Impact of Drug-eluting Stents in Patients with Cerebrovascular Disease: One-year Outcome after Percutaneous Coronary Intervention just before Cerebrovascular Surgery

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Background: Cerebrovascular disease (CVD) is associated with an increased risk of coronary artery disease (CAD). However, it is unclear whether patients with CVD develop ISR after PCI at high rate, and it is also controversial what sort of stent we should deploy just before cerebrovascular surgery.

Methods:In our hospital, we have performed CAG in patients who have planned to undergo carotid endarterectomy or stenting. In this cohort, 93 patients underwent PCI from April 2003 to May 2013, and we evaluated retrospectively their one-year outcomes after PCI.

Results:33 patients (34%) received Bare-metal stents (BMS), and 53 patients (55%) received Drug-eluting stents (DES). Patients who received DES had more coronary risk factors. 8 out of patients who had BMS (24%) developed ISR, and ISR occurred in 5 out of those who had DES (9.4%). Hazard Ratio was 3.3 (95% confidence interval 1.2-13). And there is no difference in perioperative complications between DES and BMS.

Conclusion:In comparison with BMS, DES is associated with decreased incidence of in-stent restenosis in CVD.

