

Intervention vs. Surgery in Unprotected Left Main Coronary Artery Disease

Toyohashi Heart Center



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■ Background

The present condition of PCI for unprotected left main coronary artery disease (ULM)

- **Increase of complicated cases:**
 - **Systemic diseases**
 - ✓ **Infectious disease**
 - ✓ **Cerebrovascular disease**
 - ✓ **Illness of Aorta and/or peripheral arteries**
 - **Ungraftable native coronary artery**
 - ✓ **Severe calcification, diffuse lesion (ex. HD patients)**
- **Advent of new devices: Stents, DCA, Rotablator, etc.**
- **Improvement of operators' skill**



■ Background

- **Indication began to widely spread from high-risk to low-risk candidates;**
 - ✓ **with adequate consideration of indication**
 - ✓ **with proper device and procedures**
 - ✓ **by skilled operators with a lot of experiences**



■ Background

➤ Advantages of PCI for ULM

- ✓ Psychological matter of patients
- ✓ Shorter admission
- ✓ Repeatable



■ Purpose

- **The purpose of present study is to evaluate the mid-term reliability of PCI for ULM comparing with those of CABG.**



■ Subjects

- **ULM cases who underwent revascularization therapy between May 1999 and November 2002 in our institute:**
 - ◆ **243 consecutive cases**
 - ✓ **PCI: 104**
 - ✓ **CABG: 139**
 - ◆ **Acute myocardial infarction containing both LAD and LCX occlusion was excluded.**



■Standars for CABG rather PCI

- Referral patient for surgery from other institutes
- Repeated PCI
- Inadequate morphology for PCI
 - ✓ Small left main (less than 3.5mm)
 - ✓ Triple vessel disease
 - ✓ Severely calcified lesion
 - ✓ Diffuse long lesion of LAD or LCX
 - ✓ Containing CTO
 - ✓ Severely bending

...not absolute criteria



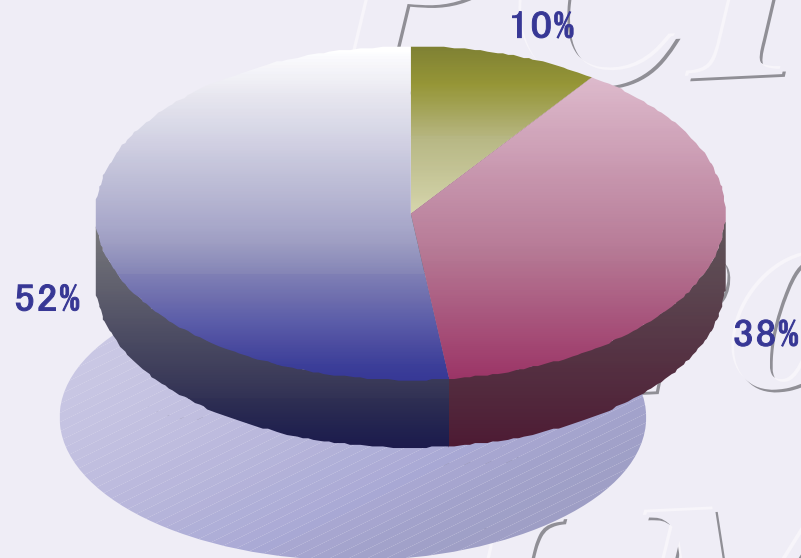
■ Baseline Characteristics

	PCI	CABG
Total No. , n	104	139
Age (yrs)	68.1 ± 11.5	68.6 ± 8.4
Male gender, n	81 (78%)	99 (71%)
DM, n	36 (35%)	26 (19%)
Cerebrovascular disease, n	7 (7%)	8 (6%)
Previous CABG, n	7 (7%)	-
Over 75 y.o., n	24 (23%)	25 (18%)
LVEF (%)	50.1 ± 11.1	-
Clinical presentation at arrival		
AMI, n	10 (10%)	2 (1%)
UAP, n	40 (38%)	14 (10%)
Elective, n	54 (52%)	123 (89%)

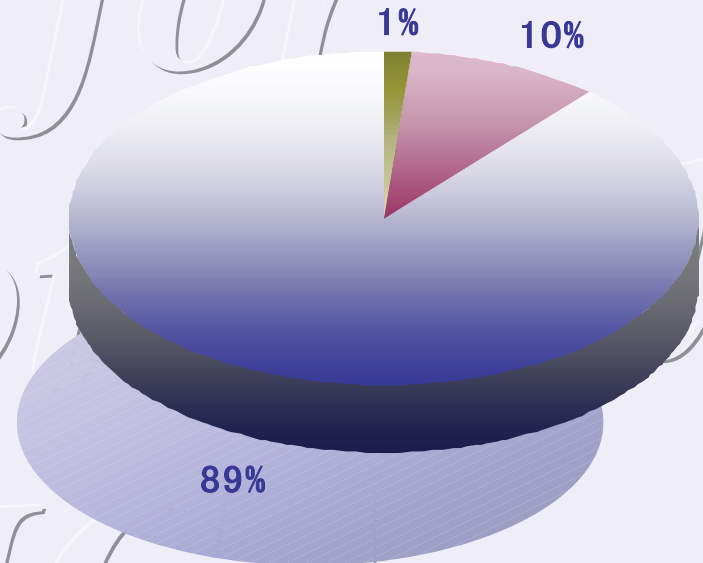


■ Status at arrival (PCI group)

PCI (104)



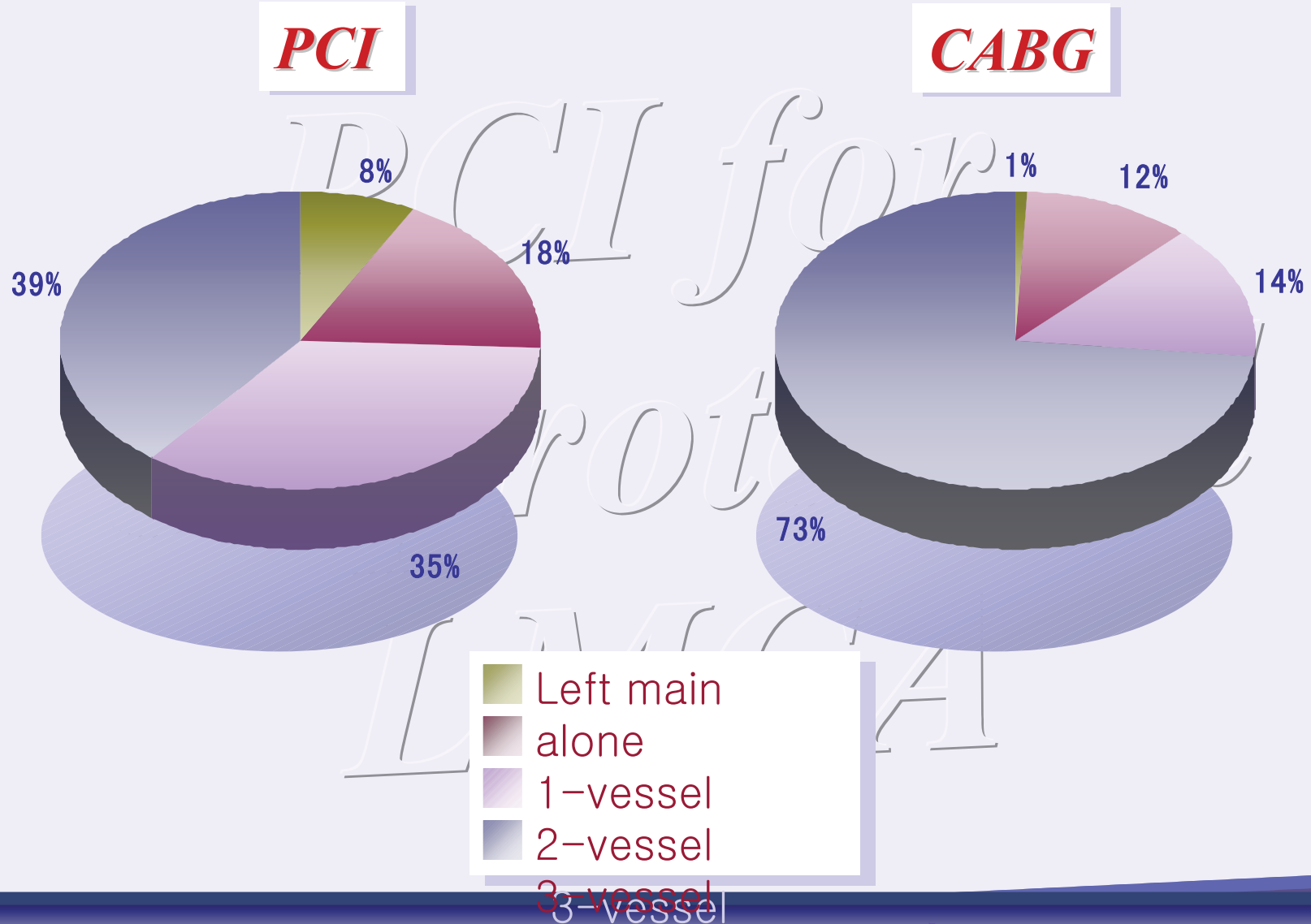
CABG (139)



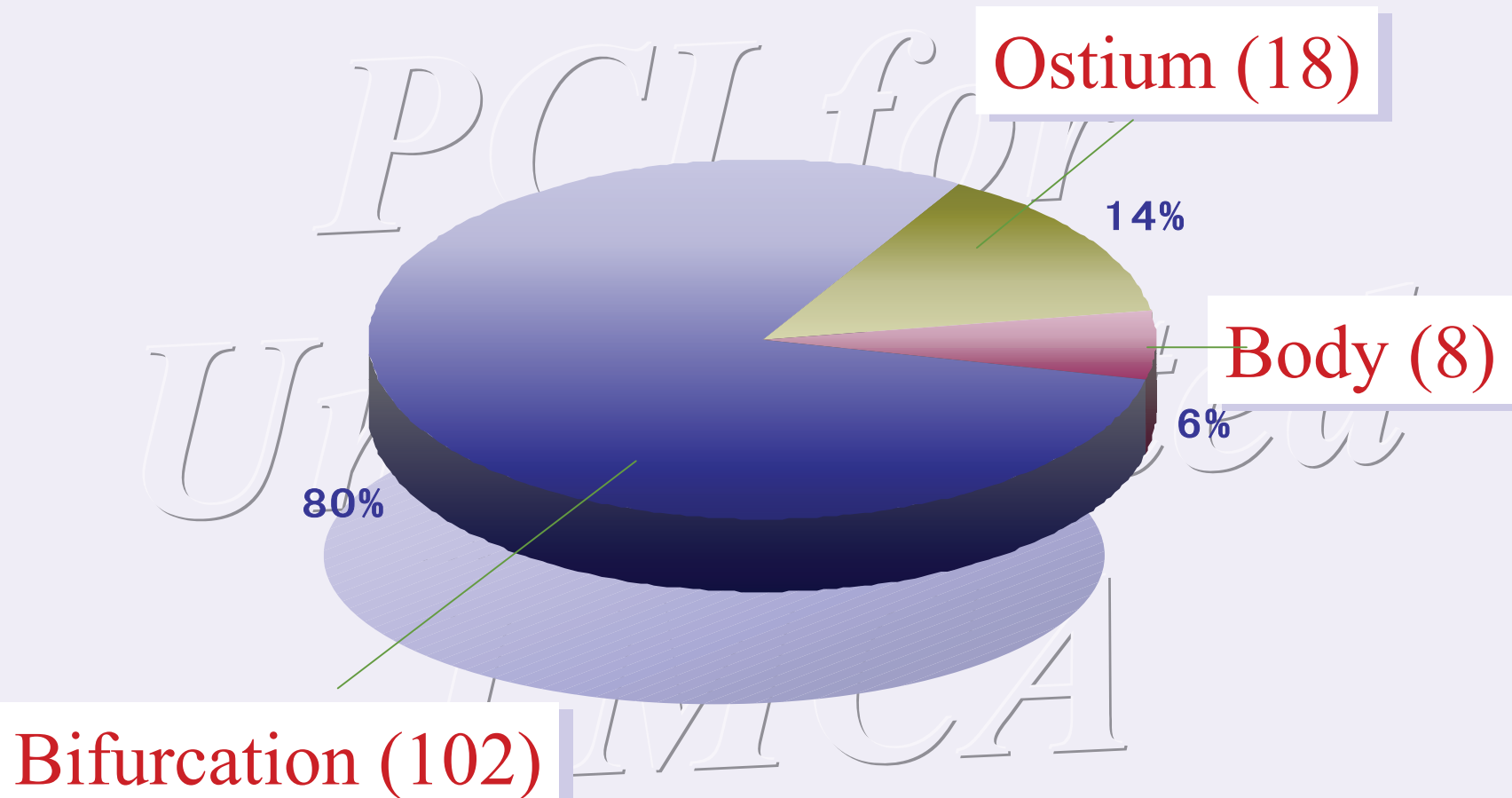
■ Acute myocardial
■ infarction
■ Unstable angina
■ Elective



Number of Diseased Vessels

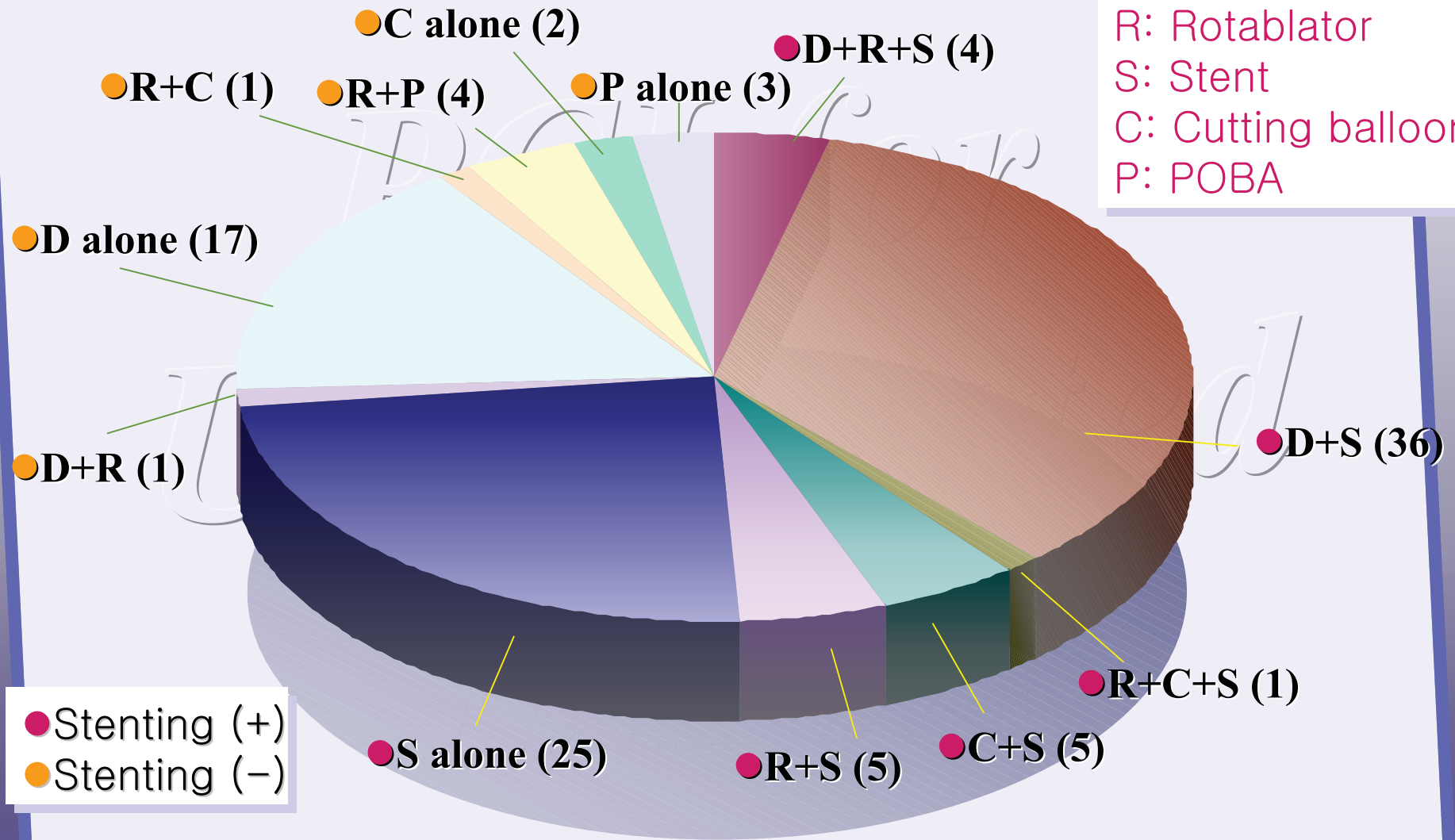


■ Lesion location (PCI group)



Procedure in PCI

D: DCA
 R: Rotablator
 S: Stent
 C: Cutting balloon
 P: POBA

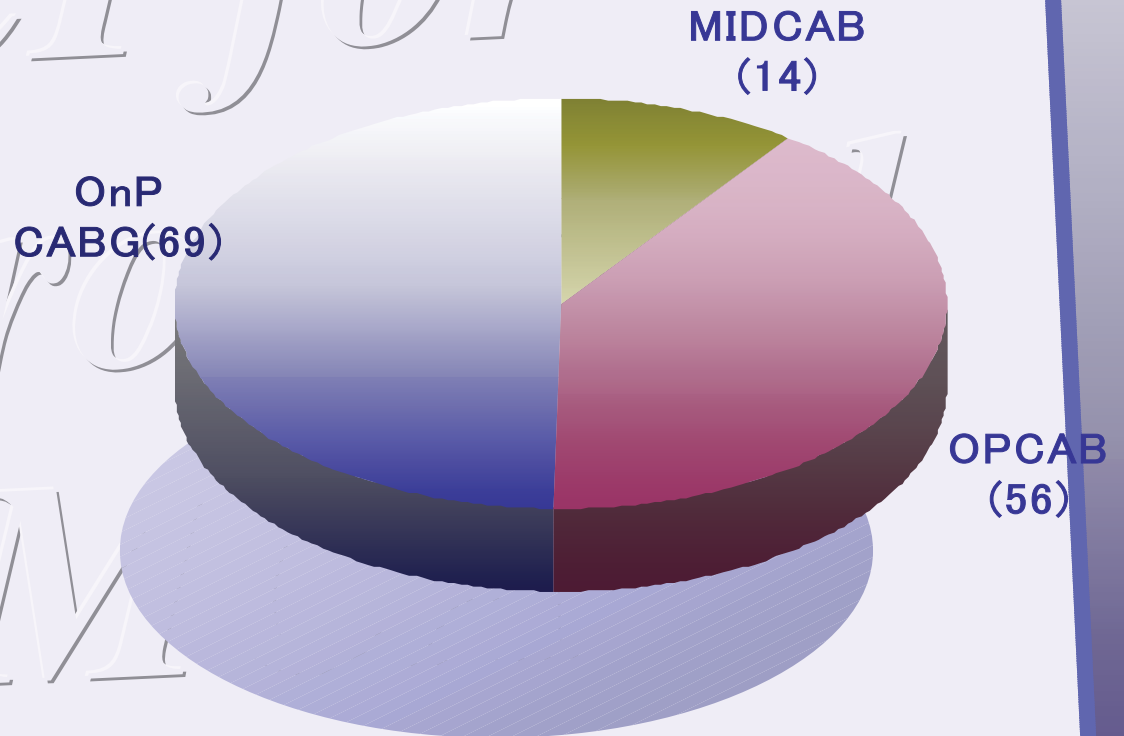


No. of Bypass and Procedure (CABG group)

No. of Bypass Grafts

Graft	n
1	15
2	48
3	46
4	22
5	8

Procedure



■ In-hospital Outcome

	PCI (n=104)	CABG (n=139)	p
Lesion success, n	104 (100%)	139 (100%)	ns.
Clinical success, n	102 (98%)	137 (99%)	ns.
Complications, n	2 (1.9%)	2 (1.4%)	ns.
Cardiac death, n	1 (1.0%) *	2 (1.4%) #	ns.
Non-cardiac death, n	1 (1.0%) **	0 (0%)	ns.
Q-myocardial infarction, n	0 (0%)	0 (0%)	ns.
Re-PCI or CABG, n	1 (1.0%) †	0 (0%)	ns.

*Low output syndrome with severe diffuse calcified lesion, rejected CABG.

**Peripheral hemorrhage.

#Both congestive heart failure.



■ Late Phase Outcome within 6 months

	PCI (n=104)	CABG (n=139)	p
Total death, n	4 (3.8%)	7 (5.0%)	ns.
Cardiac death, n	2 (1.9%)	5 (3.6%)	ns.
Non-cardiac death, n	2 (1.9%)	2 (1.4%)	ns.
Q-MI, n	0 (0%)	1 (0.7%)	ns.
TVR, n	17 (16.3%)	4 (2.9%)	0.0002



■ Latephase Outcome within 4 years

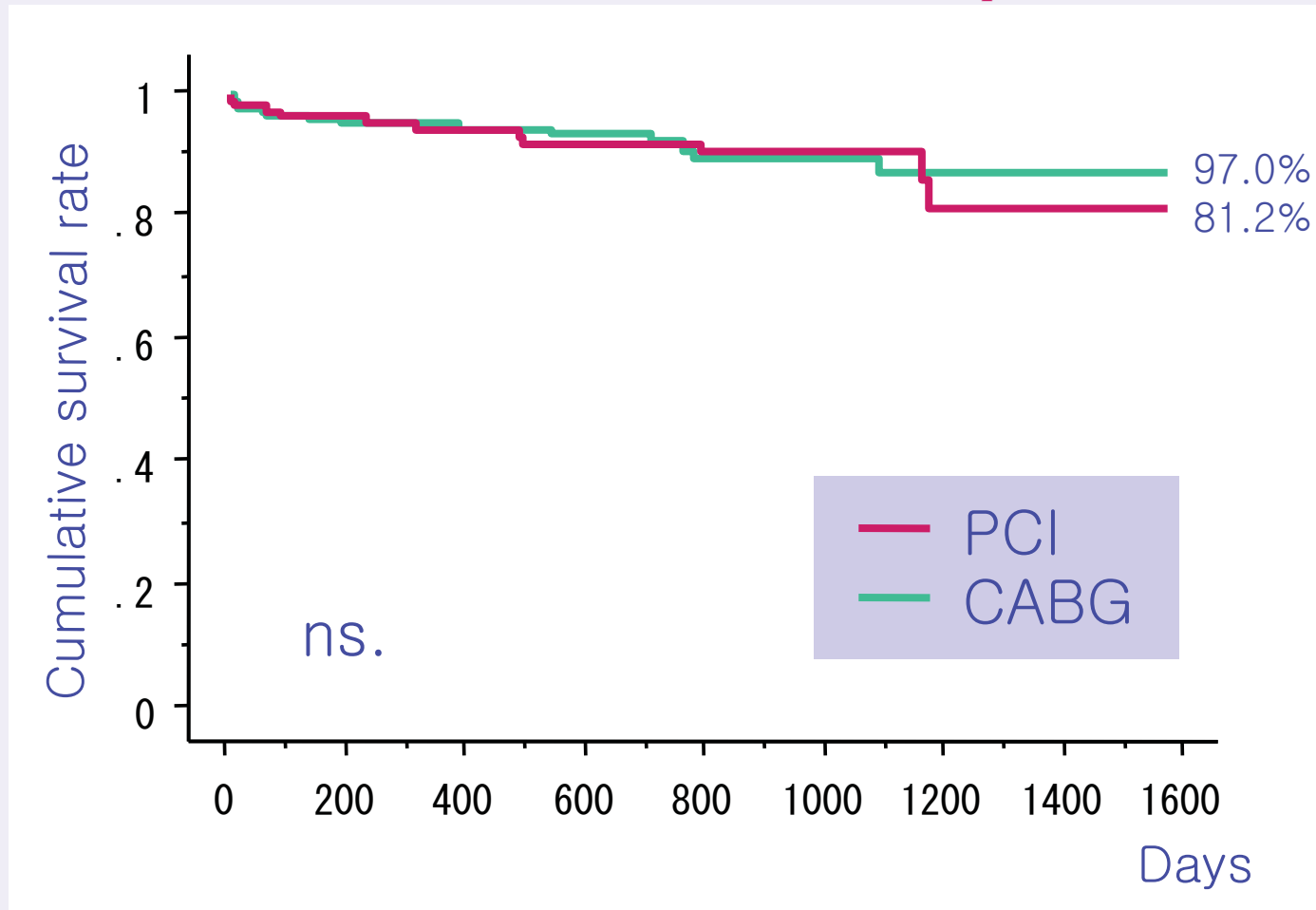
	PCI (n=104)	CABG (n=139)	p
Total death, n	10 (9.6%)	13 (9.4%)	ns.
Cardiac death, n	2 (1.9%)	5 (3.6%)	ns.
Cardiac death, MI and TVR, n	20 (19.2%)	19 (13.7%)	ns.
TVR, n	17 (16.3%)	7 (5.0%)	0.0024
Any revascularization, n	42 (40.4%)	14 (10.1%)	<0.0001



Cumulative Survival Rate

(Death-free for any reason)

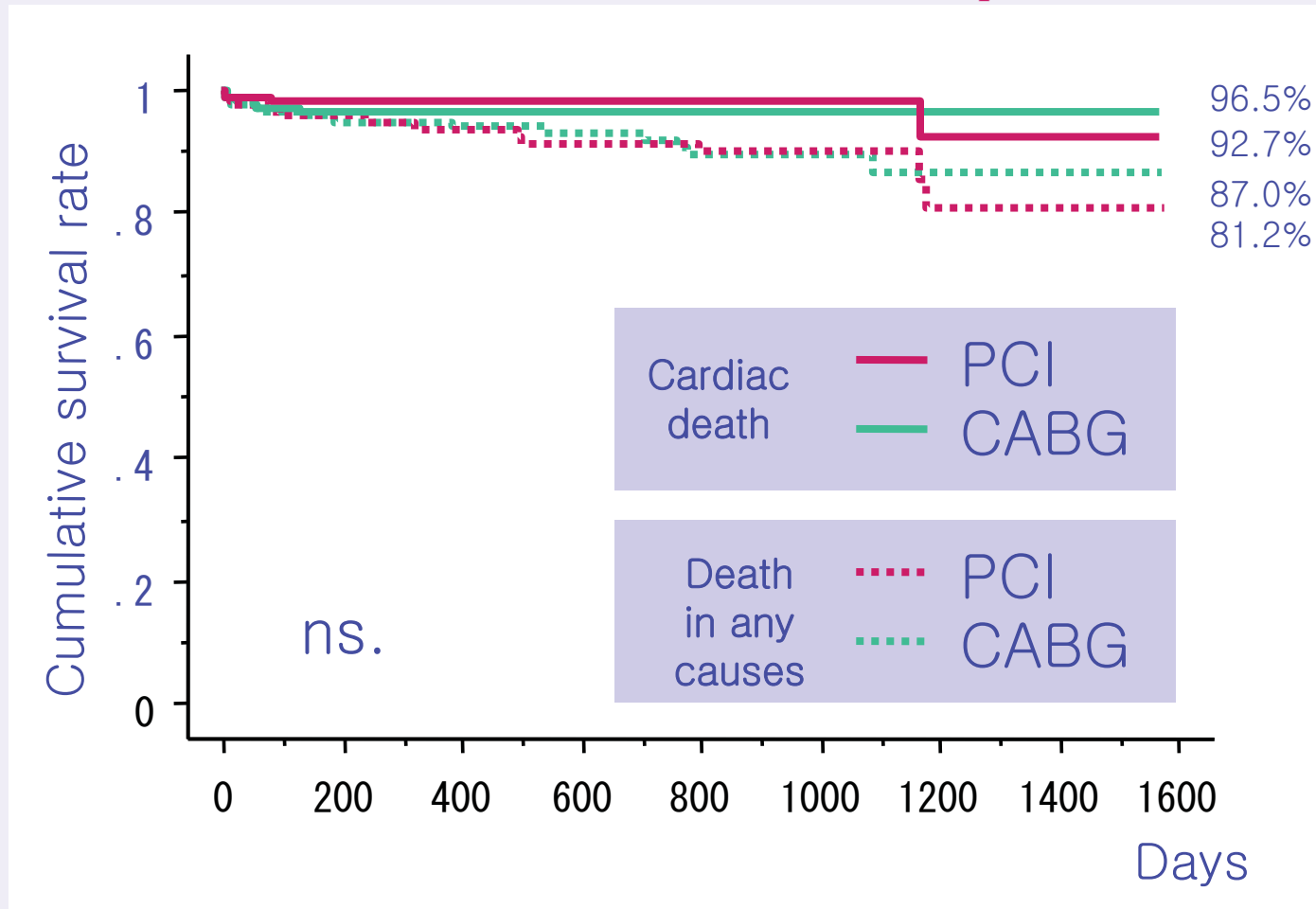
Kaplan-Meier method



Cumulative Survival Rate

(Cardiac death-free)

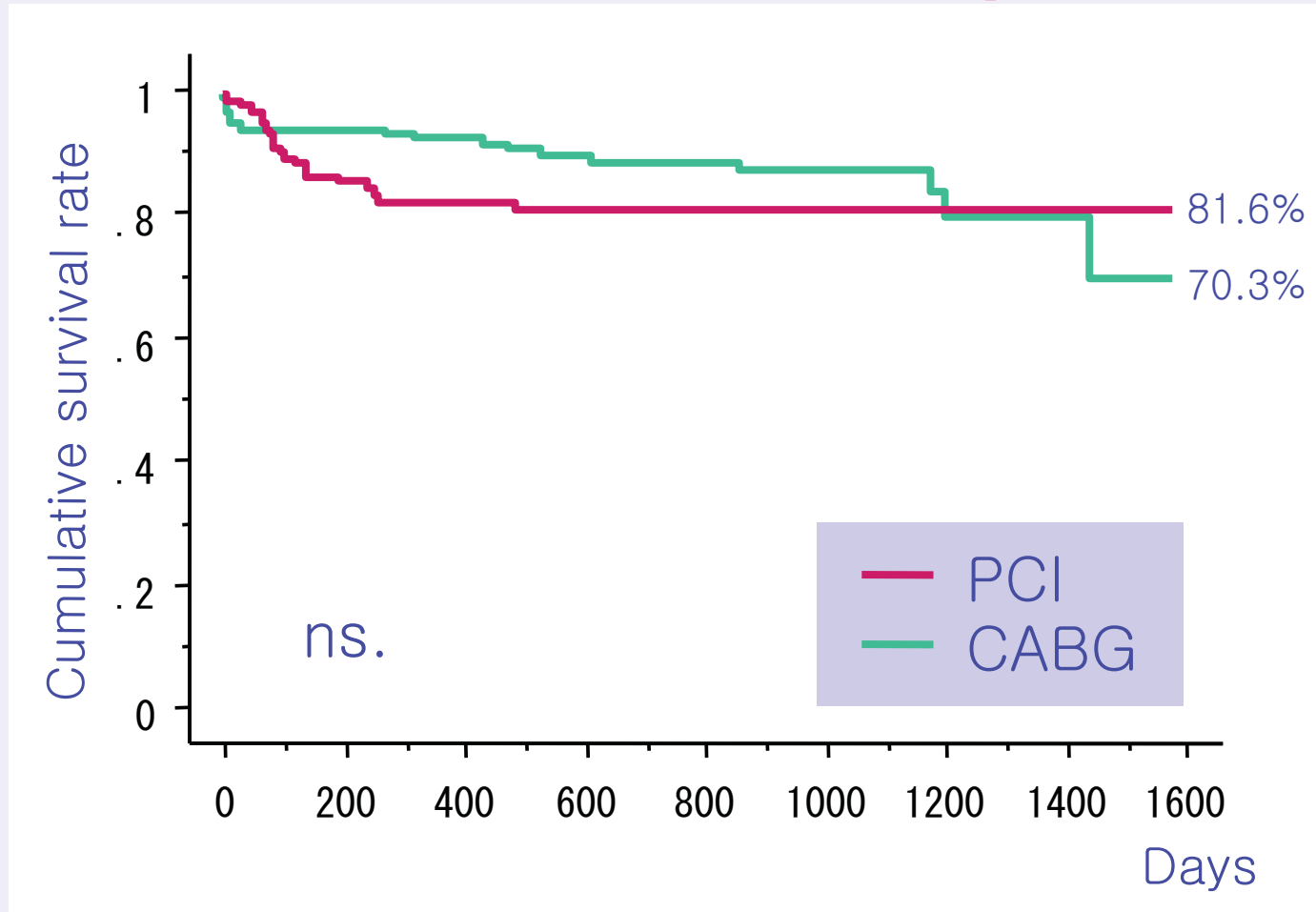
Kaplan-Meier method



Cumulative MACE-free Rate

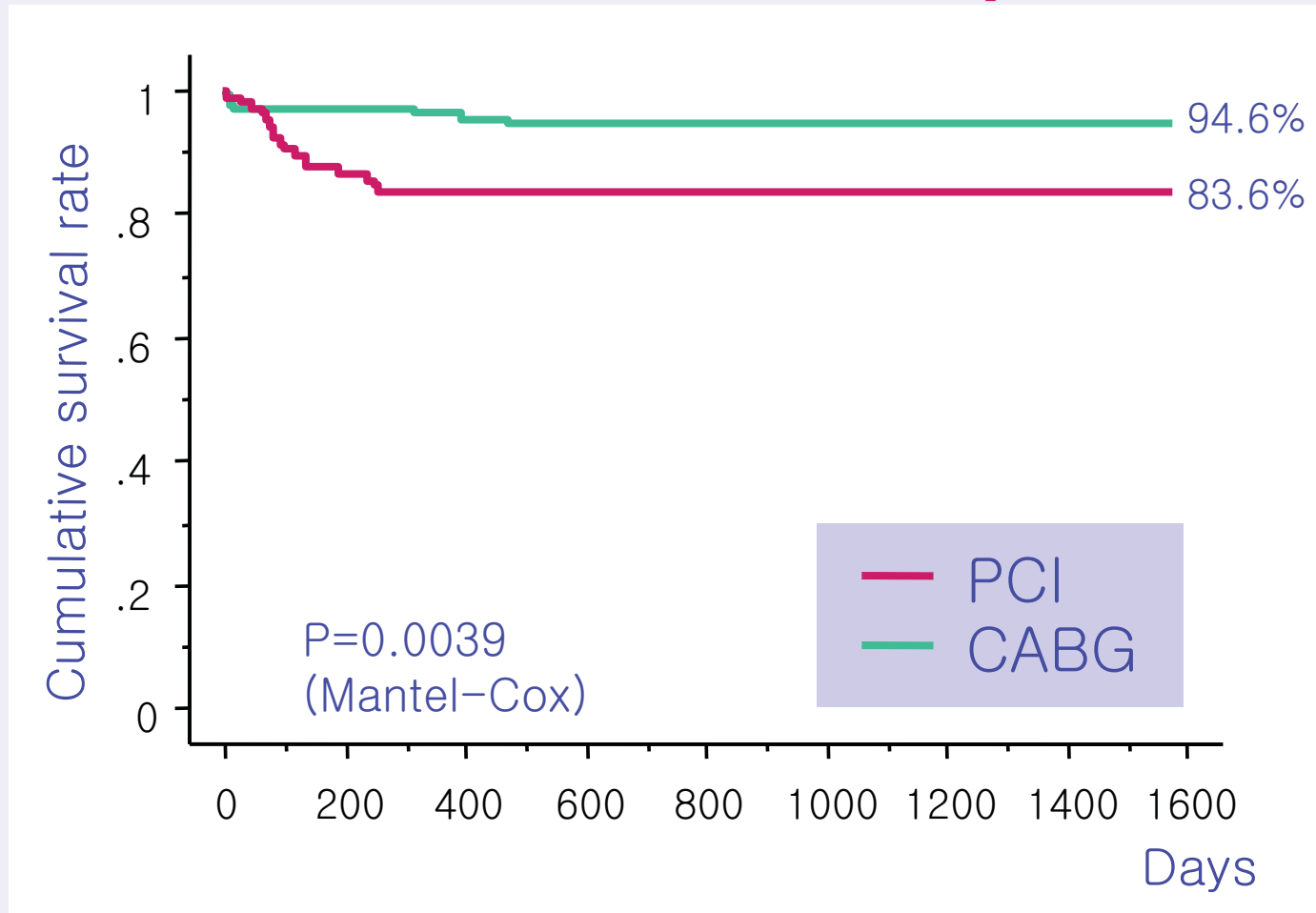
(MACE: Death, MI, TVR and CHF)

Kaplan-Meier method



Cumulative TVR-free Rate

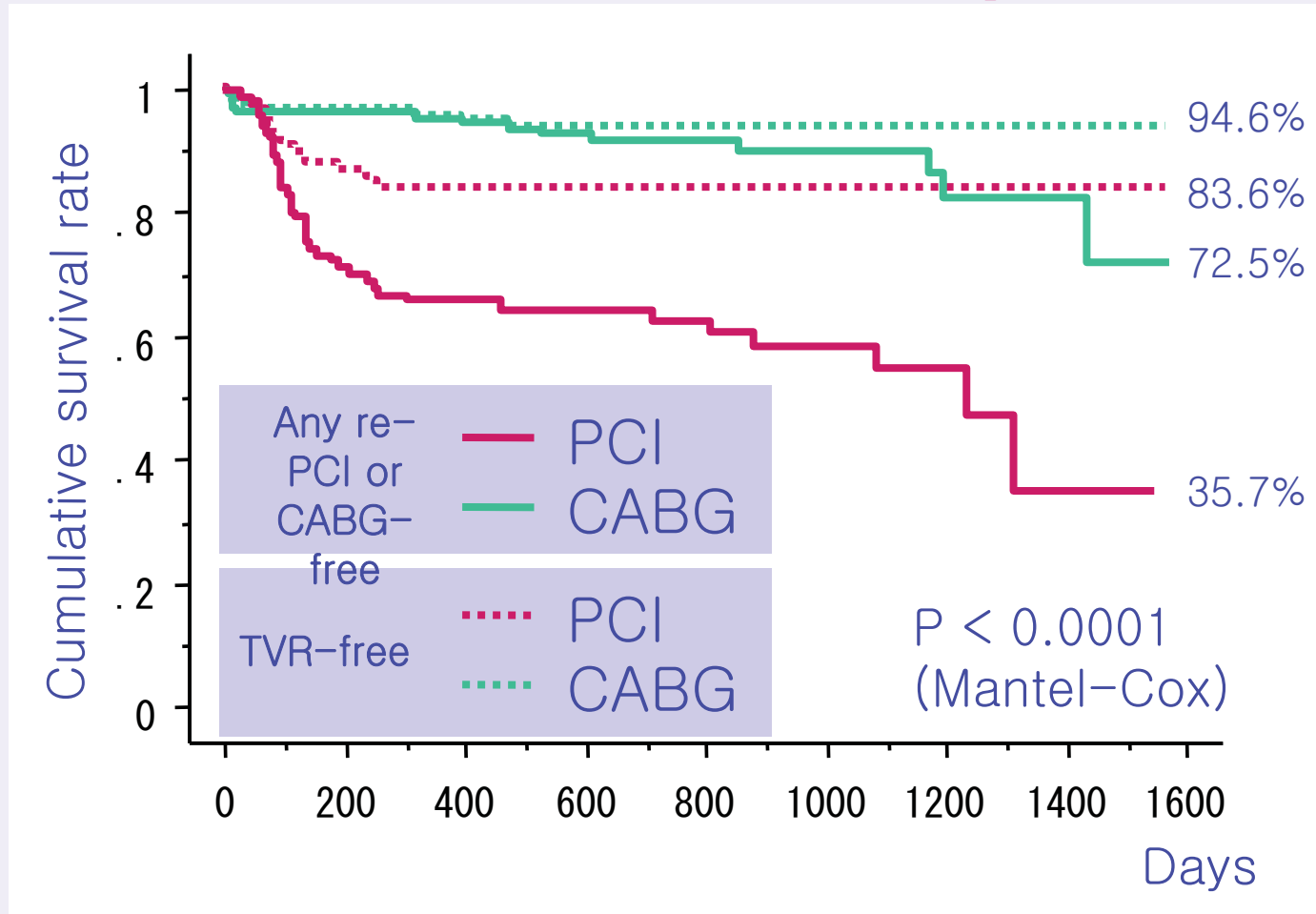
Kaplan-Meier method



Cumulative **Any** Revascularization-free Rate

(including progressive or restenosis lesion of non-target vessel)

Kaplan-Meier method



Change in Cardiac Death and TVR rate

Change in Cardiac Death Rate

	PCI (n=104)	CABG (n=139)	p
In-hospital, n	1 (0.9%)	2 (1.4%)	ns.
6 months, n	2 (1.9%)	5 (3.6%)	ns.
4 years, n	2 (1.9%)	5 (3.6%)	ns.

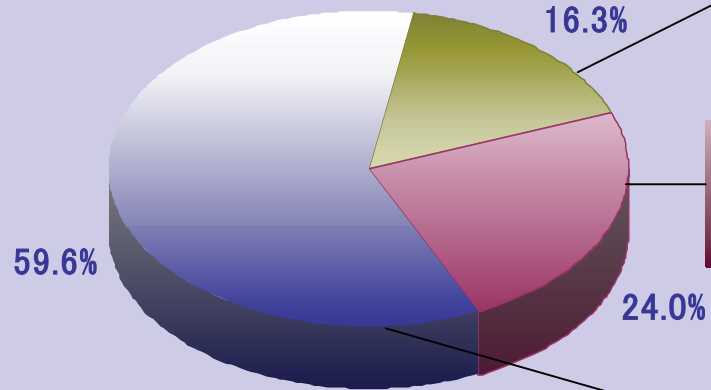
Change in TVR Rate

	PCI (n=104)	CABG (n=139)	p
In-hospital, n	1 (1.0%)	0 (0%)	ns.
6 months, n	17 (16.3%)	4 (2.9%)	0.0002
4 years, n	17 (16.3%)	7 (5.0%)	0.0035



Contents of Revascularization within 4 years

PCI

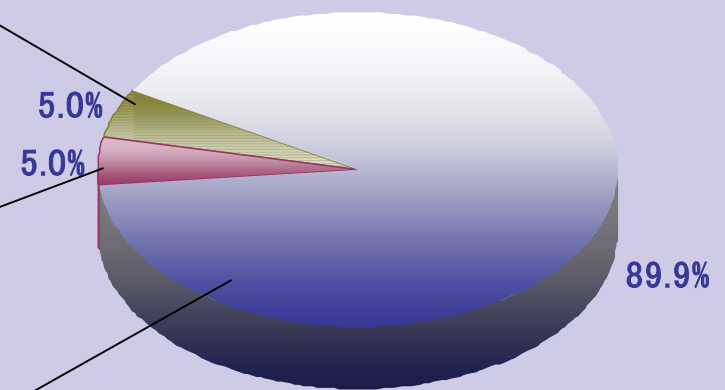


Target vessel

Non-target vessel

Re-PCI free

CABG



■ Contents of Target Lesion Revascularization

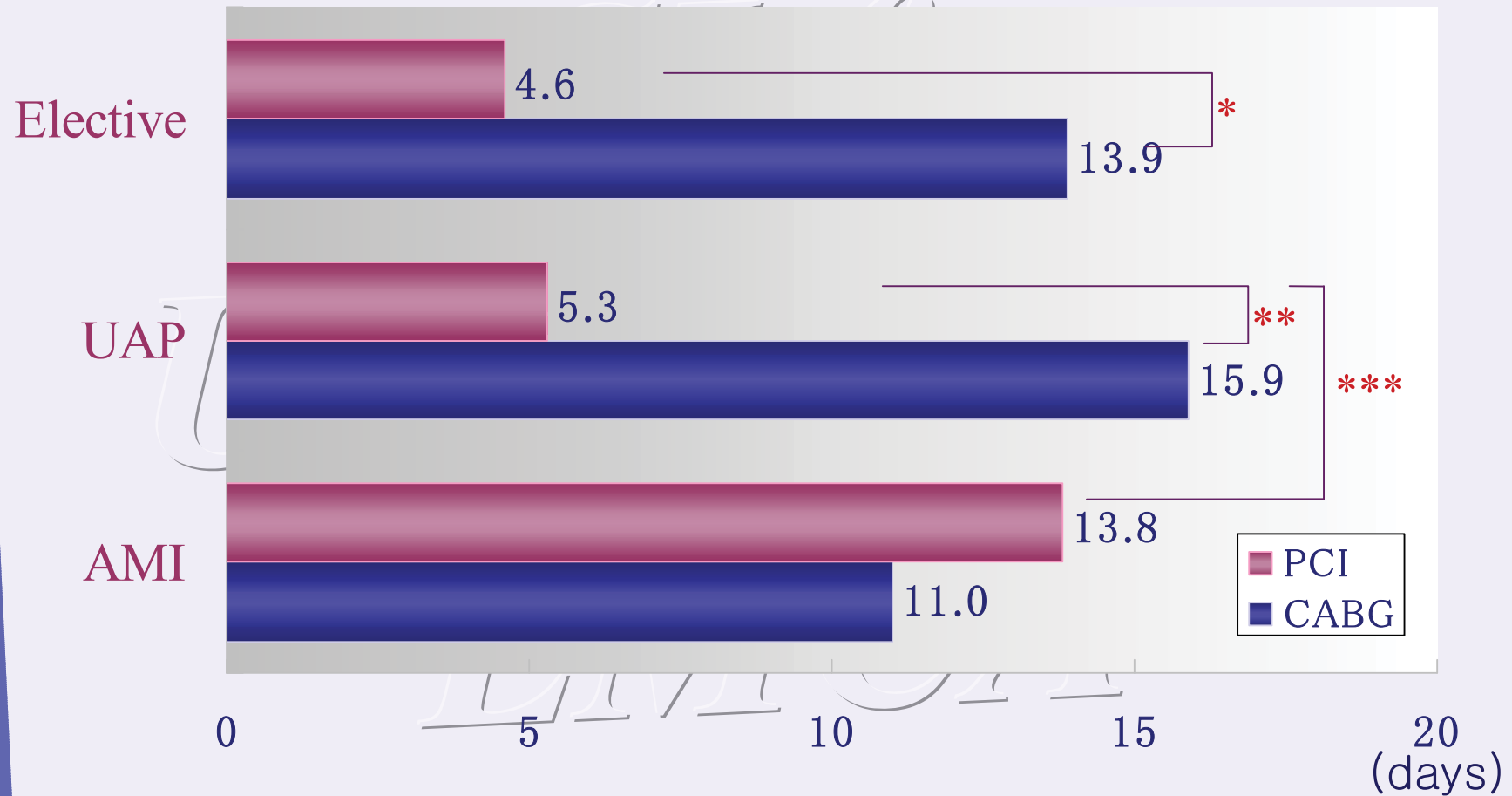
PCI cases (n = 17)

CABG	11
Stent	2
Cutting balloon	2
DCA	1
None (died in other institute)	1

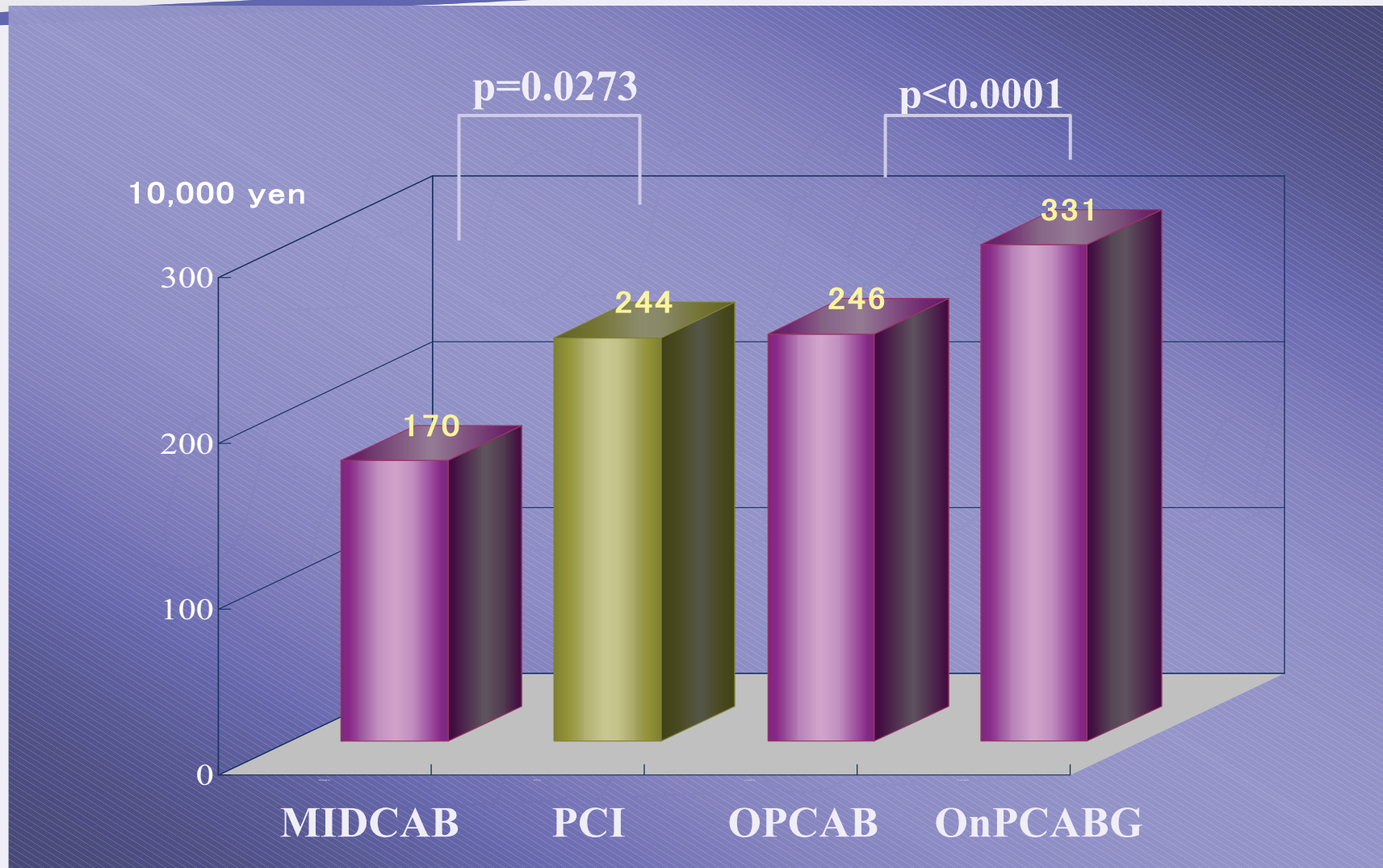


In-Hospital Days

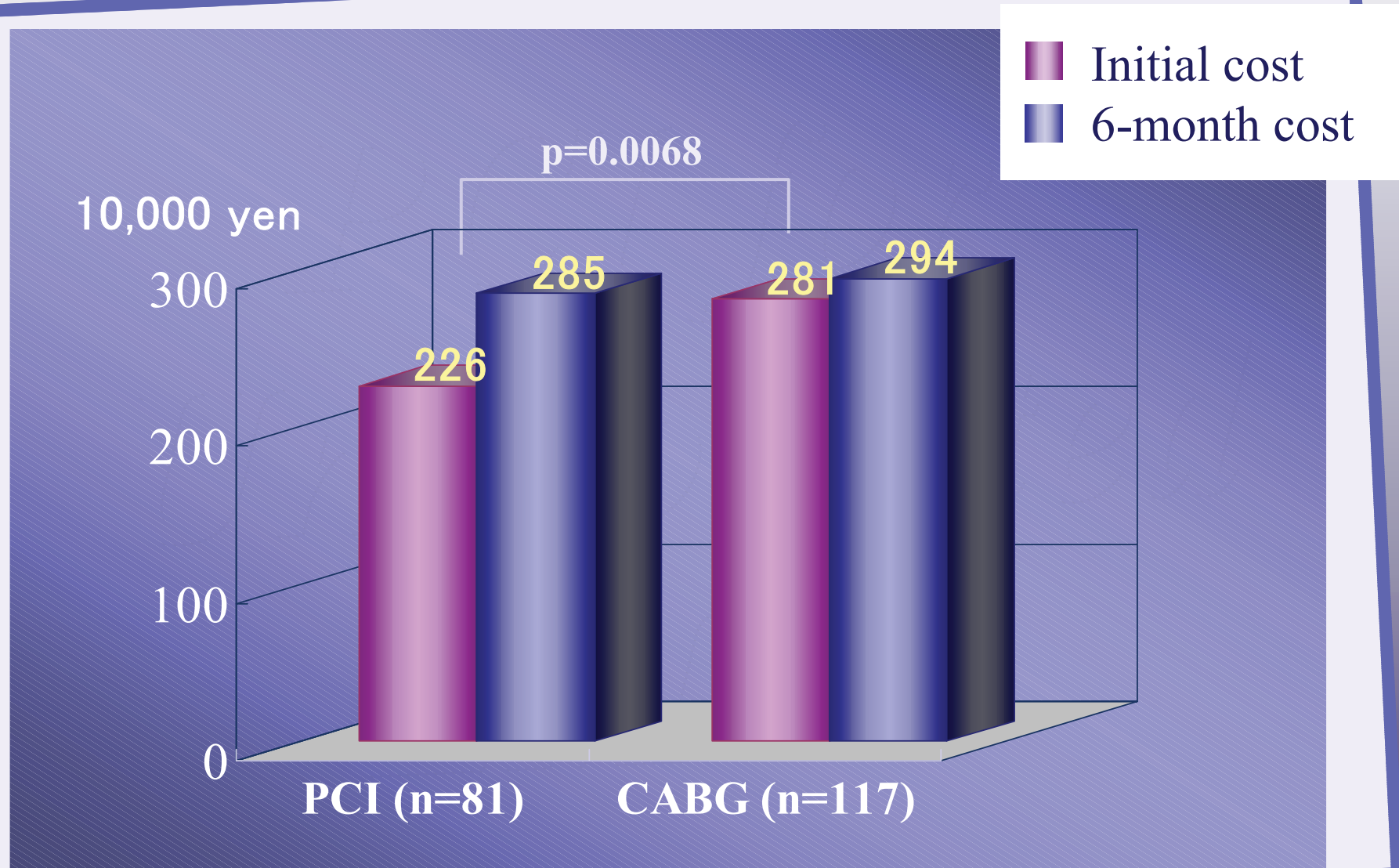
*p<0.0001, **p=0.0008, ***p=0.0012



Initial Costs



Initial and 6-months Cumulative Costs



■ Summary (1)

- **Initial success rate was 100% in both groups. There were 1 and 2 in-hospital cardiac death in each group, respectively.**
- **Cardiac death rate at 6 months was 1.6% and 3.6% in each group (no significance). TVR rate at 6 months was significantly higher in PCI group (16.3% vs. 2.9%, $p = 0.0002$).**



■ Summary (2)

- **Cumulative cardiac death-free rate of both groups were quite similar (98.1% vs. 96.4%), although the rate of any adverse cardiac events was higher in CABG group (no significance).**
- **Cumulative TVR rate at 4 years was significantly lower in PCI group than CABG group (94.5% vs. 82.9%, $p = 0.0032$). Also, revascularization-free rate was significantly lower in PCI group (51.4% vs. 72.4%, $p < 0.0001$).**



■ Conclusion

- **PCI for ULM is acceptable in the aspect of safety and prognosis: mid-term survival rate and adverse events. Although, target lesion revascularization and total re-PCI is significantly more frequent than CABG. That is still an issue of PCI in general.**
- **Proper case selection (good systemic condition and cardiac function, large vessel size, simple lesion morphology, etc.) may improve the outcome.**



PCI for Unprotected Left Main Lesion

Unprotected
Debulking Stent

LMCA

■ Case: K.N.(11746) 77 y.o. Male

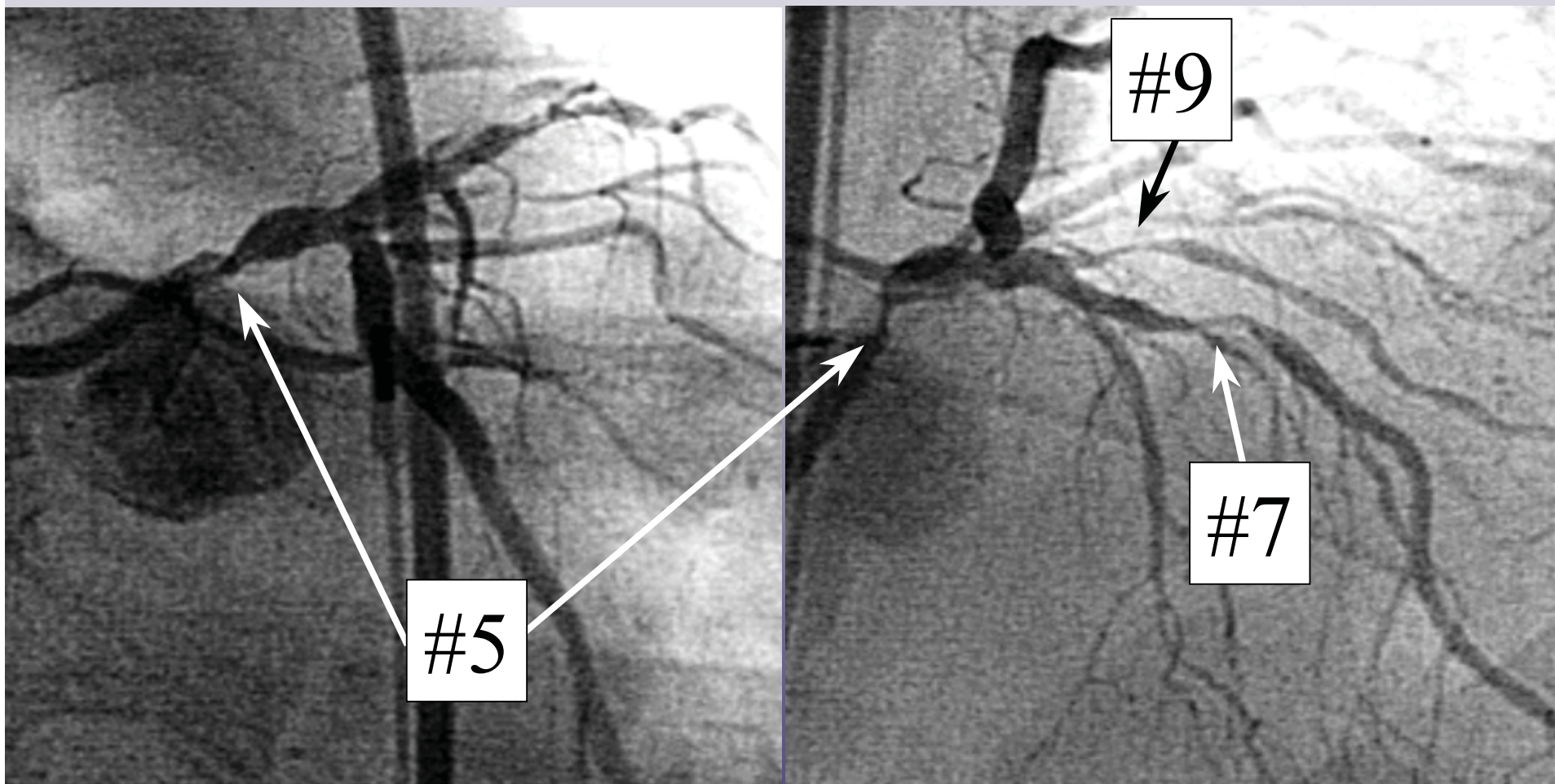
- **Diagnosis** : **Unstable Angina**
- **CCS angina class** : **Class-II**
- **Prior PCI** : **None**
- **Coronary Risk Factors** : **Hypertention**
- **CAG findings (Sep.5, '91)**
LVG: Seg.2,3,6 mildhypokinesis, LVEF=56%
CAG: Seg.5:90%, Seg.7:90%, Seg.9:99%
Seg.4PL:90%



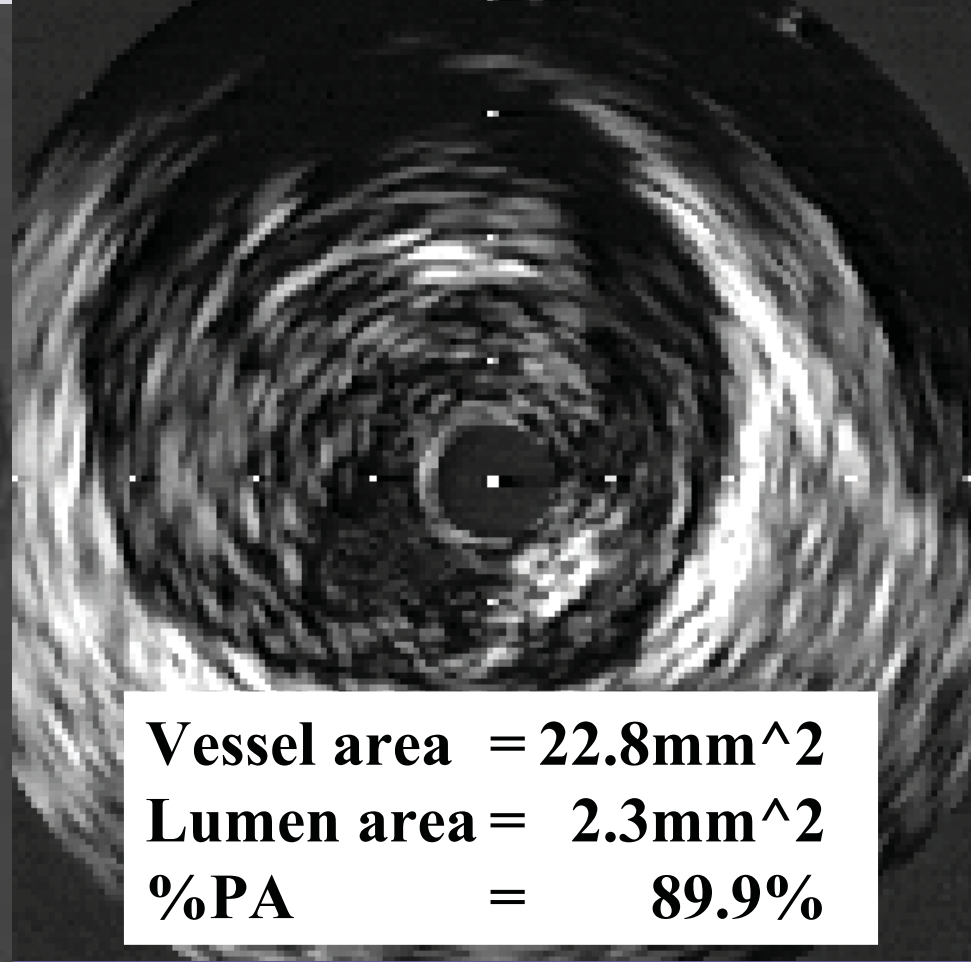
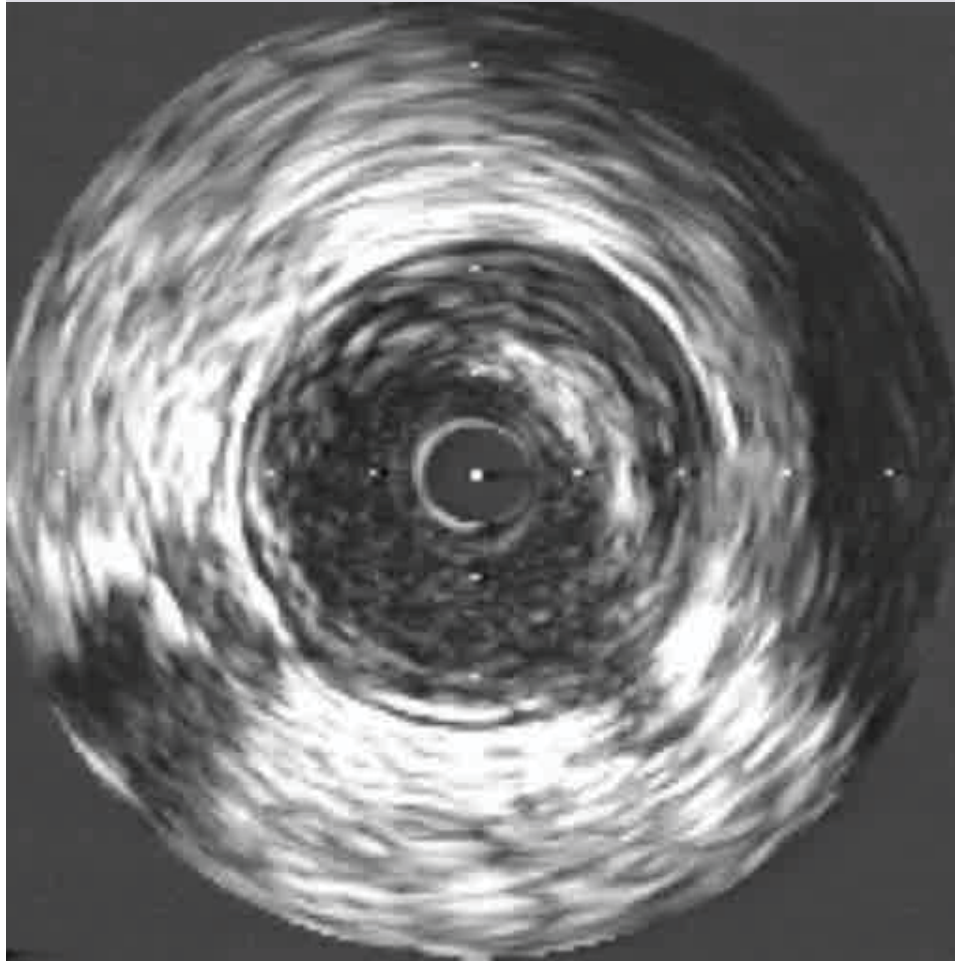
■ Target lesions

Straight Caudal View

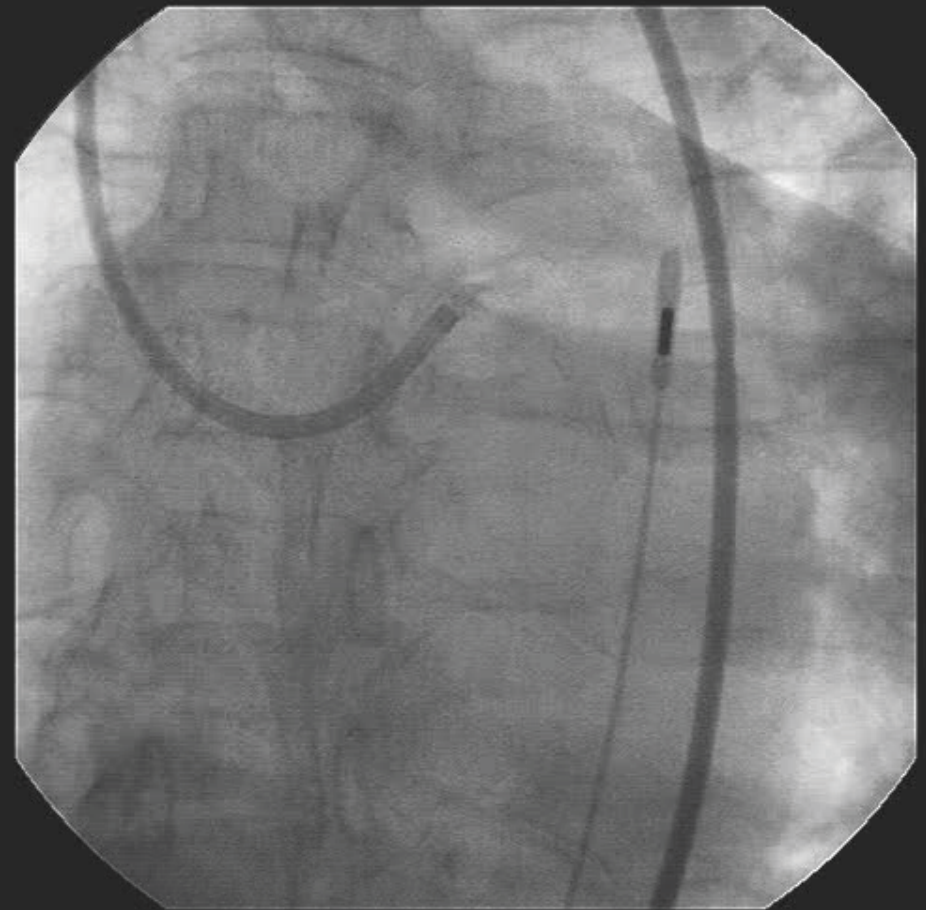
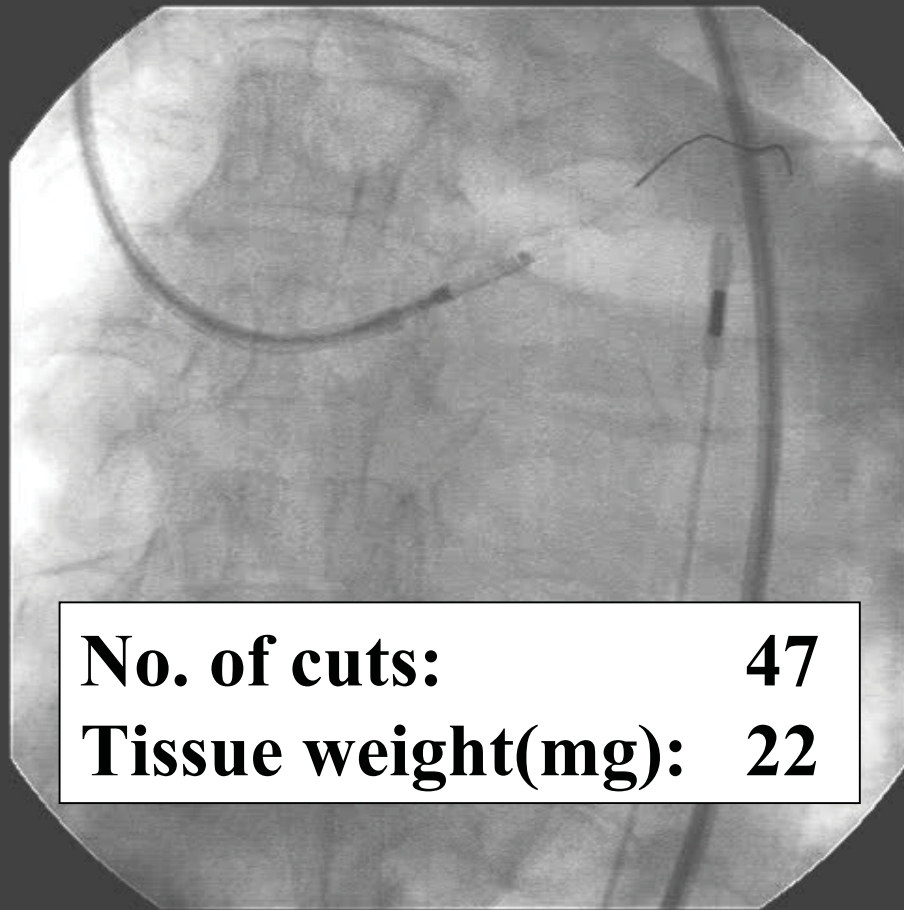
Straight Cranial View



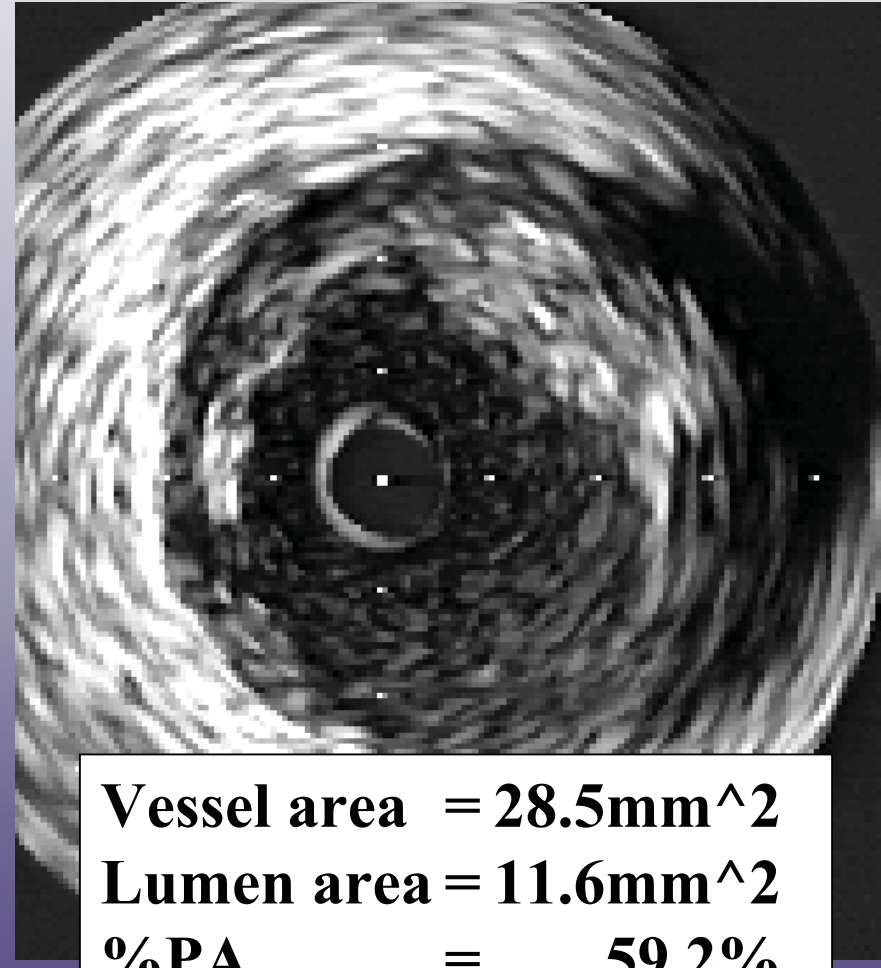
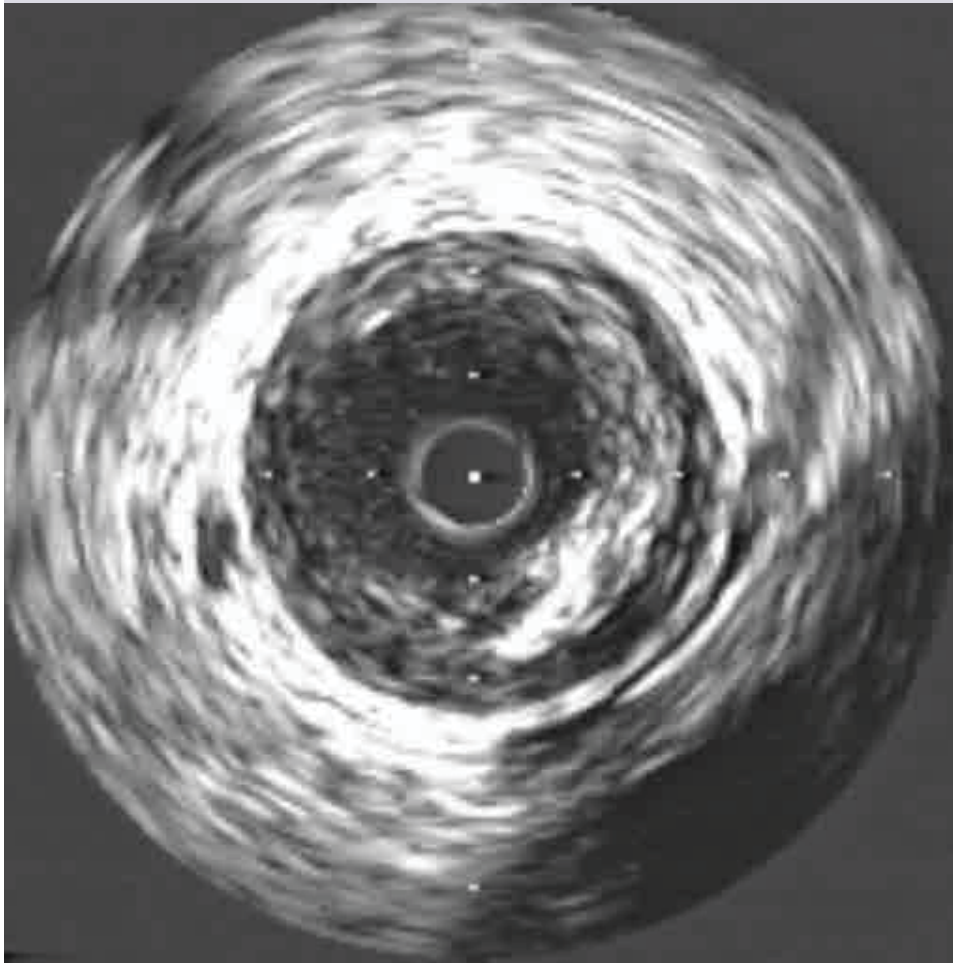
■ Baseline IVUS



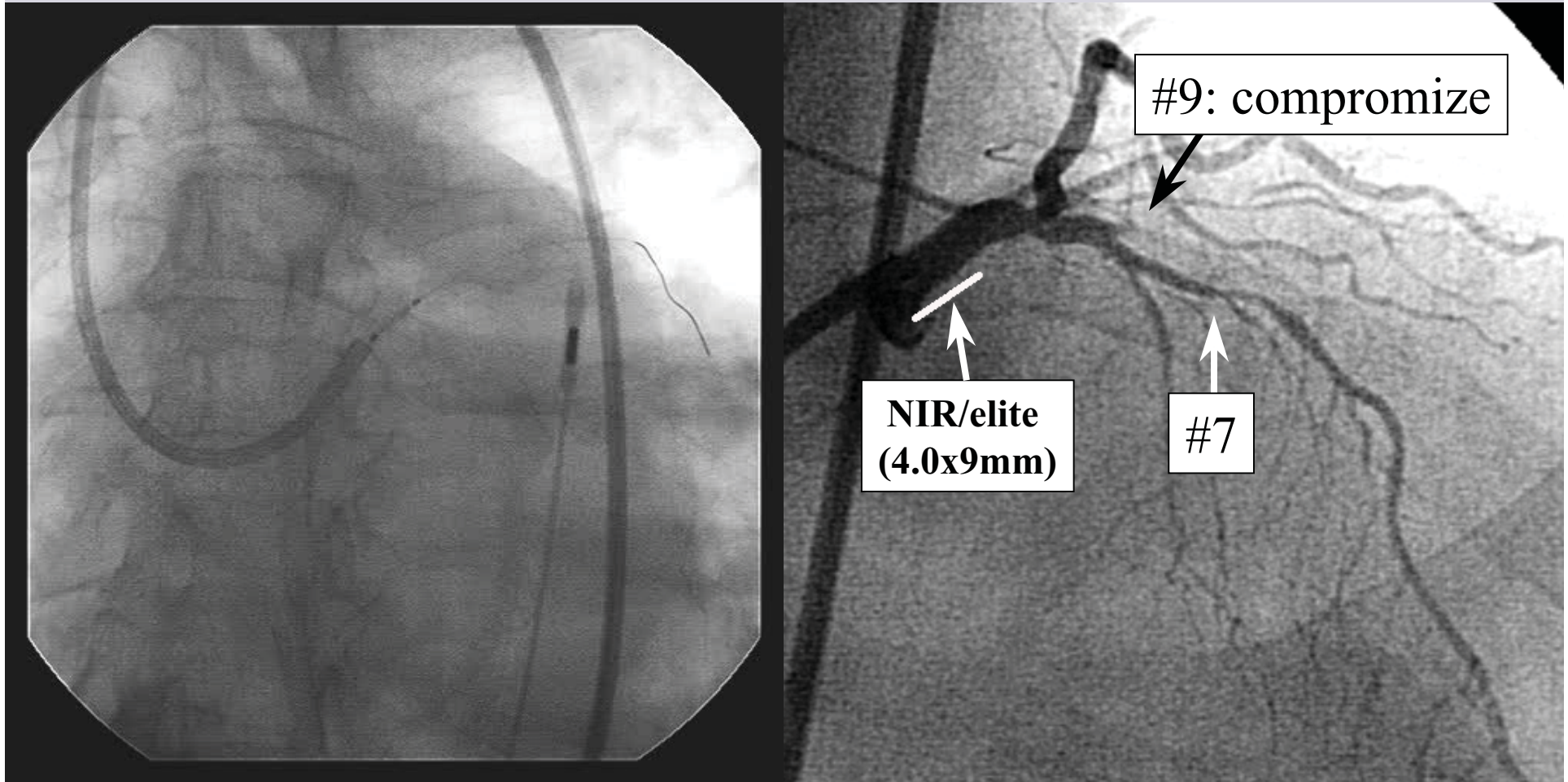
■ DCA for LMT (Flexi-cut™ L)



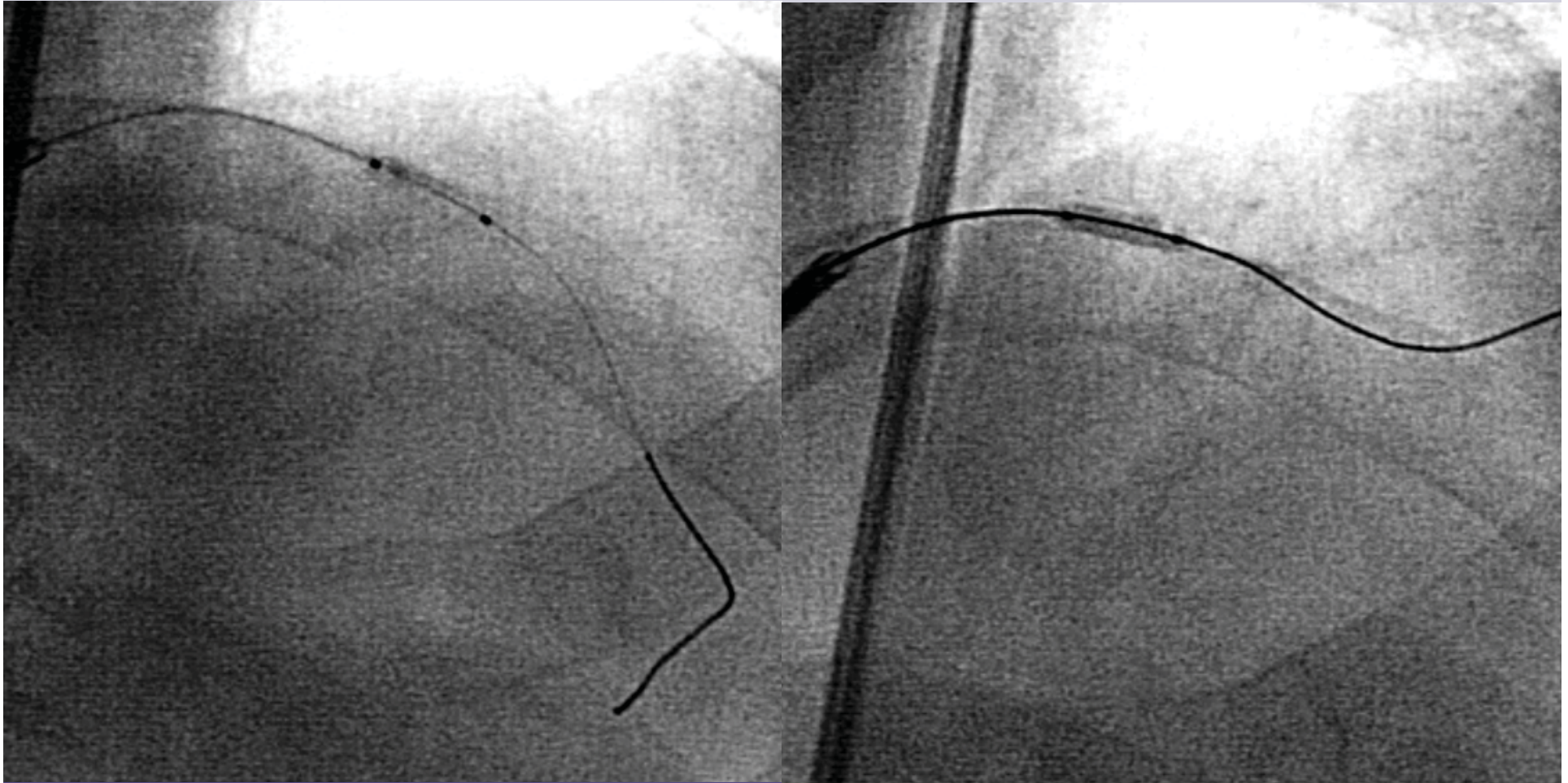
■ IVUS (post DCA)



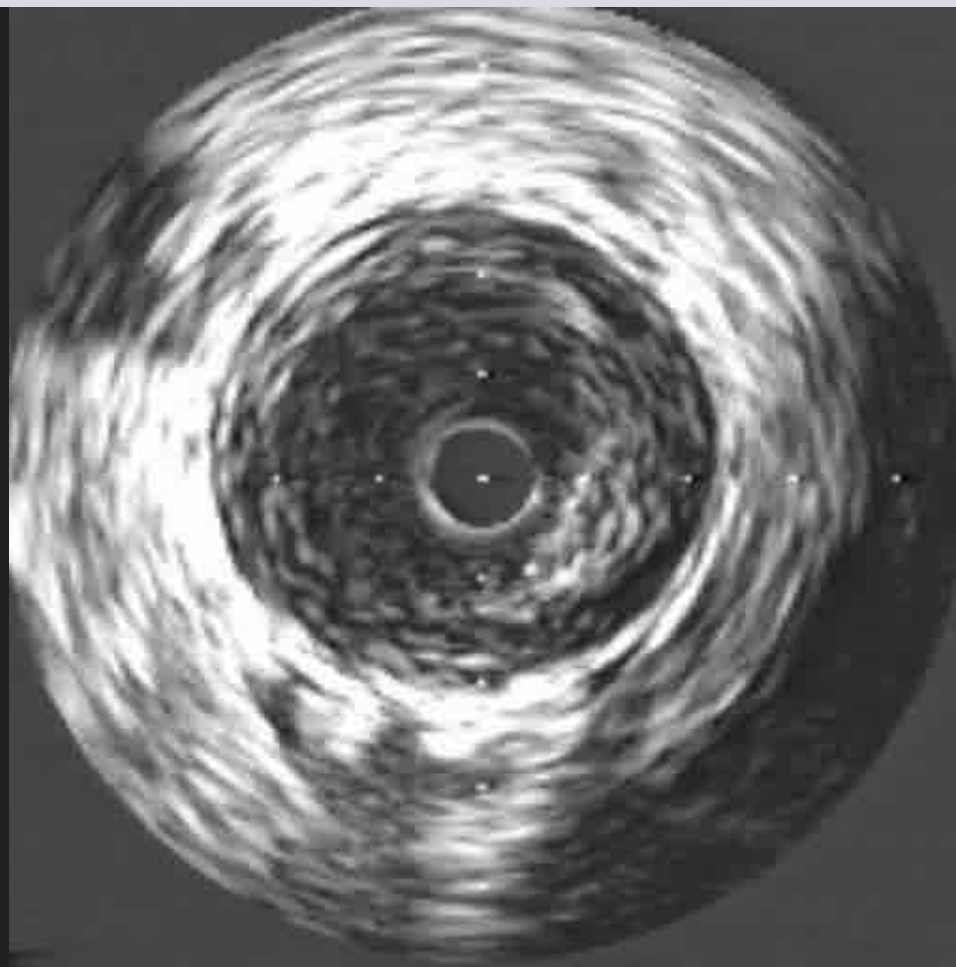
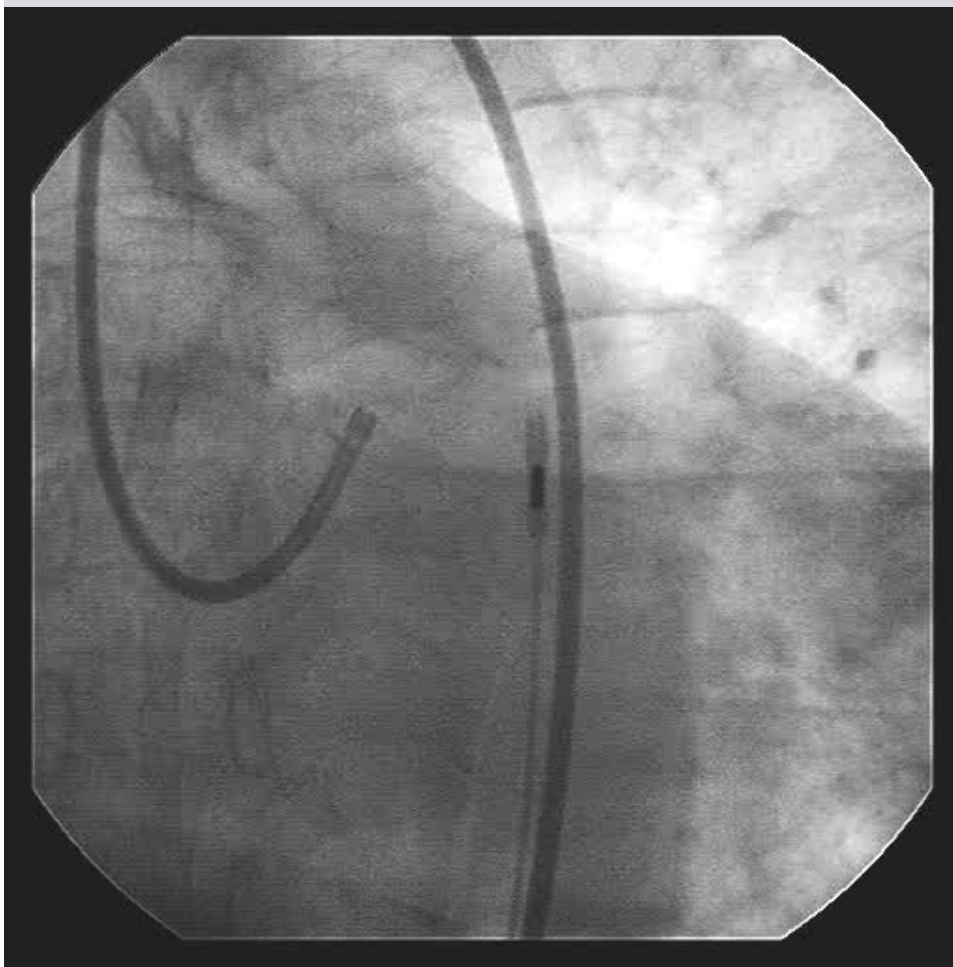
■ Stenting for LMT (NIR/E 4.0x9mm)



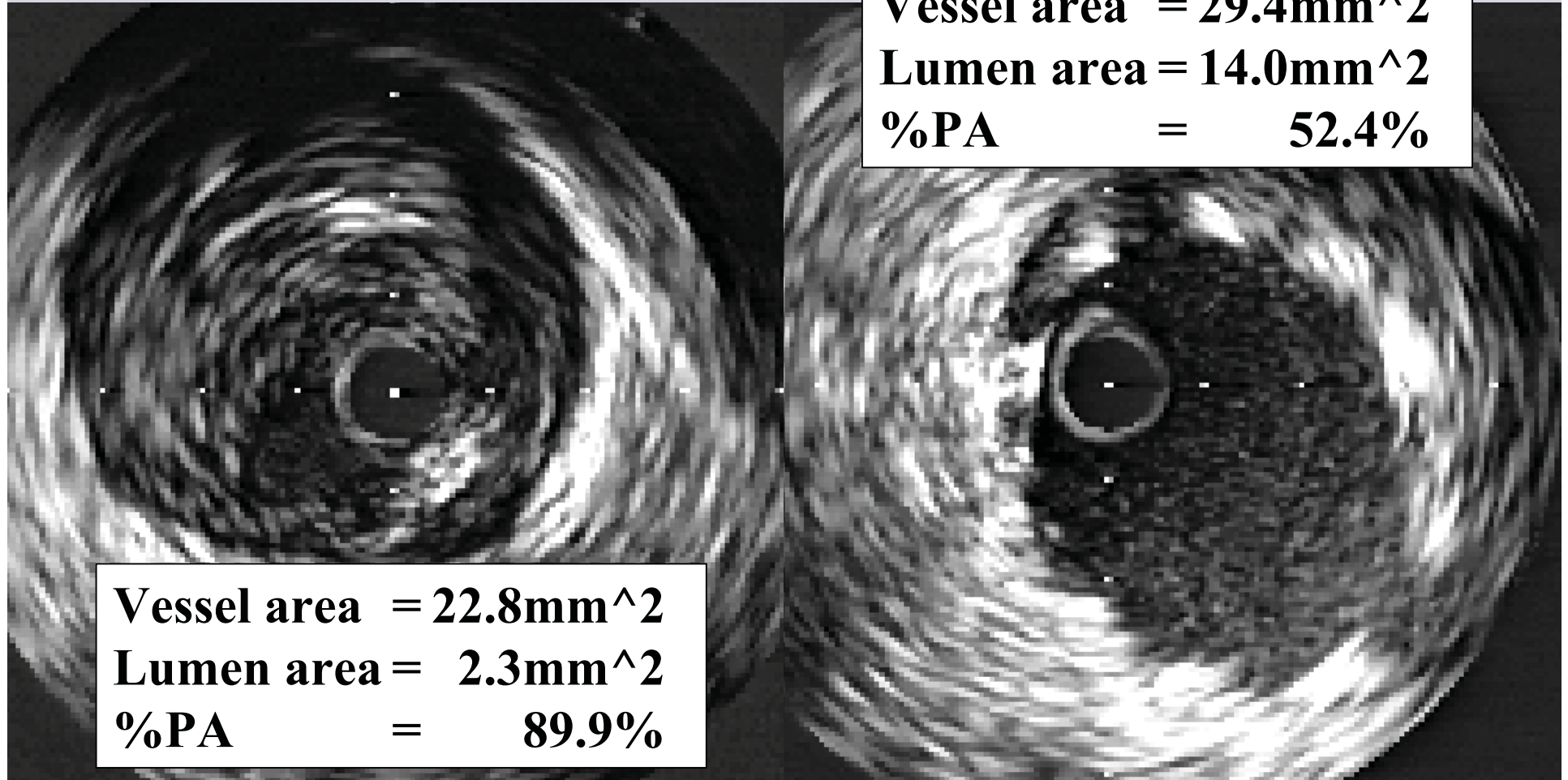
■ Cutting balloon(3.0x10m) for LAD & D1



■ Final CAG & IVUS



■ IVUS (baseline vs. final)



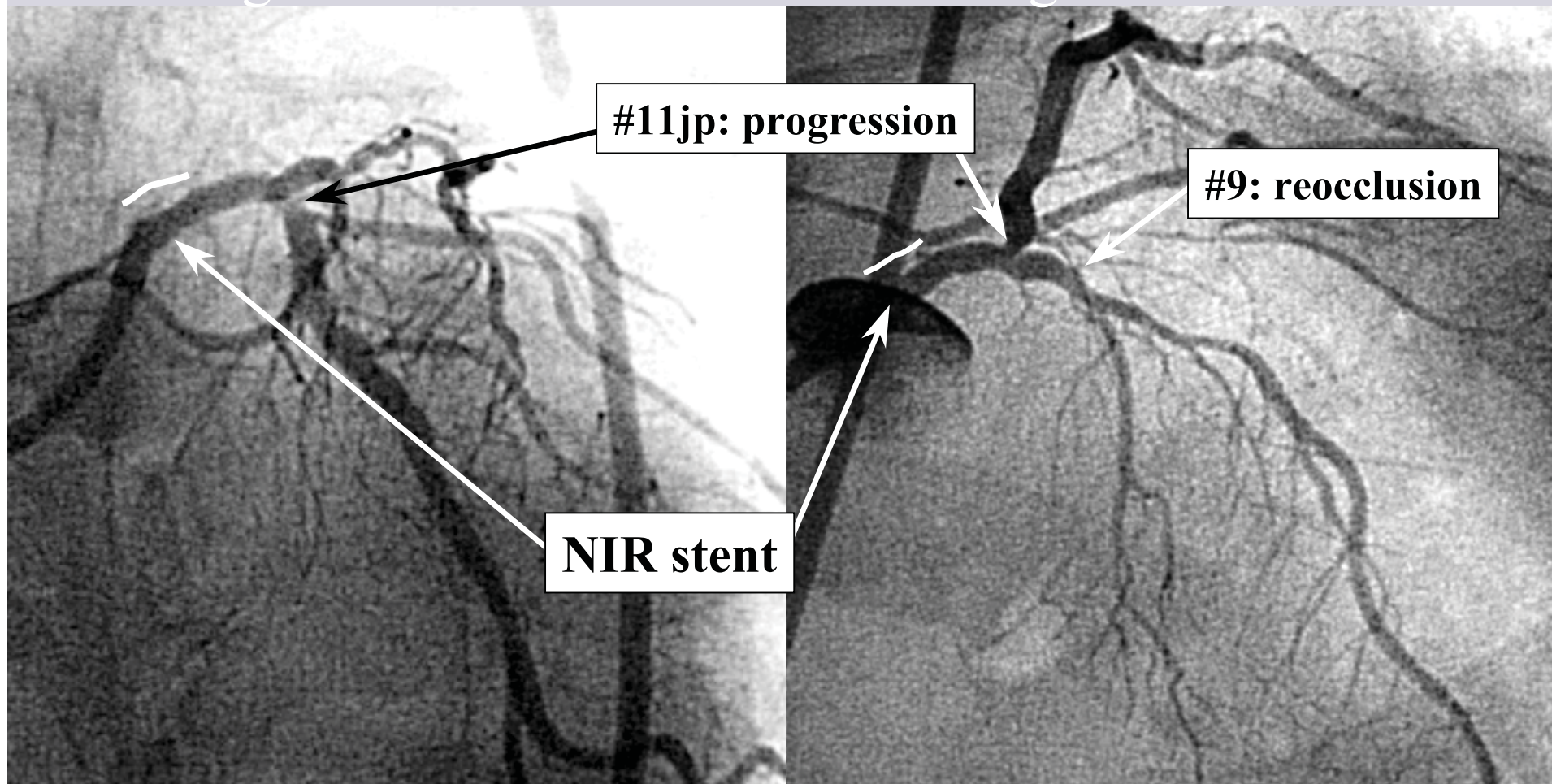
Vessel area = 22.8mm²
Lumen area = 2.3mm²
%PA = 89.9%

Vessel area = 29.4mm²
Lumen area = 14.0mm²
%PA = 52.4%

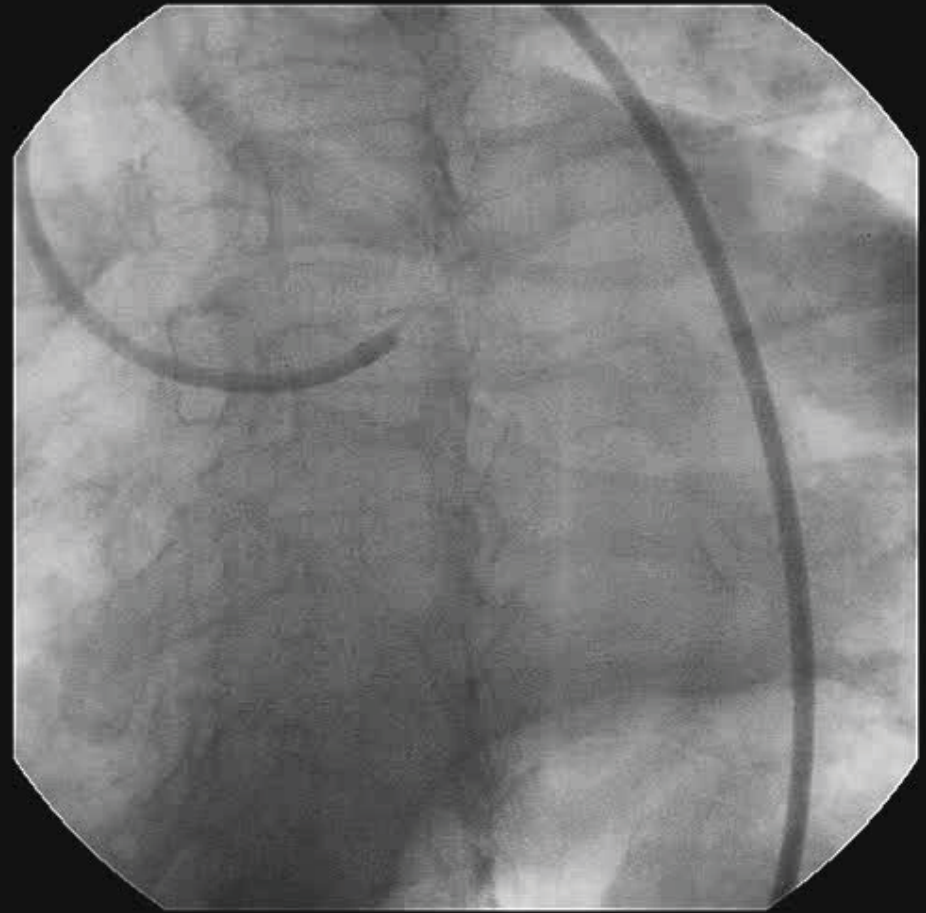
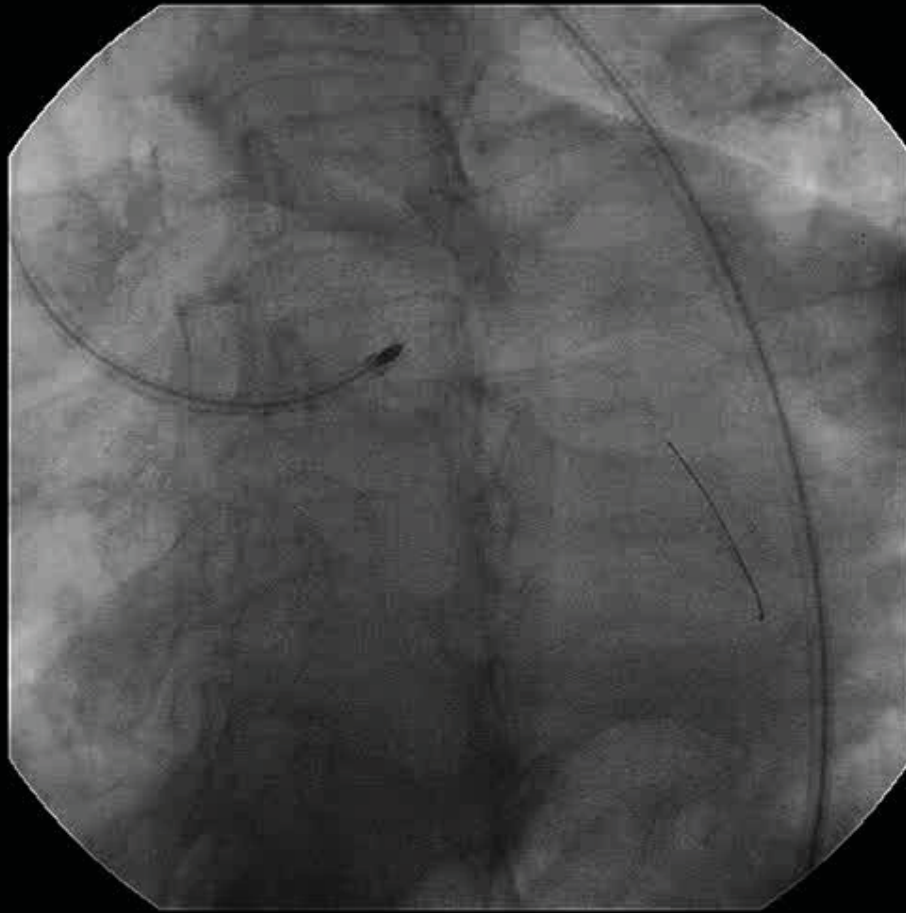
Left Coronary Artery

Straight Caudal View

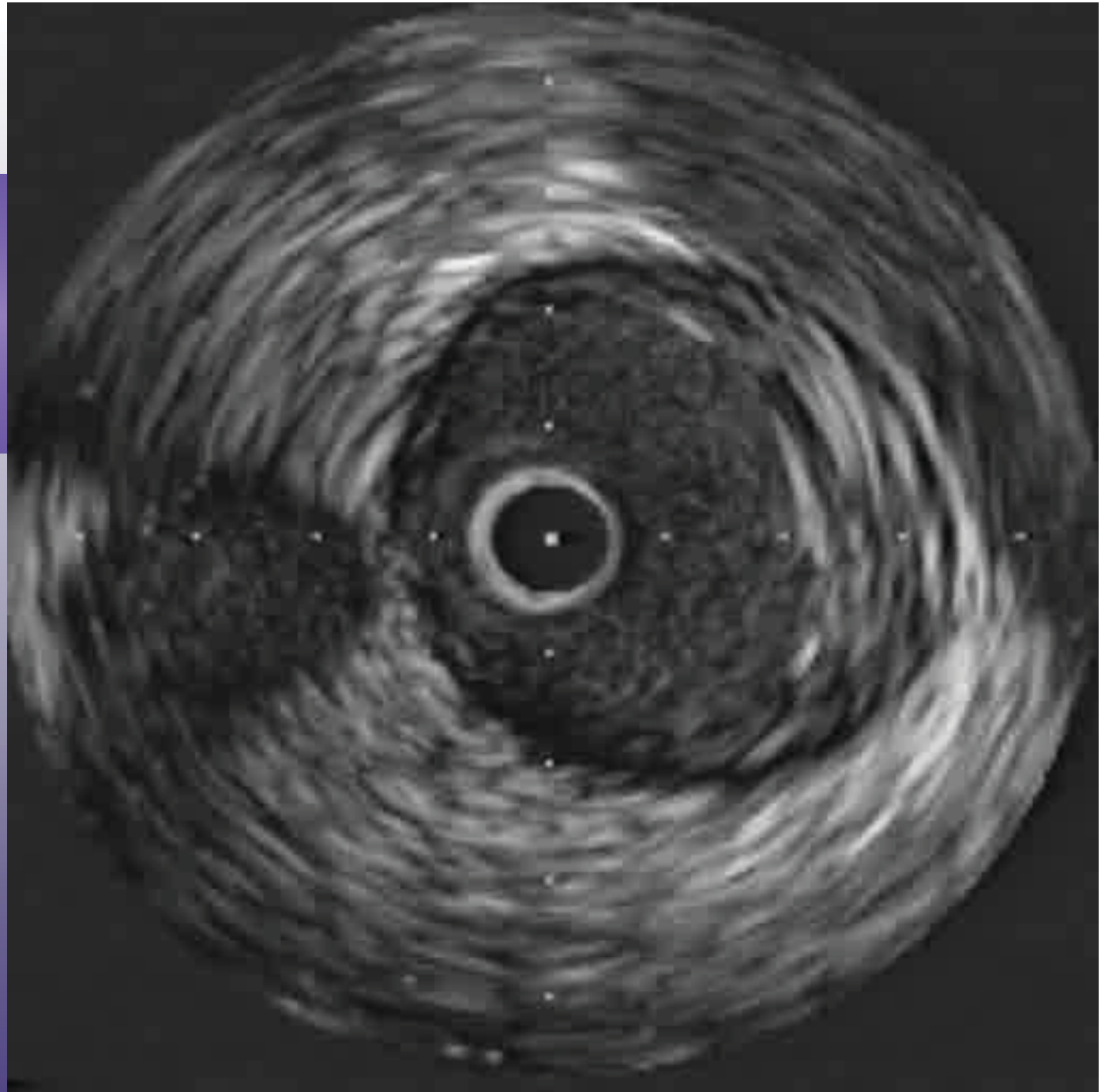
Straight Cranial View

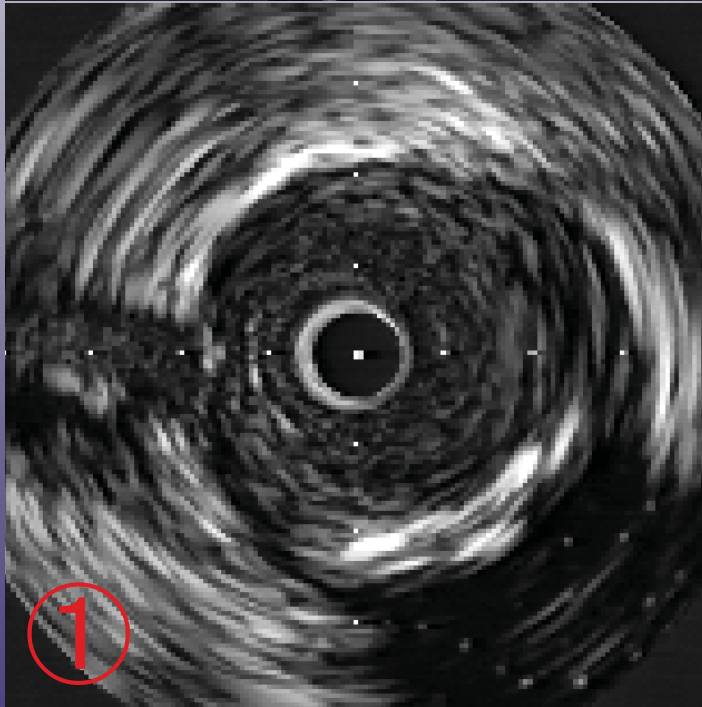
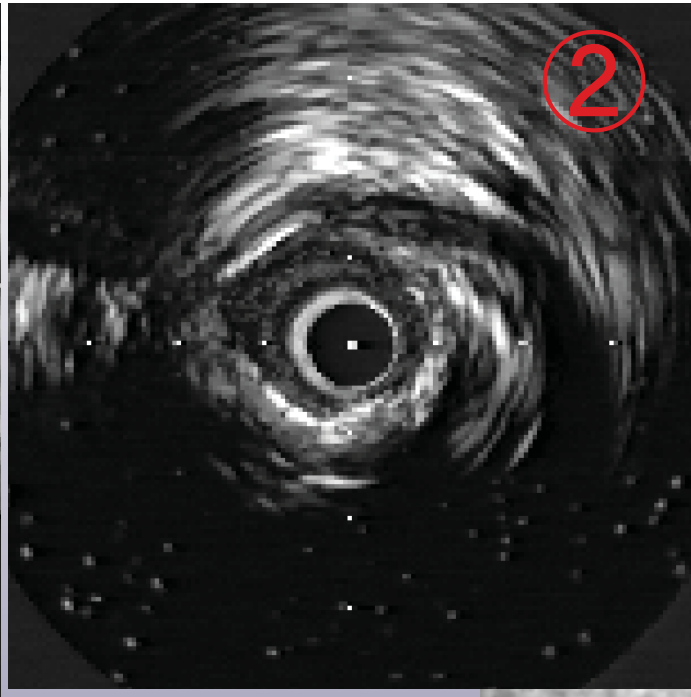
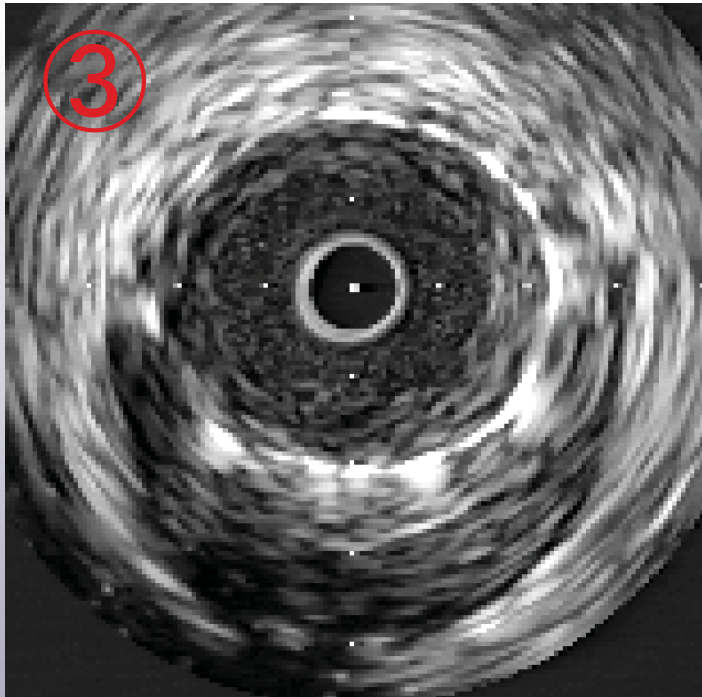


■ Rota ablation (1.75→2.25mm)

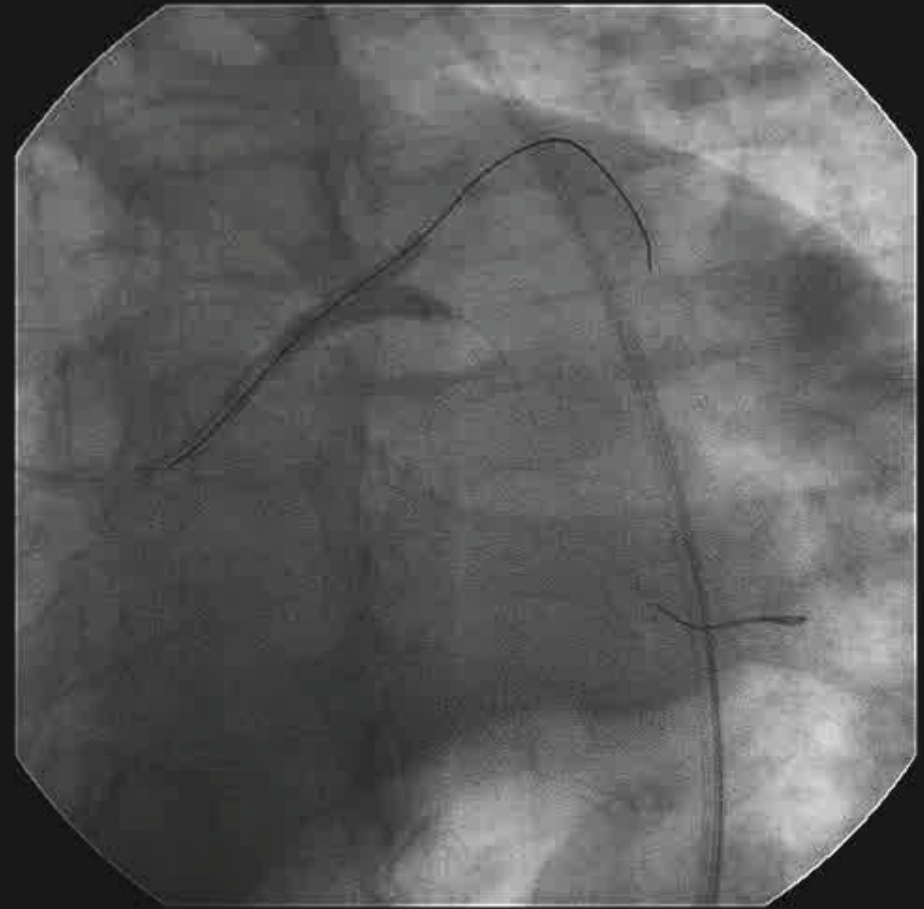
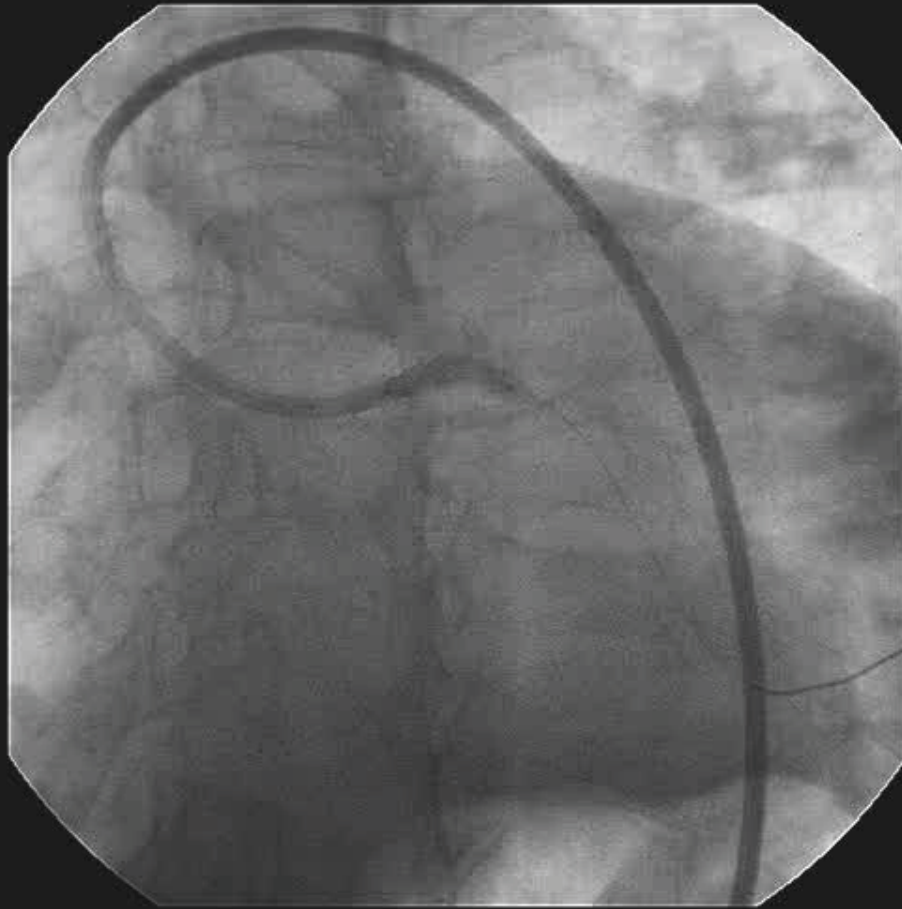


**IVUS
(post Rotablator
/1.75mm)**





■ Stenting (Multilink™ 3.5x15mm)



■ Follow up CAG

8mos. (Nov.5, '02)

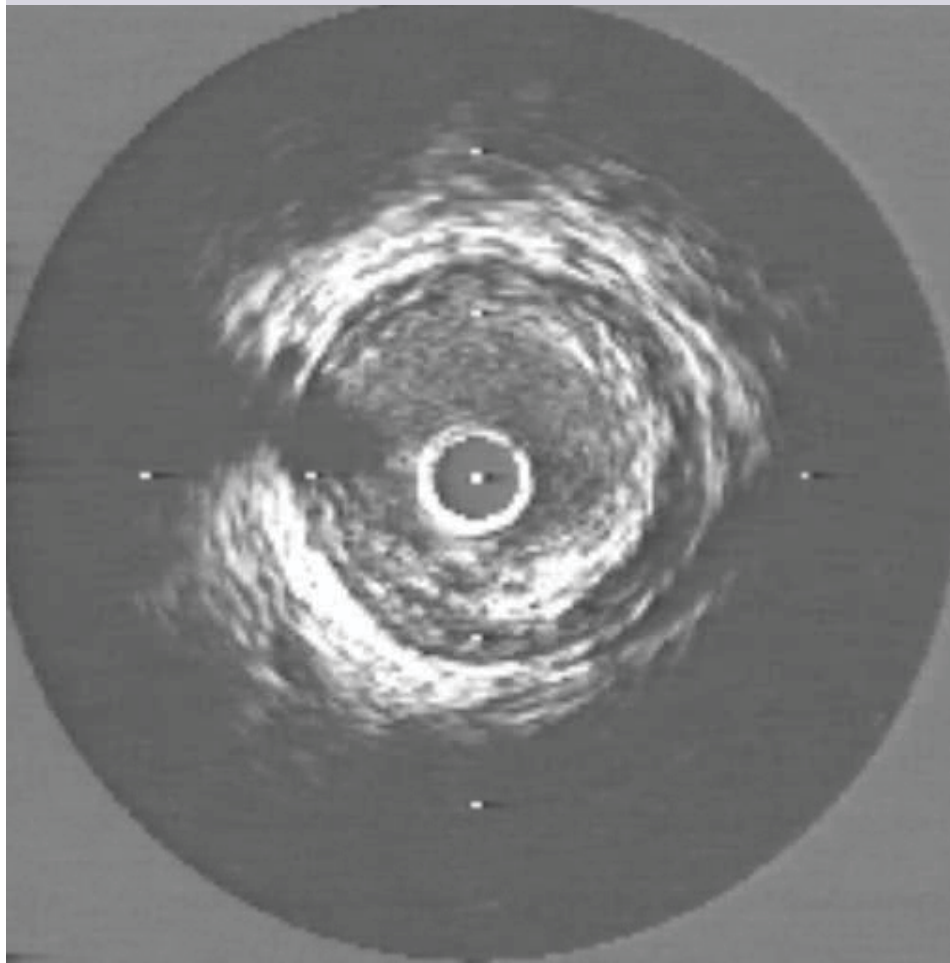


16mos. (Sep.2, '03)



■ IVUS (16mos. Follow up)

LAD-LMT



LCX-LMT

