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Impact of Adjunctive Cilostazol on Midterm Clinical and Angiographic Outcomes in patients undergoing Percutaneous Coronary Intervention with Drug Eluting Stent

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Background: The efficacy and safety of triple antiplatelet therapy in all comers undergoing percutaneous coronary intervention (PCI) with drug-eluting stent (DES) in real-world clinical practice is unclear yet. **Methods:** The study population consisted of 1,689 consecutive pts who underwent PCI with DES. Usage of adjunctive Cilostazol to dual antiplatelet regimen (asprin + clopidogrel) was dependent on discretion of physician. Cilostazol was administered by 200mg post-loading and then 100mg bid for at least one month. **Results:** Out of 1689 enrolled pts, 659 pts (39.02%) received Triple and 1030 pts (60.98%) Dual therapy. Despite the higher risk subset of pts in Cilostazol group, major clinical hard endpoints, incidence of stent thrombosis and angiographic outcomes were similar between the two groups (Table). **Conclusion:** Triple antiplatelet therapy including adjunctive Cilostazol in high risk pts undergoing PCI with DES in real world clinical practice showed similar midterm clinical and angiographic outcomes compared with those of usual pts with dual antiplatelet therapy.

Table. 6-month Clinical and Angiographic Outcomes

Variables, N (%)	No Cilostazol Group (N=1030 pts)	Cilostazol Group (N=659 pts)	P-Value	OR (95%CI)
Death	31 (3.0)	22 (3.3)	0.213	0.52 (0.19-1.43)
MI	7 (0.7)	8 (1.2)	0.625	1.41 (0.36-5.48)
TLR	43 (4.2)	29 (4.4)	0.714	1.11 (0.64-1.94)
TVR	50 (4.9)	37 (5.6)	0.974	0.99 (0.60-1.65)
MACE	78 (7.6)	56 (8.5)	0.791	0.94 (0.59-1.50)
Stent Thrombosis	12 (1.1)	5 (0.9)	0.189	
Subacute (1-30 day)	3 (0.3)	5 (0.8)		
Late (30 day-6 months)	9 (0.9)	0 (0.0)		
Binary Restenosis	82 (8.9)	57 (9.6)	0.899	1.03 (0.68-1.55)
Restenosis %	24.54±21.41	24.30±23.62	0.880	----
Late Loss	0.82±0.68	0.88±0.74	0.190	----