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**Background** Compared with Bare-Metal Stents (BMS), Drug-Eluting Stents (DES) dramatically reduce restenosis, but some reports warn of possible increased risk of late stent thrombosis with DES. **Objective** To predict lesions with low restenosis rate, score points were assigned according to lesion and patient characteristics. **Methods** To evaluate outcomes, 6-months angiographic follow-up data from 312 patients (364 lesions) who underwent successful Multi-Link-stent implantation (BMS group) were analyzed and compared to that from 238 patients (381 lesions) who underwent sirolimus-eluting-stent implantation (SES group) and 202 patients (312 lesions) who underwent paclitaxel-eluting-stent implantation (PES group). Risk score was calculated by adding point values assigned to each variable as follows: 1) diabetes mellitus: present=1 point, absent=0 points; 2) reference vessel diameter: <3.0 mm=2 points, 3.0 mm-<3.5 mm=1 point, over 3.5 mm=0 points; 3) lesion length: <10 mm=0 points, 10 mm-<20 mm=1 point, over 20 mm=2 points. **Results** Angiographic follow-up was performed at 6-months for 298 BMS-treated lesions and 325 SES-treated lesions, and 267 PES-treated lesions. Restenosis rate of 0-point lesions was similar in three groups; however, restenosis rate of over 2-point lesions was significantly lower in the PES and SES group than BMS group. High lesion-score was seemed to be high restenosis rate and Target-lesion-revascularization rate in ML and SES group. **Conclusion** Implantation of DES in 0-point lesions confers no additional benefit compared to that of BMS. Lesion scoring can stratify lesions with very low and high restenosis rates and can aid in the decision to implant a DES or BMS.