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Predictors of long term clinical outcome following percutaneous intervention using DES for in-stent restenosis.

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BACKGROUND: In patients with in-stent restenosis (ISR) inside bare metal stents, drug-eluting stents [DES] might be the preferred therapy.
OBJECTIVES: The effects of demographic, procedural, and angiographic variables on long-term clinical outcomes following ISR treatment were determined.
METHODS: A series of 265 consecutive patients with ISR lesions treated with DES implantation [Cypher 80%, Taxus 12%] were evaluated. Major adverse cardiac events (MACE) were defined as death, myocardial infarction, and the need for target lesion revascularization were analyzed at 24 months.
RESULTS: The mean age was 64±11 years and 74% were males. DM was present in 50% of pts and 67% presented as acute coronary syndrome. The mean time from BMS implantation to ISR was 19.5±2.5 months. 33% of lesion was diffuse or total occlusion and 12.7% was a second ISR episode. Presence of DM (r=.0.13; p = 0.03) and prior coronary bypass (r=0.24; p = 0. 001) independently predicted increased TVR at 24 months follow-up.
CONCLUSIONS: The use of DES in patients undergoing PCI for ISR within bare metal stent is clinically safe and feasible. Prior coronary bypass and diabetes predicted adverse long-term outcomes.

Outcome	N=265
Procedural success	98.5%
24 month death	3.9%
24 month MI	5.3%
24 month Stent thrombosis	2%
24 month TVR	16%
24 month TLR	14%
24 month CABG	4.2%
24 month MACE	22.3%