UCLA UCLA Previously Published Works

Title

Late and very late stent thrombosis following drug-eluting stent implantation in unprotected left main coronary artery: A multicenter registry

Permalink

https://escholarship.org/uc/item/56r7k0bp

Journal

JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY, 51(10)

ISSN

0735-1097

Authors

Chieffo, Alaide Kim, Young H Meliga, Emanuele <u>et al.</u>

Publication Date

2008

Copyright Information

This work is made available under the terms of a Creative Commons Attribution License, available at <u>https://creativecommons.org/licenses/by/4.0/</u>

Peer reviewed

ABSTRACTS - PCI/Coronary

B15-**B16**

8:55 a.m.

2806-5 Late and Very Late Stent Thrombosis Following Drug-Eluting Stent Implantation in Unprotected Left Main Coronary Artery: A Multicenter Registry

<u>Alaide Chieffo</u>, Young H. Kim, Emanuele Meliga, Imad Sheiban, Michael Lee, Seung J. Park, Marco Valgimigli, Claudio Moretti, Seong W. Park, Dario Sillano, Matteo Montorfano, Valeria Magni, Azeem Latib, Duk W. Park, Giuseppe Biondi Zoccai, Jonathan Tobis, Patrick Serruys, Antonio Colombo, San Raffaele Hospital, Milan, Italy

Background: Some concerns have been recently raised regarding the risk of late and very late stent thrombosis (ST) following drug-eluting stent (DES) implantation.

Methods:All consecutive patients (pts) who had sirolimus (SES) or paclitaxel-eluting stent (PES) electively implanted in de novo lesions on LMCA between March 2002 and June 2006 were included. Stent thromboses were defined according to Academic Research Consortium (ARC) definitions

Results: A total of 731 patients with ULMCA were electively treated in our centers with

PCI and DES. One-hundred and seventy-six (24.0%) pts were diabetics and 333 (45.5%) had unstable angina. Median and interquartile range (IQR) of Euroscore was 3.0 (2.0-6.0); an Euroscore \geq 6 was present in almost 36% of the patients. Four (0.54%) patients had a definite ST: 3 had early (2 acute and 1 sub-acute) and only 1 had late ST. All of them survived from the event. No cases of very late definite ST were recorded. 3 patients had probable ST. A total of 7/731 (0.95%) pts had a definite or a probable ST while on dual antiplatelet therapy. Possible (8 late and 12 very late) ST occurred in 20 (2.7%) patients. At 29.5. \pm 13.7 months, a total of 45 (6.16%) patients died; 31 (4.2%) of cardiac death. Ninety-five (12.9%) patients had a TVR (83 re-PCIs and 12 CABG): 76 (10.4%) a TLR. Angiographic follow-up was performed in 548 pts (75%): restenosis occurred in 77 (14%) of patients.

Conclusions:Treatment of LMCA stenosis with DES appears safe with a 0.9% incidence of definite and probable ST at a median follow-up of almost 3 years.