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Mid-term outcomes of biolimus-eluting stent implantation for unprotected distal left main coronary artery disease: a single center, real world experience

Background: There are limited data regarding clinical outcomes of biolimus A9-eluting stent (BES) implantation for distal unprotected left main coronary artery (ULMCA) disease. Purpose: The aim of this study was to assess the mid-term clinical outcomes of percutaneous coronary intervention (PCI) for distal ULMCA disease using BES. Methods: From May 2011 to February 2013, consecutive 72 patients with a significant (>50%) stenosis in distal ULMCA undergoing PCI with BES were included in this analysis. Results: In clinical characteristics, 21 (29.2%) patients were acute coronary syndrome. 23 (31.9%) patients were treated with two-stent technique (3 with crush, 15 with mini-crush, 1 with T, 2 with culotte, 2 with provisional T). Procedural success was obtained in all cases. In hospital death caused by subacute stent thrombosis (SAT) occurred in one patient who admitted with ST segment elevation myocardial infarction. Angiographic follow-up was performed in 39 (54.2%) patients at 268 ± 108 days and the rate of target lesion revascularization (TLR) was 6.9%. The rate of TLR in two-stent technique was significantly higher than that in one-stent technique (17.4% vs. 3.0%, $p=0.033$). At a median clinical follow-up of 269 days, cardiac death occurred in only the previous SAT case. Target vessel revascularization was required in 8 (11.1%) patients. Conclusion: In our experience, BES in distal ULMCA disease provides good mid-term results. Long-term follow-up is needed to confirm the safety and efficacy of BES for distal ULMCA disease.