



Seoul, Korea: 25-27 April 2007

Session: Left Main Summit

Left Main Stenting with DES

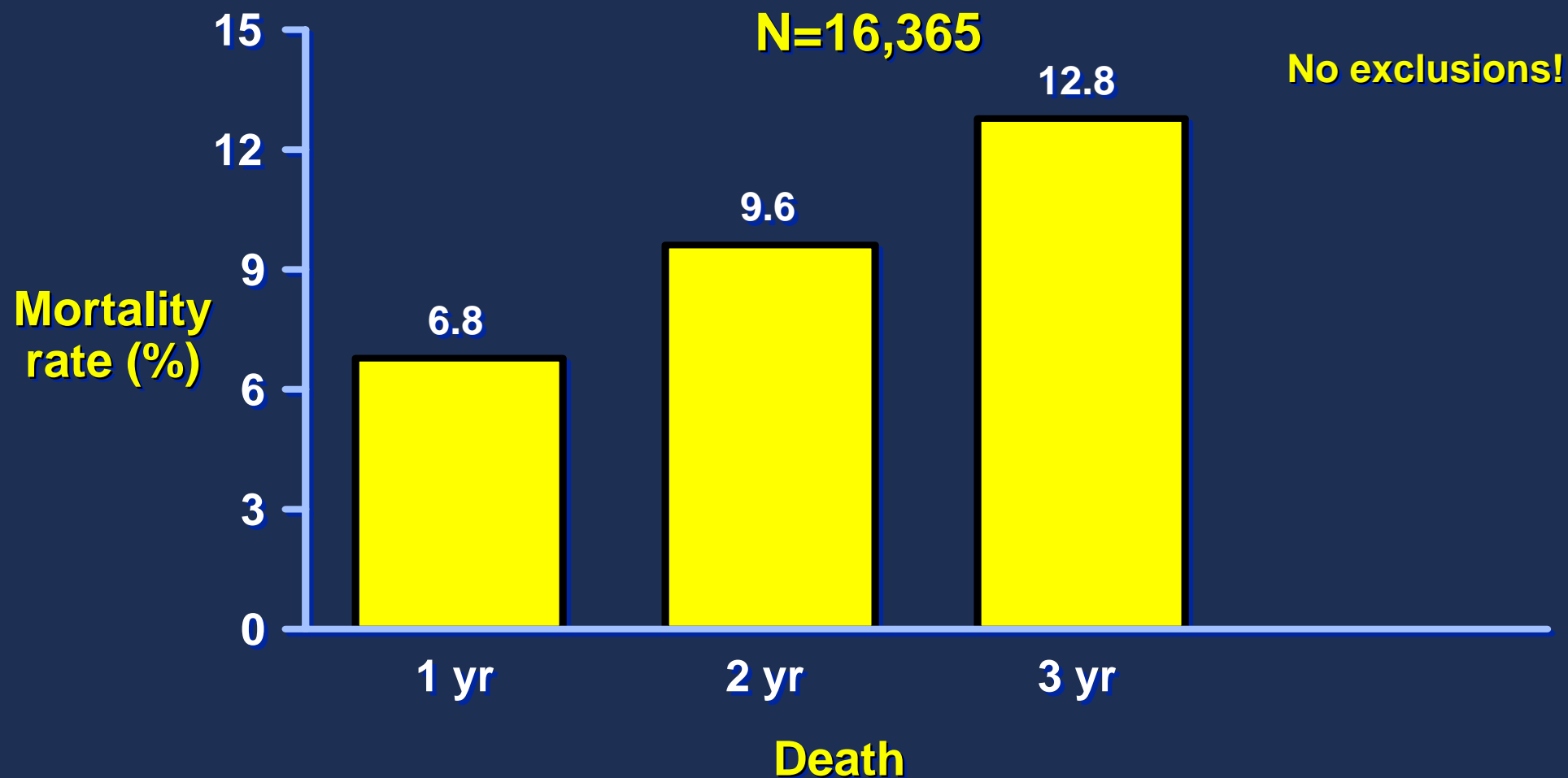
15 min

Antonio Colombo

Centro Cuore Columbus Milan, Italy
S. Raffaele Hospital Milan, Italy



CABG for Left Main Disease 1997-2000



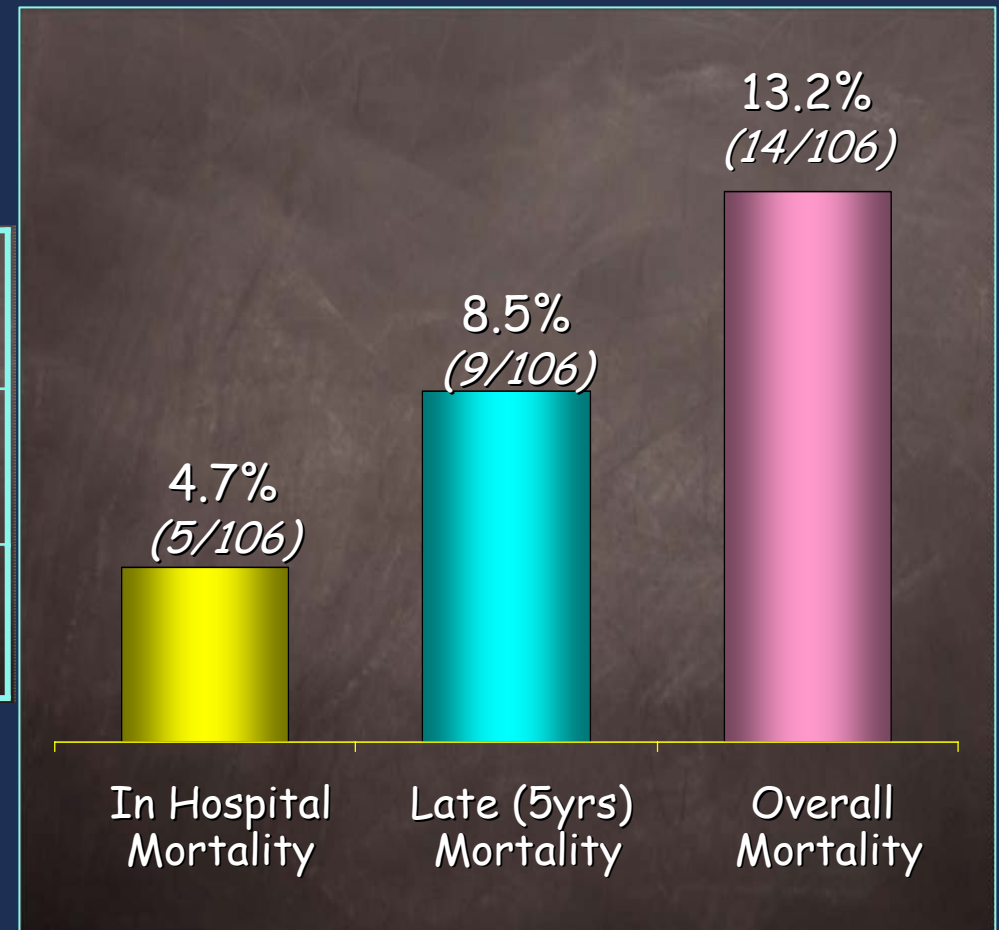
Ed Hannon, David Faxon: Personal communication to Roxana Mehran

Isolated Left Main coronary Artery Stenosis: Long Term Follow-up after Surgery



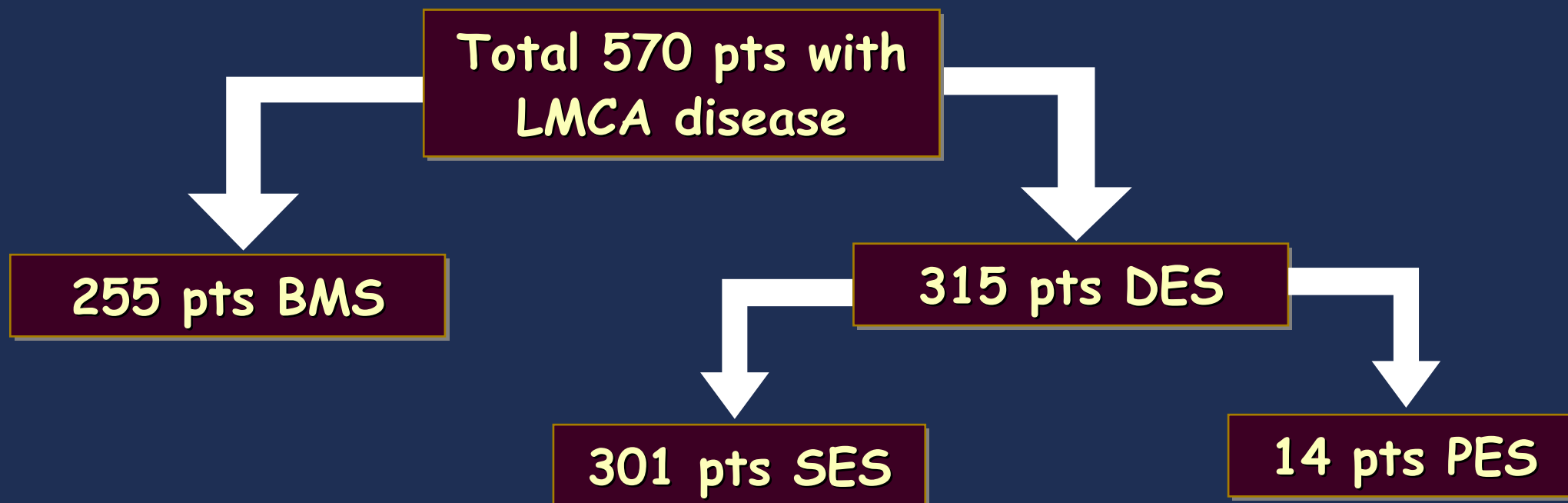
Total nr Pts	106
Elective Surgery	100 (94.4%)
Emergency Surgery	6 (5.6%)

Procedural Data



Mortality

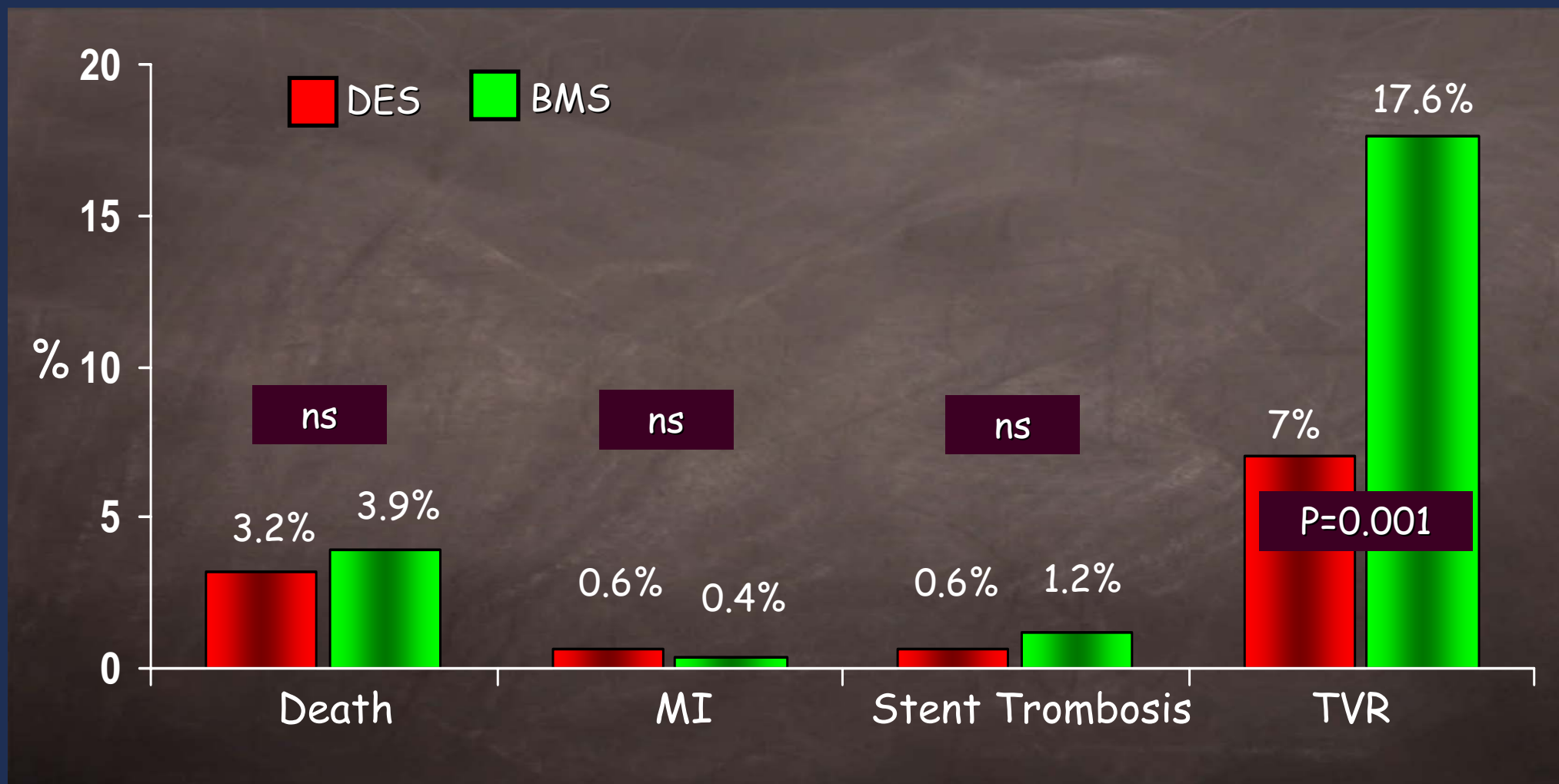
Korean Experience on LMCA



- ✓ Patients treated with DES were older, more often diabetics, with lower ejection fraction and more frequently had multivessel disease.
- ✓ Distal location was more frequent in DES (72.4%) as compared with BMS (37.8%).
- ✓ Provisional T stenting was used in 54.8% of DES, "crush" technique was used in 19.2%, other two stenting techniques (culotte, Y, etc) were used in 6.9% of the cases



3 years clinical Follow-Up



Palmerini Registry on LMCA



Total 301 pts
with LMCA
disease

154 pts CABG

157 pts PTCA

94 pts (60%)
DES

63 pts (40%)
BMS

Palmerini Experience on LMCA



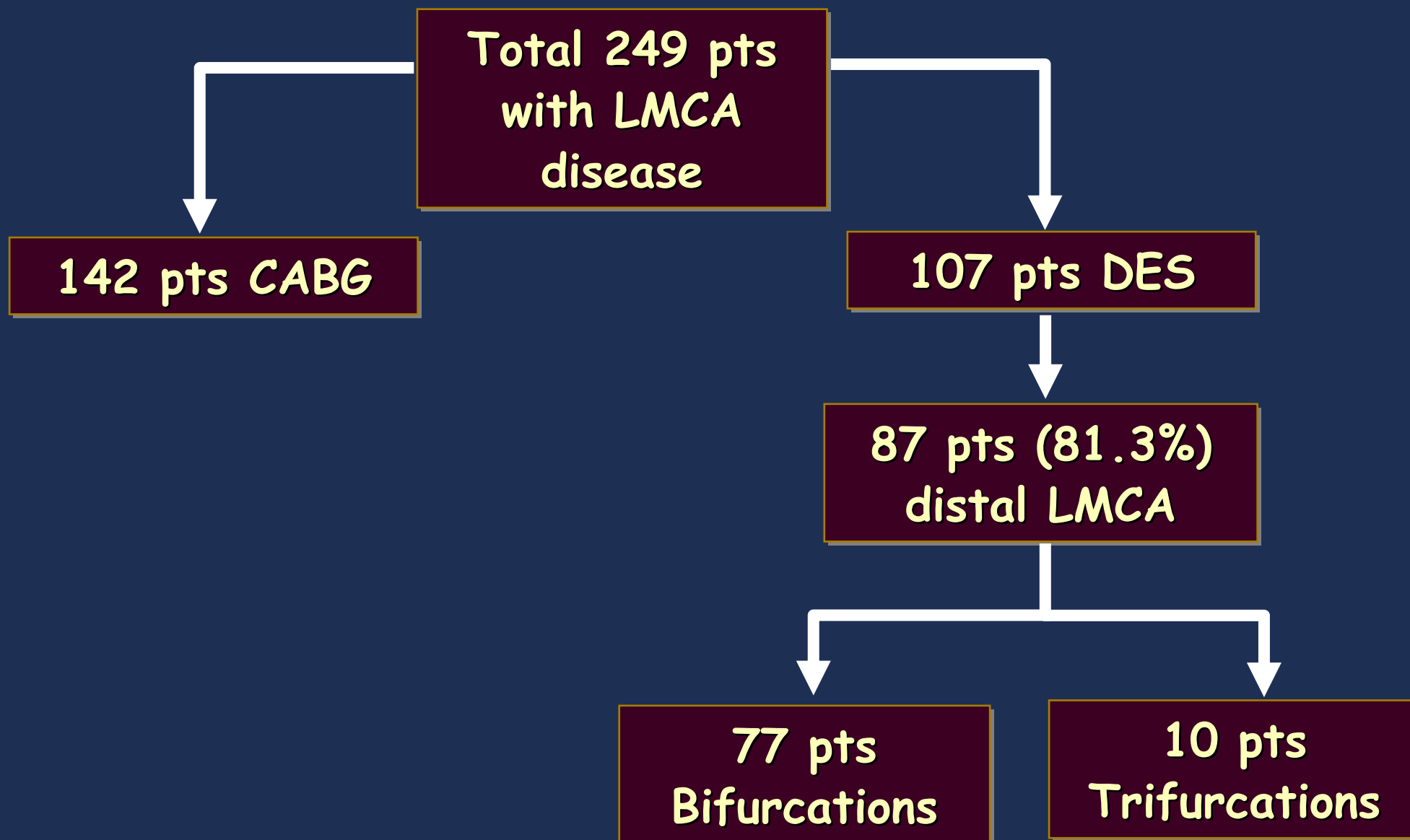
Results at Follow Up

Median follow-up time = 430 days

	PTCA Group	CABG Group	P
Pts	157	154	
Angiographic FU	104 (66%)	4 (2.6%)	
Death	13.4%	12.3 %	ns
Acute MI	8.3%	4.5%	ns
TLR	25.5%	2.6%	0.0001

Patients treated with DES had a 25% relative risk reduction in the rate of death, myocardial infarction, and TLR compared with patients treated with BMS.

Milan Experience on LMCA



Milan Experience on LMCA



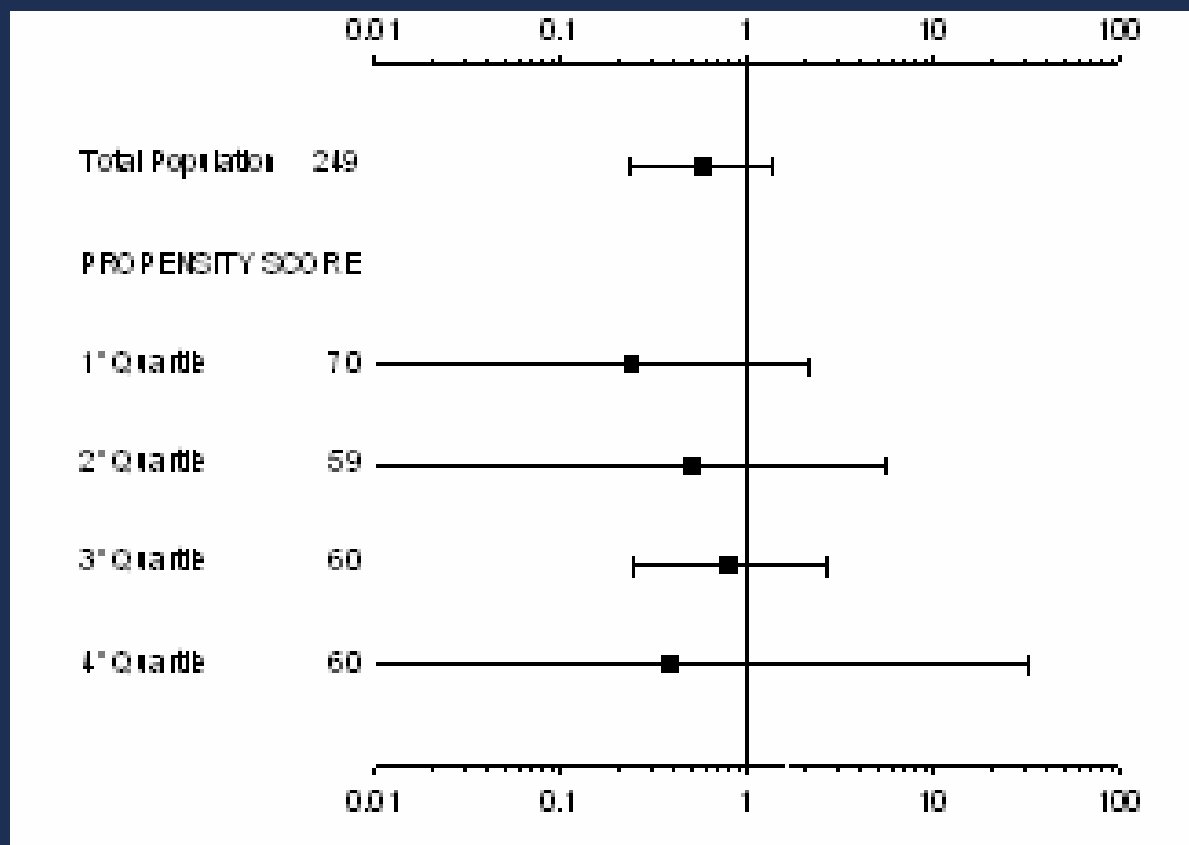
MACE

In-Hospital	PCI with DES group	CABG Group
Pts	107	142
Total MI	10 (9.3%)	37 (26.05%)
Q-Wave MI	0	5 (3.5%)
Death	0	3 (2.1%)
CVA	0	2 (1.4%)
12 months FU	The rate of angiographic follow-up was higher in the PCI group (85%vs. 6% in CABG)	
Total MI	1 (0.9%)	2 (1.4%)
Death	3 (2.8%)	9 (6.4%)
TLR	15.8%	3.6%
TVR	19.6%	3.6%



Cumulative MACCE at 1 Year

Odds Ratio and Exact 95% CI



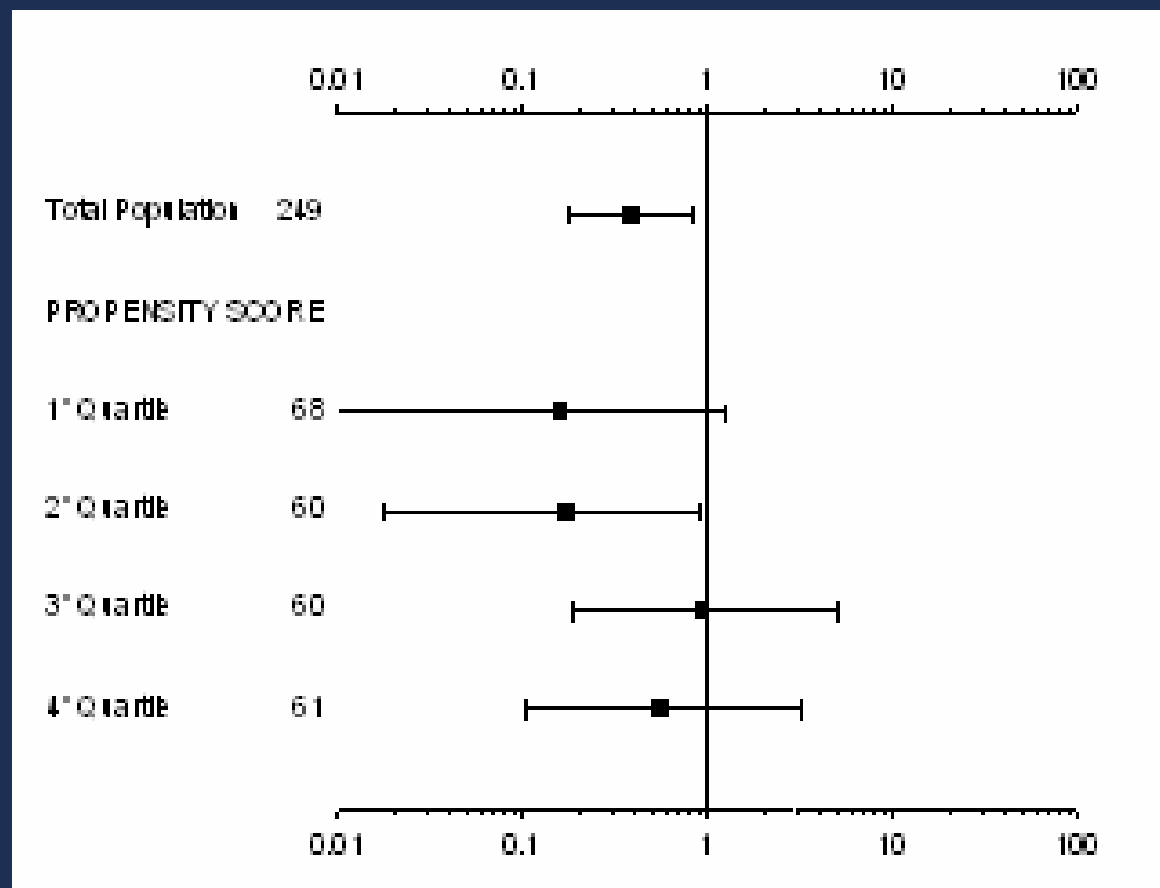
PCI better

CABG better



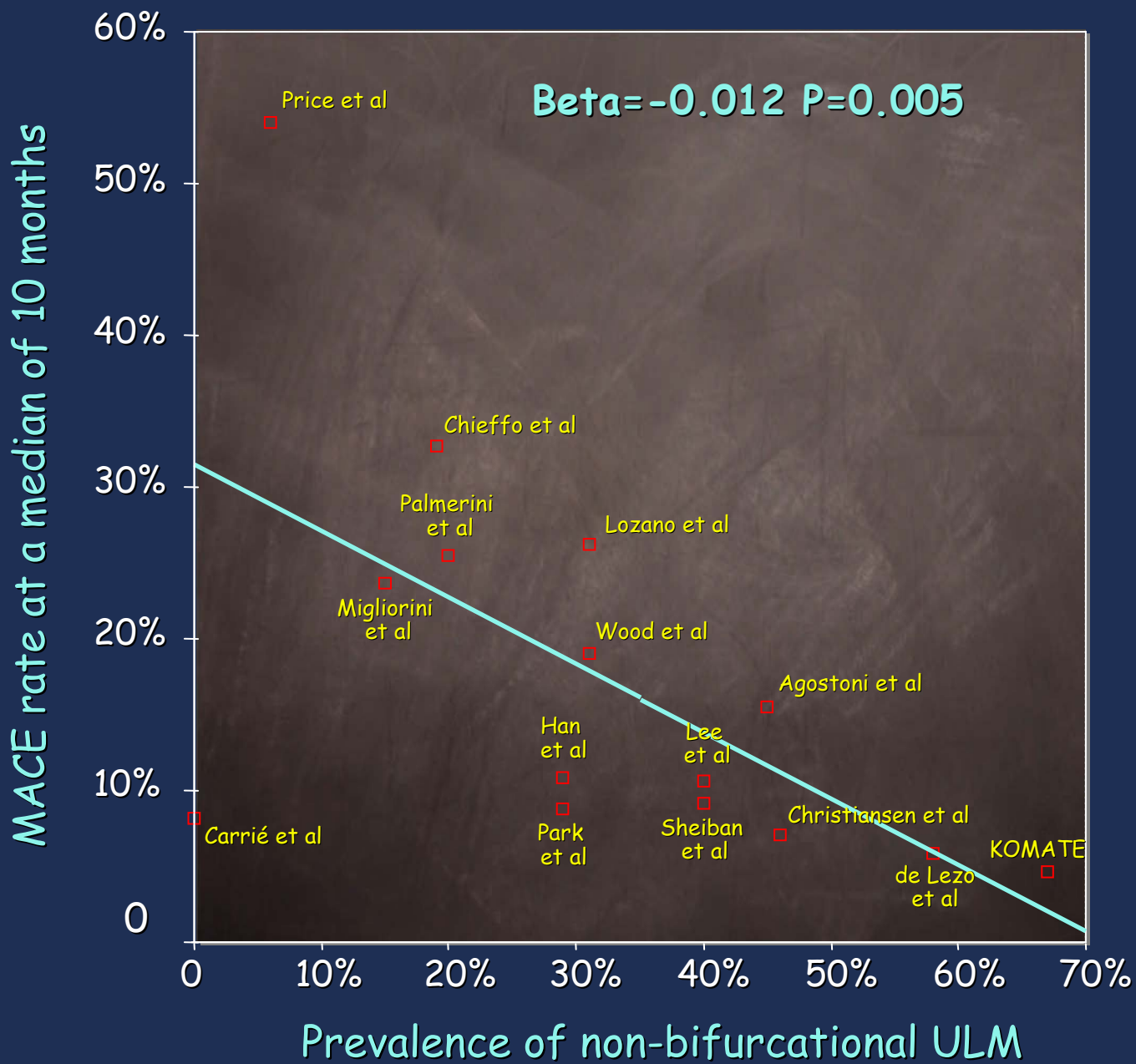
Cumulative MACCE without Revascularization at 1 Year

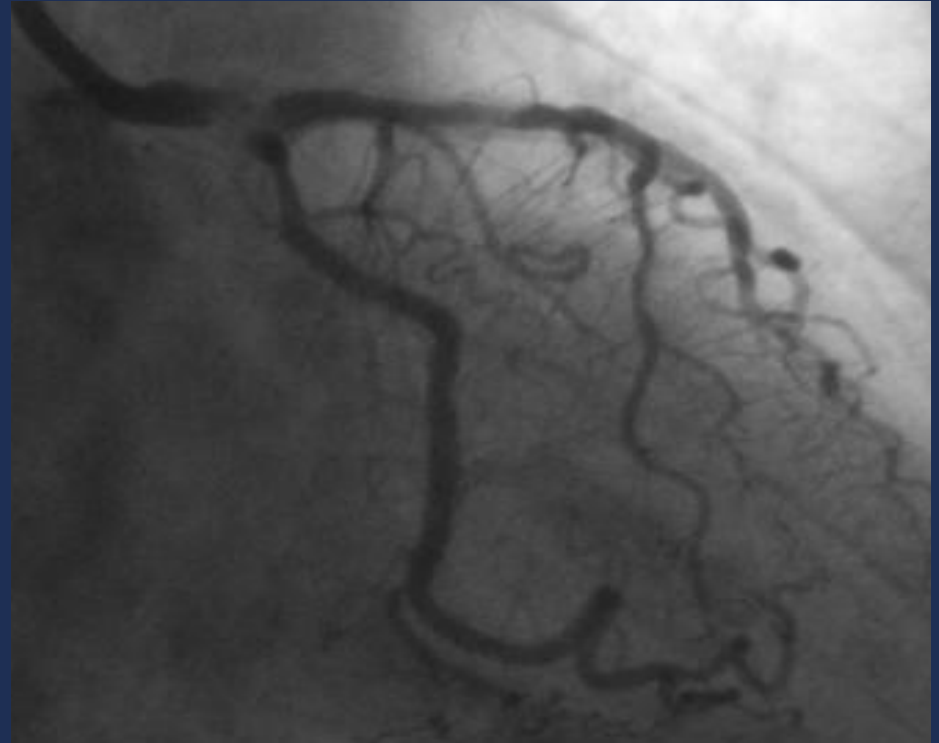
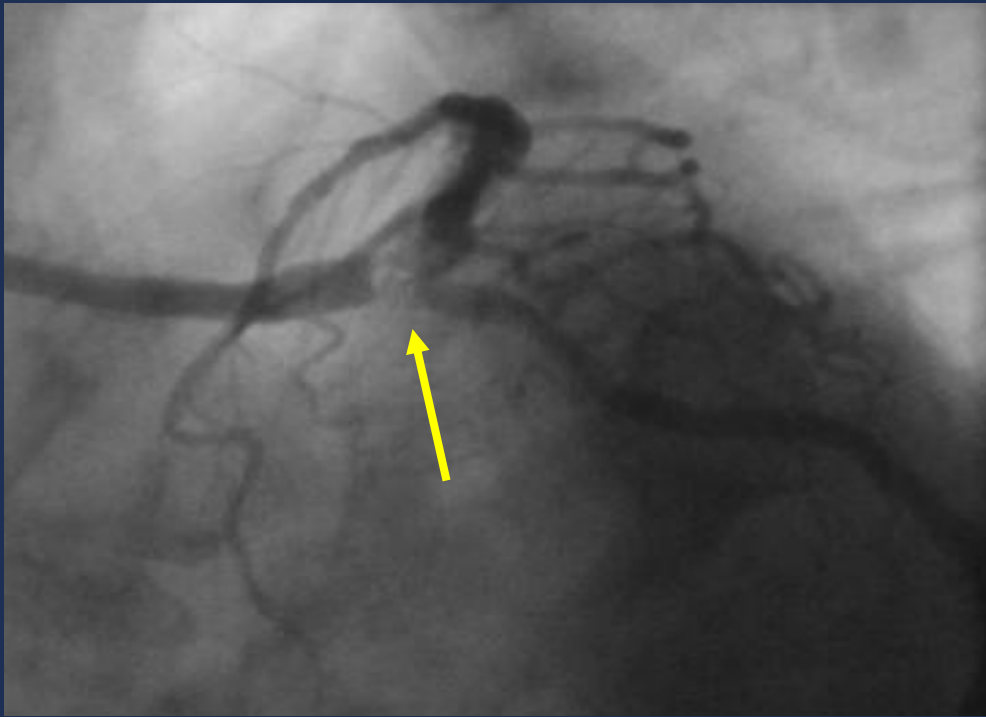
Odds Ratio and Exact 95% CI



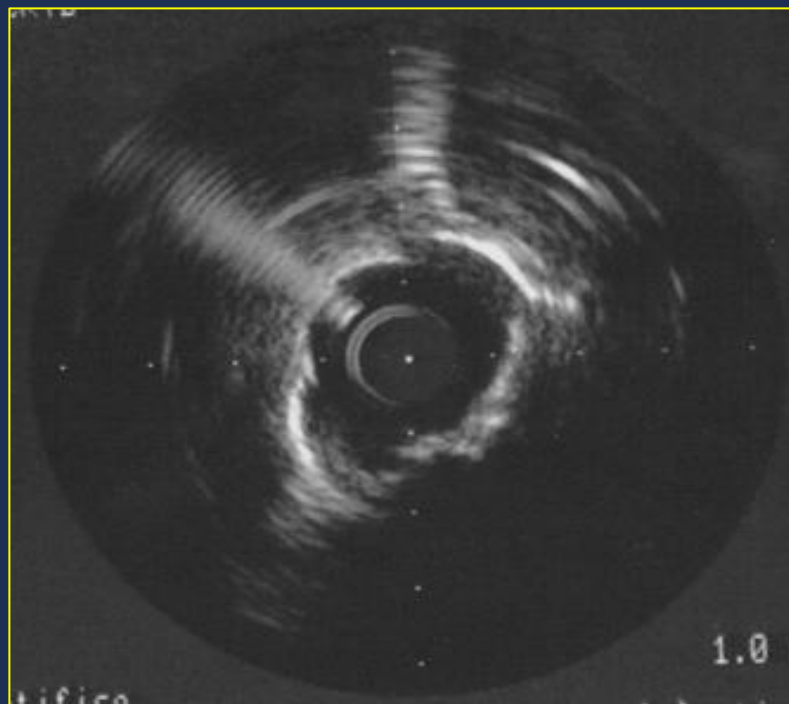
PCI better

CABG better





IVUS Images Post Rotablator



LAD Os



Cx Os



- Crush technique: 3.0x33 Cypher in Cx and 3.5x18 Cypher in LAD.

Final result after kissing



No restenosis at FU

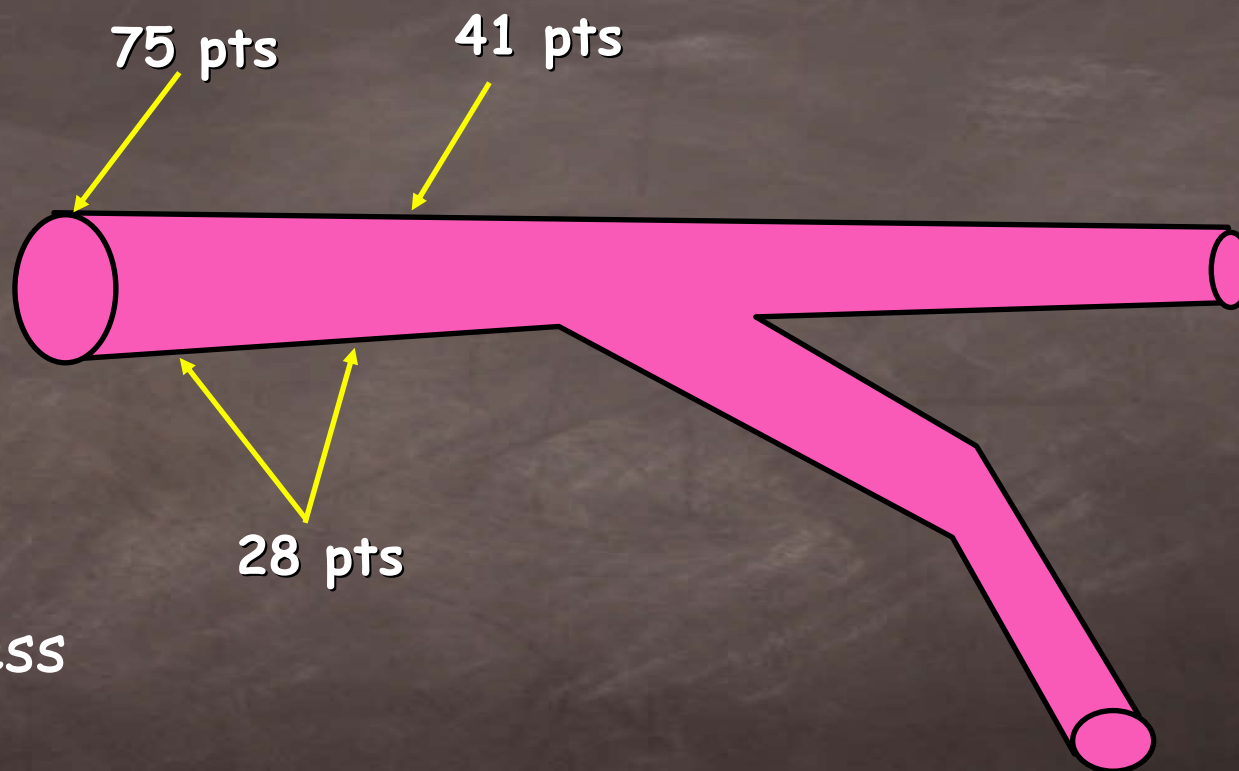


Body or Ostial ULM

(No involvement of bifurcation)

144 pts in 5 centers

- 39 PES
- 105 SES
- 19.4% diabetics
- 50% IVUS guidance
- 99% procedural success





Body or Ostial ULM

(No involvement of bifurcation)

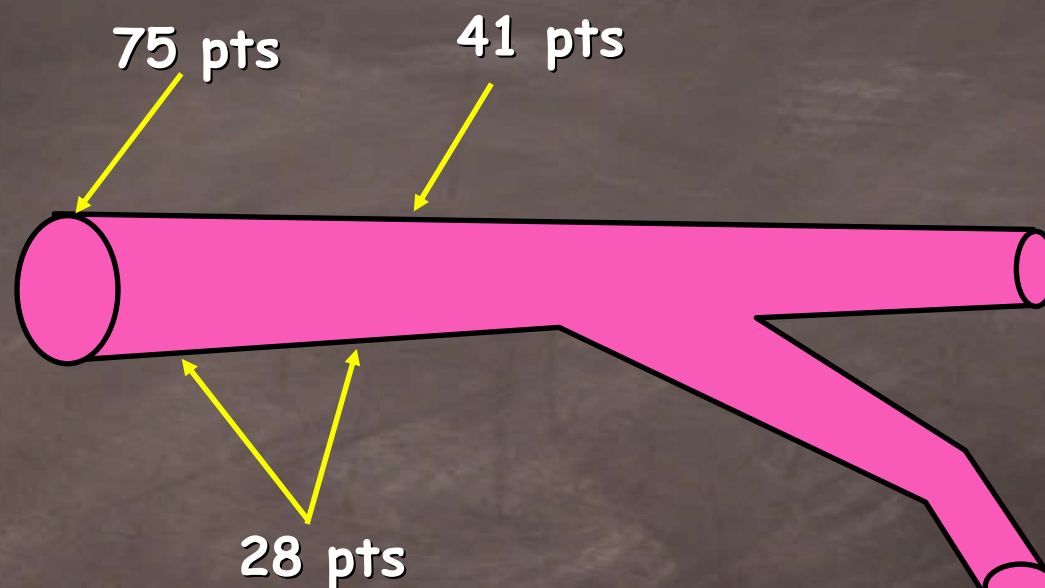
1 year Follow-Up

Angio F-U 100 pts (70%)

death : 1 pt

PCI : 1 pt

CABG : 1 pt





Which are the problems with ULM stenting with DES

- High risk during index procedure
- High risk of MI and death
 - ⇒ up to 1 yr and most of patients need antiplatelet therapy
 - ⇒ Even with CABG late death
- High restenosis: only focus on drug-eluting stents only for distal bifurcations

