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Mid-term clinical outcomes of unprotected left main coronary artery stenosis with new generation drug eluting stents.

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[Purpose] Drug eluting stent(DES) have reduced the risk of restenosis, particularly in high risk patient. However it is unknown which DES is suitable in unprotected left main coronary artery(ULMCA). The aim of this study was to compare the safety and efficacy of new generation DES(everolimus eluting stent:EES or biolimus eluting stent:BES) for ULMCA. [Method] 58 patients undergoing PCI for ULMCA were enrolled from February 2010 to May 2012. 27 patients were assingned to receive EES and 31 patients were assigned to receive BES. The primary endpoint was the incidence of major adversed cardiac events(MACE), defined as cardiac death, myocardial infarction(MI), or target lesion revascularization(TLR) at 12 month. Exclusion criteria are histories of CABG.[Result] Baseline SYNTAX score tended to be higher in BES group than in EES group(26.5±12.4, vs 32.3±13.8, respectively, p=0.09). At 12 month there were no significant differences in TLR(11.1% vs 9.4%, respectively , p=0.83), in MACE(11.1% vs 12.9%, respectively , p=0.88) . The lesion background of TLR case was all LMT distal bifurcation case, furthermore alll TLR site were present in LCX ostium.[Conclusion] Implantation of new generation DES in ULMCA is safe and effective. However the problem of LCX ostium restenosis is not still unsolved in these DES.