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Background: There has been reported 40-60% about restenosis rate (RR) within 12 months after only POBA. DCB has been available for in stent restenosis (ISR). We evaluated the efficacy of DCB for ISR and native lesions compared with previous reports. Methods: We enrolled consecutive 58 patients with 68 lesions treated by DCB since 2014. Angiography and clinical outcomes from 3 to 12 months follow up were evaluated. We divided into restenosis group (group A, n=10) and not-restenosis group (group B, n=22), and evaluated clinical, angiographic and procedure characteristics. Moreover, we investigated RR and evaluated target lesion revascularisation (TLR) and major adverse cardiac events (MACE) between ISR (n=46) and native lesions (n=22). Results: RR of DCB was 31.2% (10 of 32 lesions). There were no significant differences about clinical backgrounds between group A and B, but about angiographic characteristics of lesions; not-RCA (P=0.019), type B2 or C (P=0.011) and rate of expansion >75% in final CAG (P=0.004) were significantly more restenosis. RR of DCB for native lesions was 16.7% (1 of 6 lesions) and for ISR lesions was 34.6% (9 of 26 lesions) (P=0.637). There were no significant differences about clinical backgrounds between ISR and native lesions, but about angiographic characteristics; not-RCA (P=0.009), LCx (P=0.001), ostium (P=0.0001), bifurcation (P=0.006), short lesions (P=0.008), small vessels (P=0.005) and Type A and B1 lesions (P=0.037) were more in native lesions than ISR. There were no significant differences about RR and MACE (P=0.253). Conclusion: DCB may be useful compared with previous reports within 12 months. DCB for native lesions about short, small and simple lesions under specific situations difficult for stenting also may be useful as same as for ISR lesions.