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Mortality Outcomes of Unprotected Left Main Coronary Stenting

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Background: Unprotected left main coronary artery (ULMCA) disease is considered a surgical indication in most centers. However, PCI is an increasingly utilized method of revascularization in patients with ULMCA. Several reports show that emergent PCI is associated with a less favorable outcome.

Goal: Our study aimed at assessing the clinical outcomes among patients surviving the first month after stent-based ULMCA angioplasty at our institution.

Methods: We identified 102 consecutive patients who underwent PCI in ULMCA. Six months mortality rate was compared to the predicted by the EuroSCORE and Parsonnet surgical scoring systems.

Results: Mean age was 74 ± 12 years [range 42-95], 64% were men and 34% diabetics, 72% presented with AMI or ACS, 19% had previous CVA, 32% had LVEF < 40%, 45% had LM bifurcation lesion and DES was used in 65% of cases. At six months follow up: Cardiac death-7%, MI-2%, TVR-7.8%, CABG-4% and total MACE-18.6%. The observed and predicted death rates are shown:

Conclusion: 1) PCI of UPLMCA is feasible and safe if carefully planned among patients who are in a stable clinical condition. 2) The short term clinical results in high risk patients without immediate mortality risk is acceptable as compared to predictable surgical risks.