Drug Eluting Stenting of Bifurcation Lesions: A Systematic Approach Towards Stenting

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Background: Recent studies suggest that, independent of stenting strategy; excellent clinical and angiographic results were obtained with percutaneous treatment of de novo coronary artery bifurcation lesions with drug-eluting stents [DES]. A systematic coronary stenting approach for bifurcation lesion using DES is needed. A strategy of using two DES may be preferred if the side branch is of adequate size and heavily diseased, while in other cases a 'simpler' approach of stenting the main vessel only, with optional (provisional) stenting of the side branch may be appropriate.

Objective: The strategy of systematic coronary stenting in bifurcation lesions was evaluated in a large single-center observational study during a two-year inclusion period.

Methods & Results: The study included 293 patients with a mean age of 63±12 years, 77% male, and 76% with acute coronary syndromes. The LAD/diagonal bifurcation was involved in 62% of cases. Anti GP 2b/3a drugs were used in 65% of cases. In 58% of cases sirolimus-eluting stents [Cypher] were used. Initial two stents strategy was used in 97 pts [33%], while in 196 pts the strategy was stenting of the main branch with provisional stenting of the side branch, of whom 7 crossed to side branch stenting also due to procedural indications [dissection or unsatisfactory angiographic results].

	Six months [n=293]	One year [n=273]	Two years [n=178]
Death	3-1%	8-2.9%	11-6.2%
MI	11-3.8%	12-4.4%	14-7.7%
Definite Stent	3-1%	3-1.1%	3-1.7%
thrombosis			
TVR	14-4.8%	20-7.3%	27-14.5%
CABG	9-3.1%	10-3.6%	12-6.6%
MACE	25-8.5%	37-13.6%	48-25.5%

Conclusions: Our results would indicate that a systematic approach towards PCI in bifurcation lesions with careful attention to procedural technique and using DES is associated with favorable long-term clinical results.