

Different Target Vessel May Have Different Prognosis following Chronic Total Occlusion Intervention Coronary Artery Lesions

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**Background:** Chronic total occlusion (CTO) intervention is still challenging because of the limited procedural success rate and higher target failure. It is not clear whether the left anterior descending artery (LAD) lesion will significantly impact on angiographic and clinical outcomes in patients (pts) with CTO treated with drug eluting stents (DES) as compared with those of Circumflex (LCX) and Right Coronary Artery (RCA) lesions. **Methods:** A total of 218 consecutive pts underwent CTO intervention with DESs were divided according to the different target CTO lesions (LAD CTO: n=93 pts, LCX CTO: n=44 pts, RCA CTO: n=81 pts). Six-month angiographic and twelve-month clinical outcomes were compared among the three groups. **Results:** The baseline clinical characteristics were balanced among the three groups. The overall procedural success rate was similar among the three groups (98.9% vs. 100.0% vs. 96.3%, p=0.207). Procedural characteristics and procedure related complications including perforation and dissection were not different among the three groups. Angiographic outcomes at 6 months and major clinical outcomes up to 12 months were similar among the three groups except a trend toward higher incidence of Q-wave myocardial infarction (MI) in the LAD CTO group (Table). **Conclusions:** The safety profiles, procedural success, complications, mid-term angiographic and clinical outcomes were similar among the three groups except higher incidence of Q-MI in the LAD CTO group. Long-term follow up with larger study population will be necessary to get final conclusion.