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The Role of Routine Angiographic Follow-up after Percutaneous Coronary Intervention for Unprotected Left Main Stenosis

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Background:
The strategy of performing routine angiographic follow up 6 months after unprotected Left Main Stenting (ULMS) is common approach in several medical centers in the word. The prognostic value of this angiographic follow up and its ability to predict future major cardiovascular events (MACE) was not studied yet. The American guidelines ACC/AHA 2011 did not clarify in this issue. We perform this retrospective study to examine this unresolved dilemma.

Methods:
We retrospectively followed 170 patients treated with unprotected ULMS in the Baruch Padea Medical Center between March 2006 and July 2011. Patients who died during the index hospitalization were excluded from the analysis. The information was gathered from the electronic patient's files and from a telephone interview with the patients. The data on Mortality was collected from theMinistry of Internal Affair office. Patients were divided into two groups: A, patients that underwent 6 months angiographic follow up. B, patients that did not undergo routine angiographic follow up.

The study designed to answer in which portion of patients who underwent routine angiographic follow up there was need for revalcularization?

A comparison between the two groups in the ratio of MACE (mortality+ need for revascularization, stroke, need for Coronary bypass surgery) was done

Results:
Patients that underwent routine angiographic follow up revascularization was performed in 48% for one of the coronary arteries, from these 4.6% were for Left Main reintervention. The group of patients that underwent routine angiographic follow up had statistically significant very low rate of MACE in respect of the other group (11.9% versus 62.6%).

Conclusion:
Routine angiographic follow up for ULMS is highly recommended and have a prognostic value on the prediction of MACE.