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**AIMS:** Some patients suffer from recurrent restenosis despite using DES. The clinical significance of the repeated DES placement is less certain. The aim of this study is to clarify the clinical significance of the repeated DES placement compared with POBA treatment. **METHODS:** We measured minimal lumen diameter (MLD) and reference diameter (RD) before and after the procedure. Lesion morphology is classified by the modified ACC/AHA classification. We divided two groups, the repeated DES placement (DES group) or POBA (POBA group). We compared the QCA data and lesion morphology during the first SES implantation and second PCI procedure between the groups. **RESULTS:** We enrolled 71 patients with 91 lesions. The DES group consisted 71 lesions and POBA group 20 lesions. There is no significant difference in coronary risk factors and responsible coronary arteries between the groups. There is also no difference in MLD and RD during first PCI. Before the second PCI, DES group contained the smaller lesion ( $0.63 \pm 0.39\text{mm}$  vs.  $0.88 \pm 0.52\text{mm}$ ,  $p=0.009$ ). Lesion length tended to be smaller in POBA group ( $8.8 \pm 4.2\text{mm}$  vs.  $7.1 \pm 3.0\text{mm}$ ,  $p=0.051$ ). The ratio of Type B2/C lesion is no difference (35.2% vs. 35.0% respectively,  $p=0.93$ ). In the end of second PCI, MLD in DES group is larger than the other group ( $2.87 \pm 0.47\text{mm}$  vs.  $2.43 \pm 0.58\text{mm}$   $p=0.0004$ ). Recurrent restenosis occurred in 11 lesions (15.5%), 4 lesions (20.0%) in DES group and POBA group, respectively ( $p=0.74$ ). **Conclusion:** DES implantation is more effective for the SES restenosis lesion with larger late loss. On the other hand, for focal restenosis lesion, POBA shows same clinical impacts as second DES implantation.