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Elective versus Bailout Stenting Outcomes Following Unprotected Left Main Intervention with Drug-eluting Stents

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Background: Several registries and randomized studies have shown promising results in terms of safety and feasibility following percutaneous coronary intervention (PCI) with drug-eluting stents (DESs) in unprotected left main coronary disease (ULMCD). However, there are limited data regarding outcomes of emergent PCI in left main (LM) coronary artery at bailout situation. Methods: A total 81 consecutive patients (pts) who underwent PCI for unprotected LM coronary artery with DESs were enrolled for the study. We compared 6-month angiographic and 12-month clinical outcomes between elective stenting (n=76) versus bailout stenting (n=5) for unprotected LM coronary artery in real world clinical practice. Results: Baseline characteristics were similar between the two groups. At index procedure, angiographic and procedural parameters were also similar except that the bailout stenting group had larger post-stenting minimal luminal diameter (MLD, 3.99±0.5 vs. 3.07±0.7, p=0.038) and more use of glycoprotein IIB/IIIA inhibitors (40% vs. 5.2%, p=0.004). At six months follow up, there was no difference between the two groups in angiographic endpoints. However, at twelve months follow up, bailout stenting group showed worse clinical outcomes in term of death, myocardial infarction and major adverse cardiac events (MACE, Table). Conclusions: In patients with ULMCD undergoing PCI with DES, cumulative adverse clinical outcomes were much worse in bailout stenting group despite of similar mid-term angiographic outcomes as compared with those of elective stenting group.