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DES or CABG for Left Main and Multivessel Disease

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<http://www.aievolution.com/tct0801>**TCT-285****Incidence And Outlook Of Recurrent Restenosis After Treatment Of Unprotected Left Main Disease With Drug-Eluting Stents: Cohort Study On 718 Patients And 70 Restenotic Cases**

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Background: Drug-eluting stenting (DES) for unprotected left main coronary (ULM) disease has already been assessed in several studies. However no data are available about the optimal management of a DES restenosis in the ULM.

Methods: We conducted an international retrospective study involving 6 high-volume centers. From the total sample of patients treated with DES in the ULM between July 2002 and December 2006, we identified those presenting an angiographic diagnosis of significant restenosis in the ULM, independently from the subsequent medical, interventional or surgical treatment, analyzing clinical and angiographic data. The only exclusion criterion was being ineligible for at least 6 months of clinical follow-up beyond the earliest documentation of ULM restenosis. The primary end-point was the long-term

rate of major adverse cardiac events (MACE) defined as a composite of death from all causes, myocardial infarction (MI) and target lesion revascularization (TLR). We also adjudicated stent thrombosis according to Academic Research Consortium (ARC) guidelines.

Results: Post-DES restenosis in the ULM occurred in 70 out of 718 patients (9.7%). Four restenotic patients (5.7%) were treated with medical therapy, 22 (31.4%) underwent standard or cutting balloon angioplasty, 2 (2.9%) rotational atherectomy, 1 (1.4%) received a bare-metal stent, 34 (48.6%) received a DES and 7 (10%) underwent surgery. In-hospital MACE included no peri-procedural MI and only 1 (1.4%) death. Over a mean follow-up of 27.2±15.4 months, MACE occurred in 18 (25.7%), with death in 4 (5.7%), MI in 2 (2.9%), and TLR in 15 (21.4%). Patients treated with medical, interventional or surgical therapy had respectively the following MACE rates: 50%, 25.4%,

14.3% (p=0.49). Definite probable and possible stent thrombosis occurred in 0 (0%), 1 (1.4%) and 1 (1.4%) patients.

Conclusion: DES restenosis in the ULM can be managed in most cases with an interventional approach with favorable early and late results, with surgery reserved for severe and diffuse restenosis.