## 10107

Does Diabetes Mellitus Affect Unprotected Left Main Intervention Outcomes in Drug-eluting Stent Era?

## <sup>1</sup>Korea University Guro Hospital

Se Yeon Choi<sup>1</sup>, Seung-Woon Rha<sup>1</sup>, Amro Elnagar<sup>1</sup>, Byoung Geol Choi<sup>1</sup>, Sung II Im<sup>1</sup>, Sun Won Kim<sup>1</sup>, Jin Oh Na<sup>1</sup>, Seong Woo Han<sup>1</sup>, Cheol Ung Choi<sup>1</sup>, Hong Euy Lim<sup>1</sup>, Jin Won Kim<sup>1</sup>, Eung Ju Kim<sup>1</sup>, Chang Gyu Park<sup>1</sup>, Hong Seog Seo<sup>1</sup>, Dong Joo Oh<sup>1</sup>

Background: Despite improving efficacy and safety with drug-eluting stents (DES), diabetes mellitus (DM) is still one of predictors of poor outcome after percutanous coronary intervention (PCI). However, there are limited data regarding the impact of DM on angiographic and major clinical outcomes following unprotected left main (LM) intervention with DESs. Methods: A total 181 patients (pts) who underwent PCI for unprotected LM with DESs were enrolled for the study. We compared the mid-term angiographic and 12-month clinical outcomes between the diabetics (N=71 pts) and non diabetics (N=110 pts). Results: Baseline characteristics were similar between the two groups, except that diabetics had more hypertension (81.7% vs. 58.2%, p=0.001) and hyperlipidemia (25.4% vs. 11.8, p=0.018). At six months angiographic follow up there was a trend towards higher incidence of binary restensis in non-diabetics; however other angiographic outcomes were not different between the two groups. There were no differences in major clinical outcomes between the two groups at least up to one year. Conclusions: Even in diabetics, mid-term angiographic and clinical outcomes were similar to those of non-diabetics, suggesting excellent performance and safety of DESs following PCI for pts with unprotected LM disease.