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2900-120**Multicenter International Experience of Unprotected Left Main Coronary Artery Percutaneous Coronary Intervention with Drug-Eluting Stents in Patients With Myocardial Infarction**

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Background: Patients who present with myocardial infarction (MI) and unprotected left main coronary artery (ULMCA) disease represent an extremely high-risk subset of patients. ULMCA percutaneous coronary intervention (PCI) with drug-eluting stents (DES) in MI patients has not been extensively studied. In this retrospective, multicenter, international registry, we evaluated the clinical outcomes of ULMCA PCI with DES in MI patients.

Methods: From 2002 to 2006, 53 patients who had MI (19 ST-elevation MI and 34 non-ST-elevation MI) underwent ULMCA PCI with DES.

Results: The mean age was 71 ± 11 years. The mean peak CPK was 1367 ± 1397 U/l. Cardiogenic shock was present in 25%. Mean EuroSCORE was 10 ± 8 . Distal bifurcation was involved in 31 patients (58%). Sirolimus-eluting stents were implanted in 43 patients (81%). Angiographic success with TIMI 3 flow was achieved in all patients. Overall in-hospital major adverse cardiac event (MACE) rate was 9%. In-hospital mortality was 8% for all patients (16% for ST-elevation MI and 3% for non-ST-elevation MI) all due to refractory cardiogenic shock. At one year, the overall MACE rate was 30%, the total mortality rate was 15%, and the cardiac mortality rate was 11%. Two patients required target vessel revascularization, both of whom had distal bifurcation involvement, and subsequently underwent bypass surgery. The definite and probable/possible stent thrombosis rates were 0% and 6%, respectively.

Conclusions: Patients with MI and ULMCA disease represent a very high-risk subgroup of patients who are critically ill. PCI with DES is technically feasible and appears to be a reasonable alternative to surgical revascularization for MI patients with ULMCA disease. A randomized trial would be needed to determine the ideal revascularization strategy for these patients.