

Drug Eluting Stents vs. Bare Metal Stents for the treatment of Proximal-LAD Artery*Orvin, K; Ran, K; Shimrit, O; Abid, A**Rabin medical center, petach tikva, Israel*

Background: Drug-eluting stents (DES) have reduced the rate of in-stent restenosis compared with bare-metal stents (BMS), but long term results may be associated with an increased risk of late stent thrombosis. Therefore, the risk-benefit ratio of DES may be limited.

Goal: To compare a 2-year outcome of DES vs. BMS in proximal LAD based on a retrospective analysis.

Methods: This study assessed the long-term outcomes of patients treated with either a DES (Cypher 75%) or a BMS of proximal LAD. A total of 261 consecutive patients who underwent DES implantation were clinically followed for 2 year and compared to 99 patients who were treated with BMS. Only pts surviving more than one month after the index procedure were included and pts with prior CABG were excluded.

Results:

	DES 261 patients	BMS 99 patients	P-value
Age (years)	62±12	65±13	0.03
Male (%)	76	72	0.4
Diabetes mellitus (%)	32	22	0.07
ACS (%)	56	36	0.01
LVEF %	52±11	48±9	0.008
2 Vessel disease	43	52	0.04
Pre PCI TIMI 2/3 (%)	81	66	0.003
Post PCI TIMI 3 (%)	98	96	0.2
Lesion length (mm)	14.5±6.4	13.9±5.9	0.5
Diameter stenosis (%)	87±12	90±12	0.05
Reference vessel diameter (mm)	3.0 ±0.4	3.2 ±0.5	0.03
One year Death (%)	1.2	4	0.08
One year Myocardial infarction (%)	3.1	10	0.01
One year TVR (%)	3.8	23	0.00
One year Stent thrombosis (%)	0	5	0.002
One year CABG	1.5	7	0.006
One year MACE (%)	6.5	30	0.000
Two years Death (%)	1.5	10	0.002
Two years Myocardial infarction (%)	2.7	10	0.003
Two years TVR (%)	6.1	25	0.000
Two years Stent thrombosis (%)	0	5	0.002
Two years CABG	2.3	8.1	0.01
Two years MACE (%)	8.8	34	0.001

By multivariate analysis adjusted to the baseline differences [p value < 0.05 in univariate], propensity score for selecting DES and DES use, the DES use was a borderline significant independent risk for two years mortality [OR= 0.25; 95%CI= 0.06-1.1, P=0.06].

Conclusion: Drug eluting stent decrease revascularization rates in proximal LAD lesions without increased risk of stent thrombosis. The two years mortality benefits seen in our analysis needs more studies