10053

Safety and Efficacy of Adjunctive Cilostazol in Patients with Left Main Disease undergoing Percutaneous Coronary Intervention with Drug Eluting Stent

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Background:. The impact of triple antiplatelets on LM intervention outcome is not reported yet. Method:. 76 consecutive patients (pts) with left main disease and underwent PCI were studies. Cilostazol was administered by 200mg post-loading and then 100mg bid for at least one month. Clinical and angiographic outcomes up to 6 months of triple group were compared with those of dual antiplatelet group. Results:. 52 pts (68.42%) received Cilostazol. In-hospital bleeding and vascular complications were not different between the two groups. At 6 months, major clinical outcomes, incidence of stent thrombosis and angiographic outcomes were similar between the two groups. Further, even after the multivariate logistic analysis, there was no significant difference between the two groups (Table).. Conclusion:. Patients with LM disease undergoing PCI with DES with either dual or triple antiplatelet therapy showed similar midterm clinical and angiographic outcomes. However, the long-term impact of Cilostazol on both angiographic and clinical outcomes should be carried out with larger study population to make the final conclusion.

Table. 6-month Clinical and Angiographic Outcomes of Left Main Disease

Variables, N (%)	Dual Group (N=24 pts)	Triple Group (N=52 pts)	P-Value
Total Death	3 (12.5)	1 (1.9)	0.482
MI	0 (0.0)	0 (0.0)	1.000
TLR	1 (4.2)	6 (11.5)	1.000
TVR	1 (4.2)	6 (11.5)	1.000
TVR MACE	4 (16.7)	7 (13.5)	0.996
Stent Thrombosis	0 (0.0)	1 (1.9)	0.189
Subacute	0 (0.0)	1 (1.9)	--
Binary Restenosis	3 (12.5)	9 (17.3)	0.742
Restenosis (%)	23.18±8.83	19.27±8.01	0.880
FU-MLD	2.39±0.85	2.44±1.20	0.700
Late Loss	0.92±0.71	0.97±0.68	0.190