

Unprotected Left Main Coronary Artery (LMCA) Stenting: In Hospital and Long Term Outcomes

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Background: Coronary bypass graft surgery (CABG) has been recommended for left main stenosis. Improvements in angioplasty and stent techniques have resulted in wider applicability of a percutaneous approach, resulting in a recent updating of the revascularization guidelines. **Objectives:** This study served to present the in-hospital and long term clinical and angiographic outcomes and survival data of consecutive patients undergoing unprotected stenting for LMCA stenosis.

Methods: A total of 288 patients underwent LMCA stenting between January 2001 and August 2010. The majority of patients presented with acute coronary syndromes (72%), while the remainder (28%) had stable angina. Patients were followed routinely in outpatient clinics at 1, 3, 6, and 12 months. Clinical and angiographic follow up was obtained either from out-patient records or by telephone interview. Follow-up angiography was recommended to all patients and was performed in 80% of them at 6 months.

Results: The clinical presentation of the patients was ST elevation MI in 7.9%, non ST elevation MI 13.6% , unstable angina 50.5% and stable angina 28%. The average left ventricular ejection fraction was preserved ($50\pm 11\%$). The majority (82%) of the patients were in Killip class I. The procedural success rate was 100%. The in-hospital overall mortality was 2.85%. Only one death occurred in patients that were in stable hemodynamic state at the procedure's onset. None of the patients needed emergent CABG. At long term follow-up (average 3 years) there were 20 deaths (7.1%), 7 patients required CABG and 30 patients required repeat target vessel revascularization. **Conclusions:** Coronary stenting for LM stenosis can be performed safely with acceptable in-hospital and long -term outcomes. Our results confirm that LM PCI (especially using a single drug eluting stent) is a viable alternative to surgery.