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Follow up and treatment of patients with a coronary chronic total occlusion due to a stent restenosis

There is no a well established treatment for a coronary total occlusion (CTO) due to an occlusive restenosis of a previous implanted stent.AIM to analyze the decision making process and prognosis of percutaneous treatment (PCI) of CTO secondary to a stent restenosisMETHODS between March 2010 and December 2014 62 consecutive patients were included in a monocenter registry. We analyzed clinical, angiographic characteristics,ACEF, Syntax and JCTO scores.RESULTS: average age 64.4 ±11 years, 82% women,85% hypertension, 48% tobacco use, 51% diabetes, 85% dyslipidemia, 71% previous AMI, 9,7% previous CABG. ACEF score 1.54 ±0.65, LVEF 48±12%, 71% multivessel disease, restenosis of a previous DES 48%, CTO length 26±20 mm, CTO diameter 2.55±0.65 mm, Syntax 21±9.5, JCTO score 1,42±1. When we compare patients sent to PCI (30) to those sent to medical therapy (22) or CABG (10) we found those sent to PCI were: older 68± 10.3 vs 61± 10.5 (p=0.008), had less previous DES (37% vs 59%, p=0.074), less ostial location (23 vs 47%, p=0.05), lower Syntax (18.2± 8.3 vs 23.7±9.8, p=0.021) and lower JCTO 1.13±0.94 vs 1.69±1, p=0.028). The PCI success was 87%. During the follow up (862±620 days) 15% had a reocclusion, AMI or death 22.7% of those sent to medical therapy vs 3.3 % on the PCI group and 30% on the CABG (p=0.033) CONCLUSIONS patients with a previous DES, more complex anatomy and higher Syntax score were sent less often to a PCI. Patients in the PCI group had the best follow up