Title

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Results of Intravascular Ultrasound Guided Coronary Stenting Without Subsequent Anticoagulation

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From March 30 to July 20 1993, 191 consecutive pts underwent Palmaz-Schatz stenting. Indications for stenting were: elective (62%), restenosis (15%), suboptimal PTCA result (14%), dissection or acute closure (3%), and post opening chronic total occlusions (6%). A total of 310 stents were deployed in 219 lesions (97% in native coronaries). Multiple stents were deployed in 43% of lesions. Primary stenting was unsuccessful in 7 pts (3.7%), leading to emergency CABG in 5 pts (2.6%) , elective CABG in 2 pts (1%) and death in 1 pt (0.5%). IVUS was performed in all pts with successful stenting except in 8 pts when the machine was not operational and in 2 pts with an unsuccessful study. Of the 174 pts with IVUS evaluation, additional complications occurred in 5 pts while attempting to improve stent expansion and resulted in 4 emergency CABG (2%), 3 coronary ruptures (1.6%), 2 myocardial infarctions (1%), and 2 deaths (1%). Fifteen pts (8%) received standard anticoagulation,(10 pts without IVUS and 5 pts with suboptimal stent expansion by IVUS). An optimal IVUS result (according to predefined criteria) was achieved in 164 pts (93%). These 164 patients did not receive heparin or Coumadin after the procedure and were maintained on Ticlopidine 250 mg bid for 2 months. There have been no acute or subacute thrombosis, and no vascular or bleeding complications in the follow up period at a mean of 91 days (range 41 to 153 days). Angiographic follow-up is scheduled in all patients at 5 months. Conclusions: when IVUS guided optimal stent expansion is achieved, subsequent anticoagulation may not be necessary. This strategy is not associated with an increase in stent thrombosis. The role of ticlopidine will require further evaluation.

WEDNESDAY AM