enrolling 619 patients who underwent drug eluting stenting. Thrombosis definition was based on the Academic Research Consortium (ACR 2008). We compared 2 groups T+ (thrombosis) et T- (no thrombosis).

The rate of thrombosis was 3,7% (23 patients among 619). This complication occurred at a mean follow-up of 21,43 days. There were one case of acute thrombosis, 21 cases of subacute Thrombosis, one case of late thrombosis. No very late thrombosis was noted. Patients who had thrombosis were older (T+= 67years old; T-=63,16 years old), more diabetic (T+=65% ; T-=61,5%) but without significant difference . The occurring of stent thrombosis didn't depend on the site nor on the technic of implantation. There was no correlation between this complication and stent sizes despite that it seems to be more fre-

quent in the case of longer stents (T+=24,32 ;T- = 22,13 ; p=0,47) and in the case of small diameter (T+= 2,82 ;T-=2,94 ; p=0,36). Predictive factors of stent thrombosis were clopidogrel withdrawal for surgery (T+=43,47% ; T-=27,51 % ; p=0,09), the early withdrawal of clopidogrel (T+=13,99 mois ; T-= 9,08mois ;p=0,02). Stent thrombosis was associated to the increase of major cardiovascular events (T+=39,13% ;T- =9,7% ;p<0,001) especially myocardial infarction (T+= 21,7% ;T-= 1,67 ; p<0,001), the rate of revascularisation(T+=13,04 ; T-=3,35% ;p=0,01) but there was no significant effect on the mortality (T+= 8,6% ;T-= 3,02% ;p=0,13).

Instent thrombosis is a lifethreatening complication occurring in 0 to 3,5% based on randomized studies. It is more frequent in case of drug eluting stenting.

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Unprotected left main coronary artery angioplasty in octogenarians: characteristics, results and predictors of long term outcomes

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Aim: To describe the characteristics and results of Percutaneous coronary intervention (PCI) for unprotected left main coronary artery (ULMCA) disease in octogenarians and to outline the predictors of outcomes

Methods: 80 consecutive patients ≥80 years that underwent ULMCA angioplasty in our institution between 2004 and 2008 were included. The Cox regression model was used to analyse long term predictors of Major adverse cardiac events (cardiac death, non fatal Q wave MI, or TLR).

Results: Mean age was 84 ±3.4 years. 49 (61.3%) were men, 19 (23.8%) had diabetes mellitus. 11 (13.8%) patients presented with STEMI, 43 (54%) with NSTEMI/UA, 9 (11.3%) with stable angina, 14 (17.5%) with silent ischemia and 1 (1.3%) with syncope. Mean additive EuroSCORE value was 10.8±3.8 and mean predicted surgical mortality by logistic EuroSCORE was 26.7%. 28 patients (54.9%) had 3-vessel disease. Distal Left main lesions were found in 46 cases (57.5%). the provisional side-branch T-stenting approach with kissing balloon inflation was used in 92.3% of cases. Drug eluting stents were used in only 14 patients (27%). Angiographic success was obtained in all cases.

After a mean follow up of 30.42 months, 8 (10%) cardiac deaths were recorded, 8 (10%) patients had TLR, combined MACE occurred in 17 patients (21.3%).

By univariate analysis, only left ventricular ejection fraction<50% (p=0.025; HR=5.08, 95% CI [1.1-15.4]) and EuroSCORE values>10 (p=0.004; HR=8.09, 95% CI [3.3-35.4]) were associated with a higher incidence of long term cardiac death, but on multivariate analysis, EuroSCORE was the only independent predictor of cardiac death (p=0.01; HR=8.4, 95% CI [4.1-28.4]). Similarly, higher EuroSCORE values constituted the only variable associated with MACE (p=0.034; HR=3.2, 95% CI [1.1-9.4]).

Conclusion: ULMCA stenting in octogenarians proved to be a feasible and safe procedure associated with acceptable short and long term outcomes. EuroSCORE was the only predictor of both cardiac death and MACE.

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Paclitaxel Eluting Stent use in everyday practice and impact of diabetes mellitus on safety and efficacy at 3 years.

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Objectives: We sought to assess the efficacy and safety of the PES used in everyday practice in diabetic patients (DP) with single or multiple vessel disease compared to non-diabetic patients (NDP) over at least 3 years. Safety concerns about PES have been raised, particularly when used in less highly selected patients than those included in randomized trials and especially among DP.

Methods: The EVASTENT-Tax study is a multicenter matched cohort registry of 502 patients (pts) revascularised exclusively with paclitaxel stents (Taxus®). For each DP included a NDP patient was subsequently included.