

Is BMS enough to PCI for large coronary artery?

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Background: Drug eluting stent (DES) has lower late loss than bare metal stent (BMS), however DES has some problems such as late thrombosis, late restenosis, endothelial dysfunction and so on. Late loss is important factor of restenosis rate and target lesion revascularization (TLR) in small vessels, whereas it may be not so important in large vessels. BMS may be enough to avoid restenosis and TLR in large vessels, **Objective:** We investigated that acute and midterm outcome of BMS and DES implanting for large vessels. **Method:** Consecutive 488 large vessel lesions which had more than 3.5mm diameter were enrolled in this study. Acute success rate, restenosis rate and TLR were examined. **Result:** 3.5mm BMS were implanted in 97 lesions and 3.5mm DES were implanted in 261 lesions (3.5mm group). 4.0mm BMS were implanted in 91 lesions and post dilatation by using 4.0mm balloon were performed after implanting 3.5mm DES in 39 lesions (4.0mm group). Angiographic success rate was 100% and there was no complication. In 3.5mm group, restenosis rate and TLR was higher in BMS group than DES group (33.0% vs 10.0% p<0.001, 15.5% vs 5.7% p<0.001). However there was no significant difference between BMS and DES in 4.0mm group (8.8% vs 2.6% N.S., 4.4% vs 2.6% N.S.). There was no death, myocardial infarction, subacute and late thrombosis. **Conclusion:** In 3.5 mm diameter vessels, BMS was not enough to avoid restenosis and TLR compared with DES. However BMS was useful as same as DES in more than 4.0mm diameter vessels.