

Moderate Side Branch Stenosis of Left Main Trunk Treated with Single Sirolimus-Eluting Stent Should be Observed with No Additional Stenting.

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Background: Despite of the remarkable benefit of the sirolimus-eluting stent (SES) in patients with relatively simple coronary lesions, bifurcation lesion remains a predictor of poor prognosis even in SES implantation. We aimed to determine the clinical outcome of the side branch (SB) of left main trunk (LMT) treated with single SES stent strategy. **Methods:** SES implantation for LMT stenosis was successfully performed in 94 patients from July 2004 to August 2008. The 68 patients were treated with singled SES and jailed SB. We divided these 69 SB into two groups according to the percent diameter stenosis of SB just after PCI (>50%: group 1 and <50%: group 2). Quantitative coronary angiography data was evaluated. **Results:** Angiographic follow-up was performed 55 (79.7%) patients at 1 year. In group 1, at follow-up, MLD was significantly larger than that after PCI ($0.9\pm 0.4\text{mm}$ vs. $1.2\text{mm}\pm 0.7\text{mm}$; $p<0.05$) and the percent diameter stenosis regressed significantly ($64.4\%\pm 13.6\%$ vs. $51.6\%\pm 24.8\%$; $p<0.05$). In group2, MLD and the percent diameter stenosis didn't change significantly. In both groups, revascularization for SB was not performed at follow-up. **Conclusion:** Outcome of the moderate SB stenosis of LMT treated with single SES was acceptable, and should be observed with no additional stenting.