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Unprotected Left Main Stenting: An Israeli Perspective.

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Background: The most recent ACC/AHA guidelines focused update has for the first time endorsed PCI as an alternative to CABG surgery in suitable patients with unprotected left main coronary artery disease (ULMCA).
Aim: To describe the practice and outcomes of a contemporary Israeli cohort of consecutive patients undergoing PCI to ULMCA over a five years period.
Results: Stenting of ULMCA was performed in 74 patients: 73% were male; average age was 73±12 (range 40-95 years); 34% were ≥ 80 years and 30% were < 65 years. Past medical history included: Hypertension in 73%; diabetes in 48%; active malignancy in 12%; and severe COPD in 7%. CAD was known in 36% of patients. Half the patients presented with UAP/NSTEMI; 26% with stable coronary disease; and 12% with STEMI. Nine patients (12%) had no LM disease but underwent LM stenting following treatment of adjacent LAD or LCx disease. Isolated LM stenosis or LM and 1 vessel disease was found in 14% and 22% respectively, whereas 64% had mutivessel disease. Stenosis involved the ostium or body of the LM in 2/3 of the patients and was distal in 1/3. Drug eluting stents were implanted in 54%. IVUS guidance was used in 2 patients and glycoprotein IIbIIIa antagonists were used in 26% of procedures. IABP was used in 6 patients (all were in cardiogenic shock). There was one procedure related death in a severely ill and inoperable patient. Routine angiographic follow-up was performed in patients under 80 years. Others underwent nuclear imaging. Angiographic follow-up was available for 44 patients. In-stent restenosis (>50% narrowing) was present in 7 patients (9%): One underwent POBA alone, 4 underwent repeat stenting (all DES) and 2 were referred for CABG surgery.
Conclusion: Angioplasty of ULM as performed at our centre results in favourable clinical and angiographic results. Adverse outcomes do not seem to be related to ULMCA treatment itself but rather to the patients' high-risk profile.