

## Candesartan Reduces Coronary Restenosis after Primary Percutaneous Coronary Intervention for Acute Myocardial Infarction

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Despite advances in primary percutaneous coronary intervention (PCI) for acute myocardial infarction (AMI), stent restenosis remains a significant clinical problem. Angiotensin converting enzyme inhibitor, angiotensin II receptor blocker,  $\beta$ -blocker, and statin have been widely used for patients after AMI to improve patient's prognosis. Accordingly, we investigated effects of these drugs on stent restenosis after primary PCI in patients with AMI. **Methods:** We studied 168 consecutive patients with an AMI successfully treated with primary PCI at our hospital. Follow up cardiac angiography was performed in 125 patients between 6 and 14 months after AMI. Stent implantation was done 85.6% of the patients and 79.4% of stents were drug eluting stent. All target vessels were evaluated by quantitative coronary arteriography. Late loss during follow-up was calculated the difference between minimum lumen diameter (MLD) after stent implantation and MLD at follow-up. **Results:** The magnitude of late loss in MLD was significantly less in patients with taking candesartan than in those without candesartan ( $0.41 \pm 0.66\text{mm}$  vs.  $0.75 \pm 0.79\text{mm}$ ,  $p=0.018$ ). In multivariable regression analysis with adjusting age, gender and other drugs, candesartan administration was independently associated with the magnitude of late loss in MLD ( $p=0.028$ ). There was no relationship between late loss and the other drugs. **Conclusion:** This study demonstrates that candesartan administration reduces coronary stent restenosis in AMI patients.