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## TCT-500

### Clinical Presentation of Patients with In-stent Restenosis in the Drug-Eluting Stent Era

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**Background:** Drug-eluting stents (DES) represent a significant improvement in the treatment of coronary artery disease as they decrease restenosis rates by approximately 50% compared with bare metal stents. In-stent restenosis (ISR) is perceived to be a benign phenomenon because it is a gradual process and may lead to angina pectoris. With bare metal stents, ISR has been associated with myocardial infarction in approximately 10% to 15% of cases. Comparable data with DES are lacking.

**Methods:** From April 2003 to December 2005, 42 out of 894 patients (4.4%) with DES ISR were identified at our institution. We excluded 3 patients who underwent orthotopic heart transplantation. Therefore, the final analysis included 39 patients.

**Results:** The mean age was  $66 \pm 10$  years, 77% were male, and 33% were diabetics. A mean of  $1.8 \pm 0.9$  stents were implanted with a total stent length of  $39 \pm 24$  mm. The mean time from percutaneous coronary intervention to detection of ISR was  $396 \pm 290$  days. Eight percent were asymptomatic, 77% presented with angina pectoris, 5% with unstable angina, and 10% with non-ST-segment elevation myocardial infarction.

**Conclusion:** In the DES era, although most patients with ISR have stable symptoms, myocardial infarction occurred in 10%, suggesting that ISR is not a benign clinical entity. Newer DES are needed to further decrease the incidence of ISR.