Unprotected Left Main Coronary Artery Stenting in Hospital and Long Term Outcomes

<u>Dahud Qarawani</u>, Menachem Nahir, Diab Ganem, Yonathan Hasin Cardiovascula Department, Poria Medical Center, Tiberias, Israel

BACKGROUND: Revascularization with coronary bypass surgery has been generally recommended for treatment of left main coronary stenosis. Improvements in angioplasty and coronary stent techniques and equipment may result in the wider applicability of a percutaneous approach.

OBJECTIVES: To present the in-hospital and long term clinical and angiographic outcome of a consecutive group of patients undergoing stenting for unprotected left main coronary artery (LMCA) disease

METHODS: A total of 162 consecutive patients underwent unprotected LMCA stenting between January 2001 and May 2008. The majority of the patients was presented with acute coronary syndrome (88.9%), while the rest (11.1%) had stable chronic angina. Patients were followed routinely in outpatient clinic for 1, 3, 6, 12 months. Later telephone, clinic, angiographic follow up was obtained either from the outpatient clinic records or by telephone interview. Control 6 months angiography was recommended to all patients and was performed in 84% of them.

RESULTS: The patients presented with acute ST elevation MI in 7.4%, non ST elevation MI 13.6%, unstable angina 67.9%, chronic stable angina 11.1%. The average left ventricular ejection fraction was preserved 54± 11%. The majority of the patients were in killip class I. The procedural success rate was 100%. The in hospital overall mortality was 3%. In the patients that were in stable hemodynamic condition at entry to catheterization laboratory the mortality rate was 0 % and none of the patients needed emergent CABG. In the long term follow-up (average 3 years) there were 12 deaths (8%), 3 patients required coronary artery bypass surgery and 14 patients required repeat target vessel revascularization.

CONCLUSIONS: Coronary stenting for LM stenosis can be performed safely with acceptable in hospital and long -term outcome. Our results show that PCI is a viable alternative to ACBG. Reconsideration of current guidelines should be considered.