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Background: First choice of LMT lesion was CABG. It does not change, but now, DES of second-generation and later adapted to be especially used, that for the LMT lesion, the enforcement of PCI has become common. Methods: We examined retrospectively all results of five years of PCI for LMT. Result: From April 2010 to March 2014, the average follow up period was 679 ± 321.7 days. PCI for LMT was 110. BMS was used 3.8%, DES was used 96.2%. In DES, BES has been used 86%. TLF and TLR of PCI for LMT lesion was 3.8%. MACE was 9.3%. In the same period, CABG for LMT lesions are enforced 152 cases. MACE of patients undergoing CABG was 5.1%, which was a result similar to the PCI. Result of the examination of the independent risk factor of coronary events by multivariate analysis of underwent PCI, were raised (e-GFR >30 ml/min/1.73 meters) is HD, prior stroke current smoker, CKD. Conclusion: PCI for LMT lesion has been gradually mature, and will continue to increase in the future. However, it is envisaged that some patients treatment resistant in that it shows the option of CABG when treating to the LMT lesions is important.