

Mid-term outcome of patients with implantation of second-generation DES in the RCA ostium

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[Purpose]Ostial right coronary artery (RCA) lesions are associated with a high risk of target lesion revascularization (TLR). The aim of this study is to assess the clinical outcomes of the treatment of the ostial RCA with second-generation drug eluting stents (DES). [Methods]We treated 167 patients with ostial RCA lesions using BiolimusA9-eluting stent (BES) (n=106) or Everolimus-eluting stent (EES) (n=61). Among 167 patients, 119 patients (69 patients in BES group, 50 patients in EES group) who underwent follow-up angiography were assessed about 1-year clinical and angiographic outcomes.[Results]There were more ACS patients in EES group than BES group (30.0% vs. 14.5%; P=0.04). Other baseline clinical and angiographic characteristics were similar in both groups. The average stent diameter was 3.41mm in BES group, 3.42mm in EES group (P=0.44). The average stent length was 20.7mm in BES group, 25.9mm in EES group (P<0.001). There was no stent deformation in both groups. The cardiac death and the stent thrombosis were not seen in both groups. The TLR rates were 8.7% in BES group and 10.0% in EES group (P=0.81).[Conclusion]Ostial RCA lesions were associated with a higher risk of TLR as compared with that of non-RCA ostial lesions. However the TLR rates of second-generation DES was less than that of first-generation DES. So the treatment of ostial RCA lesions with second-generation DES is feasible.