

Limiting stent length: Back to Spot Stenting

8 min

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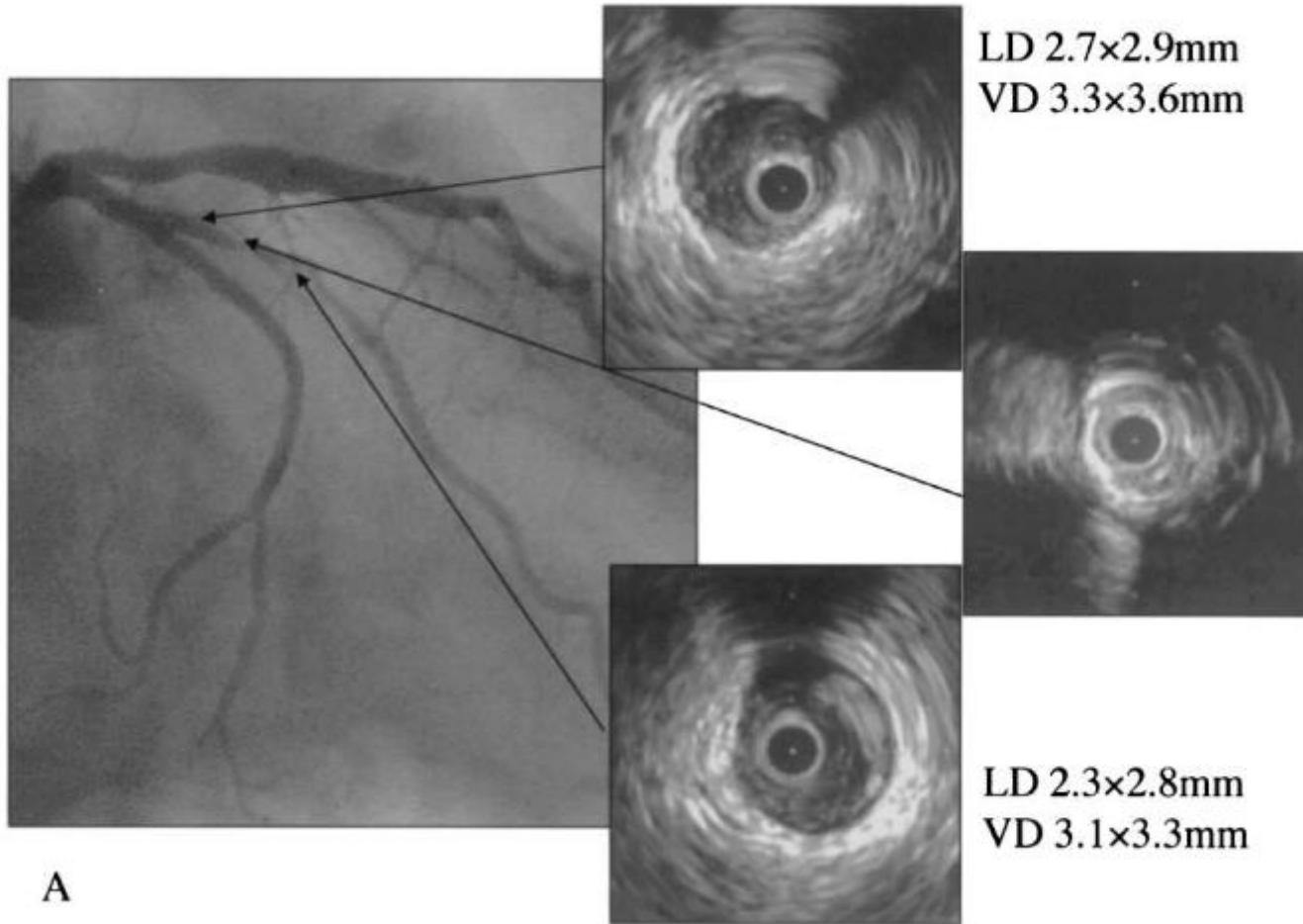
Humanitas Research Hospital, Rozzano, Milan, Italy

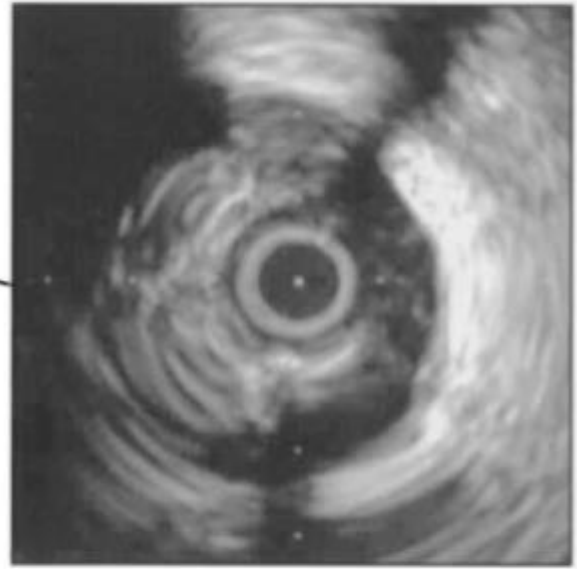
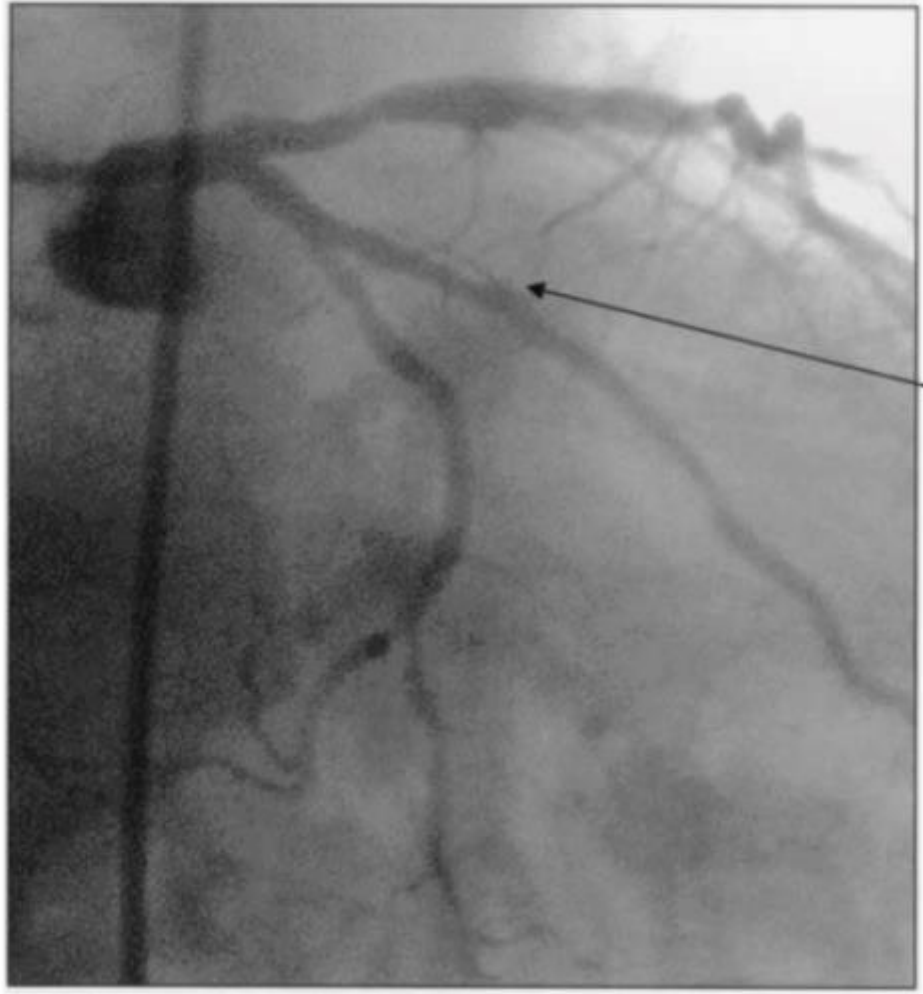
No conflicts to disclose

Intravascular Ultrasound-Guided Percutaneous Transluminal Coronary Angioplasty With Provisional Spot Stenting for Treatment of Long Coronary Lesions

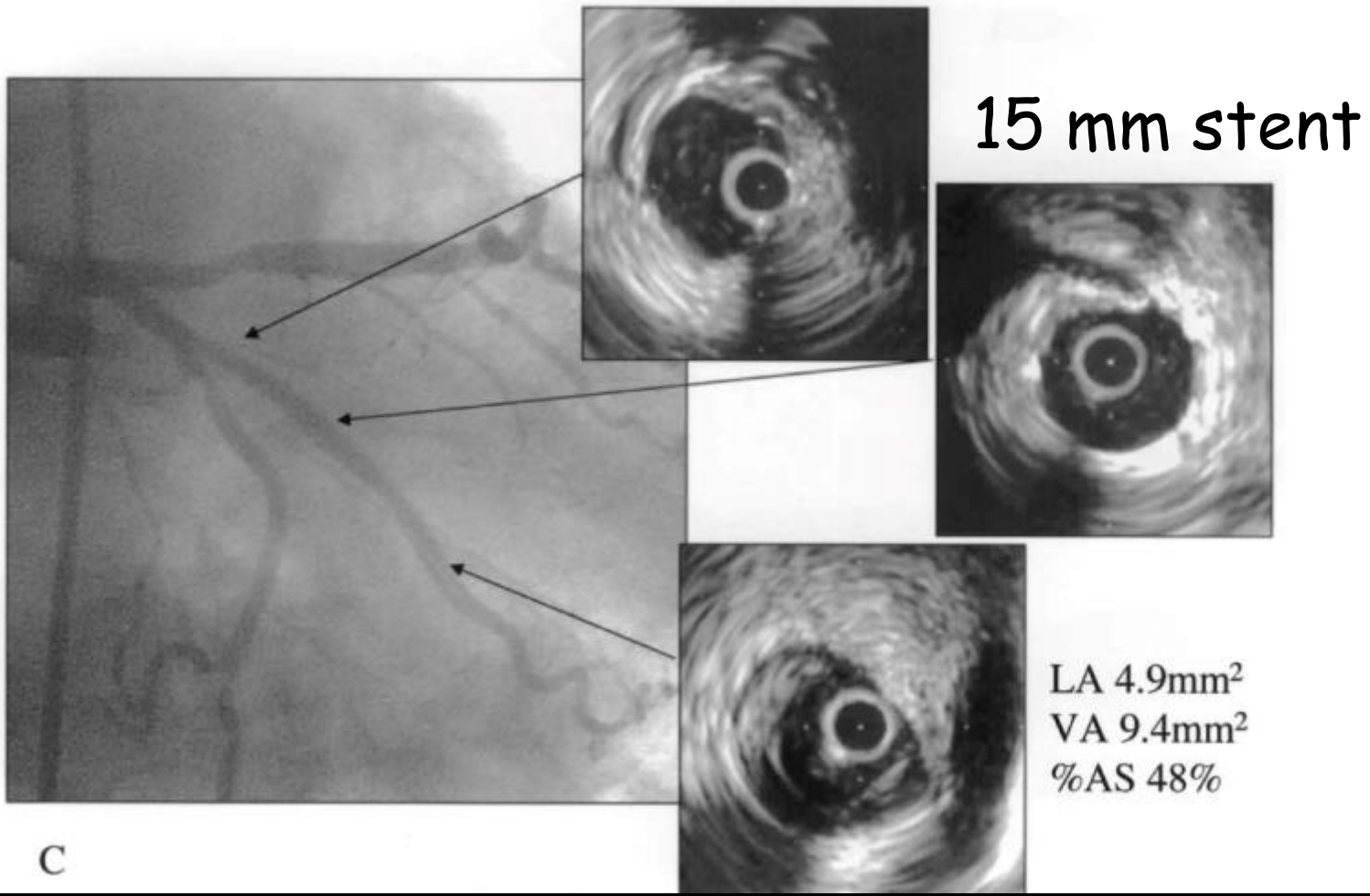
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Milan, Italy and New York, New York





LA 4.0mm²
VA 15.7mm²
%AS 74%



The procedure was complete if the treated segment satisfied either of the following two success criteria:

1) Lumen cross-sectional area (CSA) \geq 50% of the vessel at the lesion site,

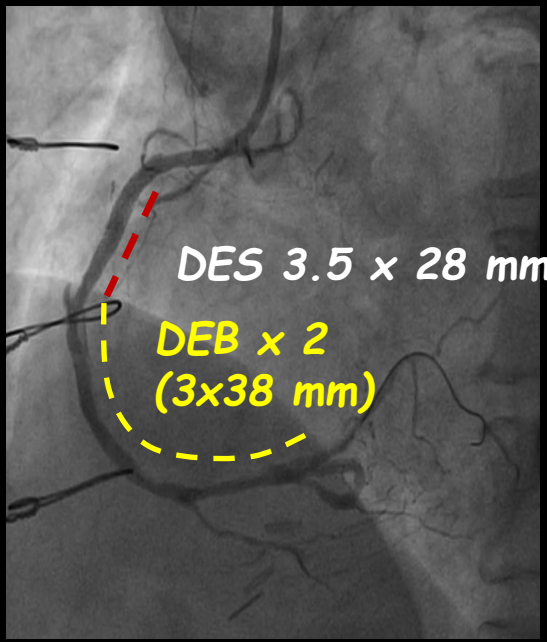
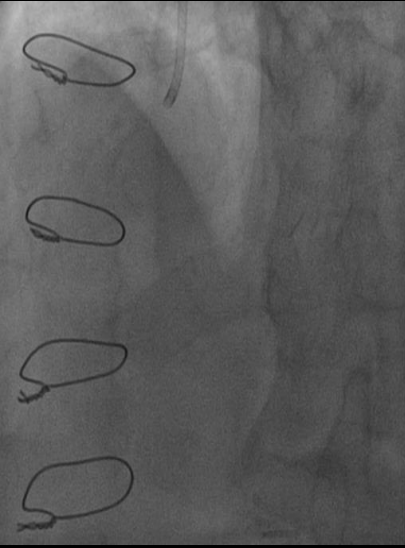
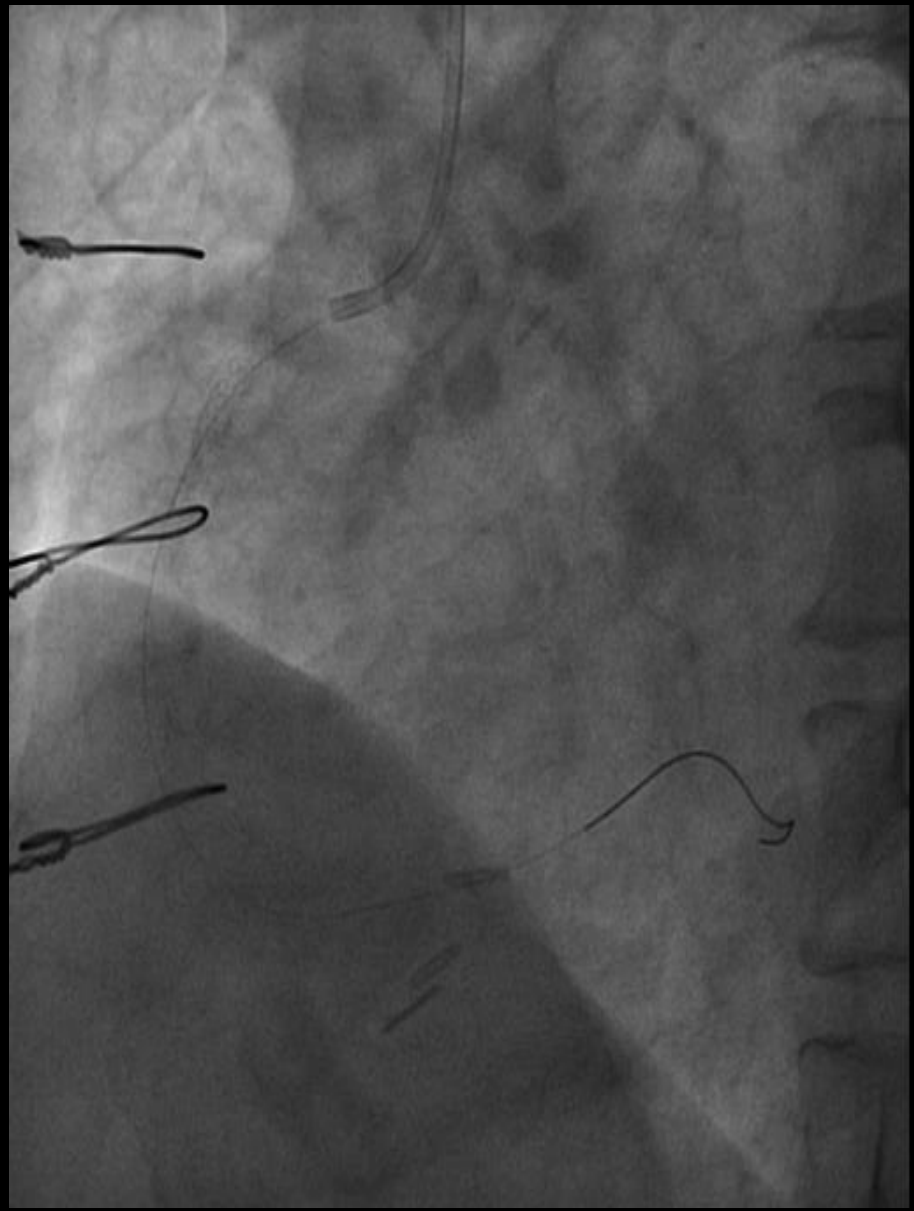
or

2) minimal lumen CSA \geq 5.5mm² for a 3 mm vessel.

These criteria can be utilized to guide optimal lesion preparation before DCB

Long diffuse disease of the RCA

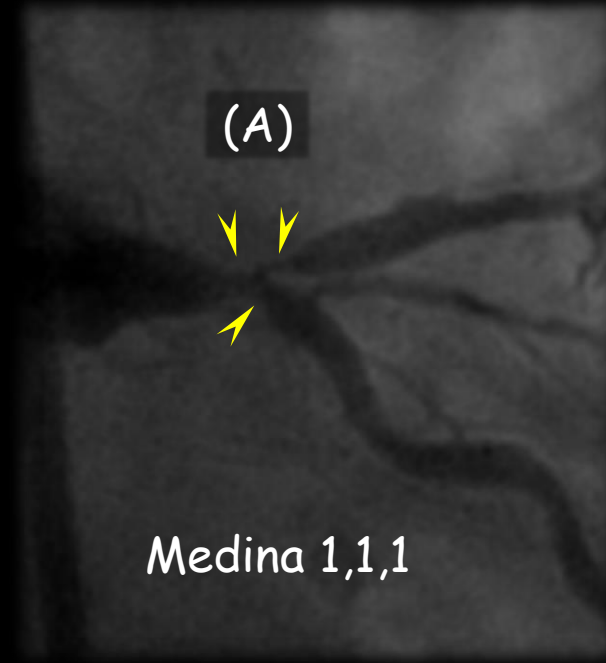
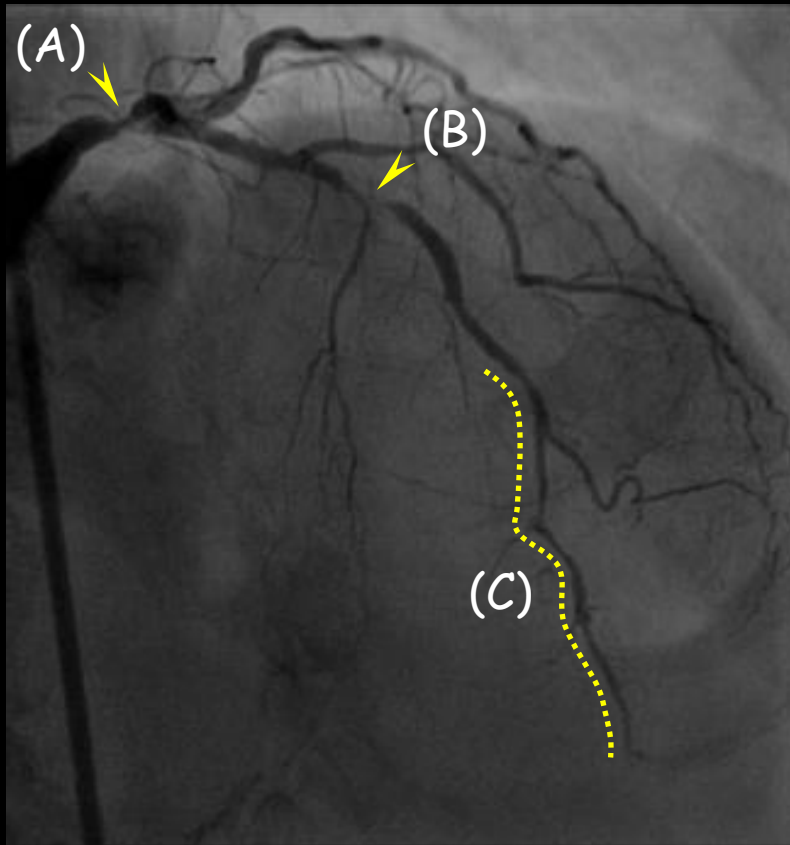
Hybrid treatment to avoid long stenting



DES 3.5 x 28 mm

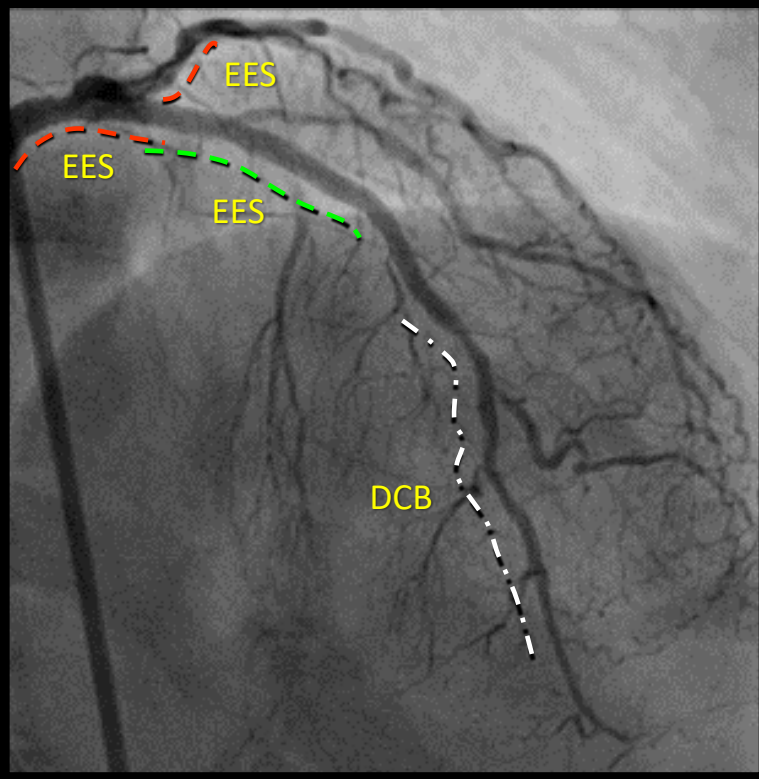
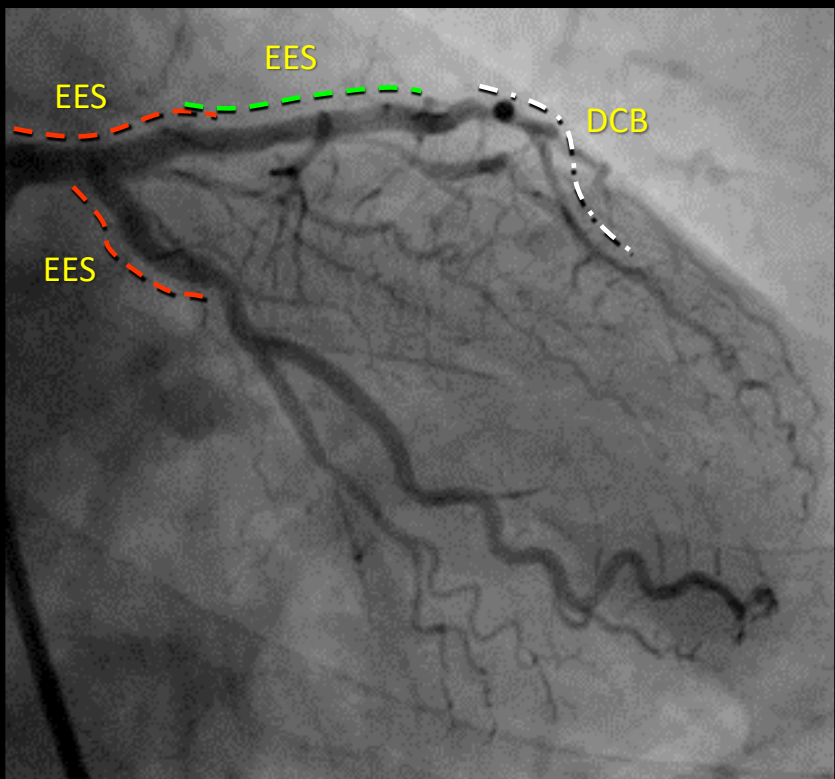
DEB x 2
(3x38 mm)

Initial Angiogram



- (A) True left main bifurcation disease (Medina 1,1,1)
- (B) Mid-LAD critical stenosis involving big septal branch
- (C) Diffuse distal LAD disease with TIMI-II flow.

Final angiogram



45% diabetics

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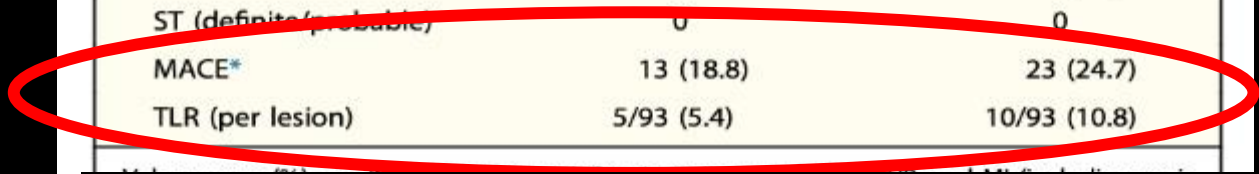
JACC: CARDIOVASCULAR INTERVENTIONS
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The Role of Drug-Eluting Balloons Alone Combination With Drug-Eluting Stent Treatment of De Novo Diffuse Coronary

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Table 5. Cumulative Clinical Events

Clinical Outcomes	DEB ± DES Strategy (n = 69)	DES-Alone Strategy (n = 93)
In-hospital events		
MI	3 (4.3)	5 (5.4)
ST (definite/probable)	0	1 (1.1)
Death	0	0
Follow-up events		
Death	4 (5.8)	6 (6.5)
Cardiac cause	2 (2.9)	2 (2.2)
Noncardiac cause	2 (2.9)	4 (4.3)
TVR	8 (11.6)	13 (14.0)
TLR	5 (7.2)	10 (10.8)
MI	0	1 (1.1)
ST (definite/probable)	0	0
MACE*	13 (18.8)	23 (24.7)
TLR (per lesion)	5/93 (5.4)	10/93 (10.8)



as in Table 1.

LONG DE NOVO LAD DISEASE

**DCB-based PCI
(N=147)**

- Hybrid PCI in **70.8%** of pts
- DCB length > DES length in **61.9%** of patients



**DES-only PCI
(N=701)**

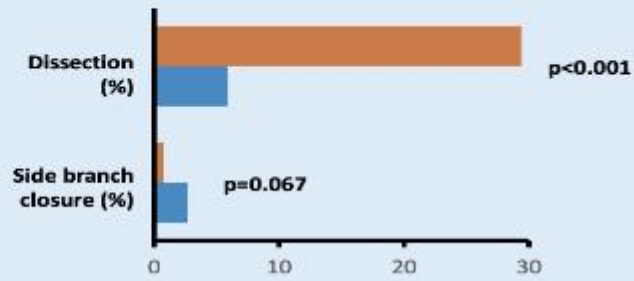
- Short (<23 mm) DES excluded

1:1 PSM to account for imbalance in baseline clinical and angiographic covariates → 144 matched pairs

More diffuse treatment with **lower DES length** in the DCB group

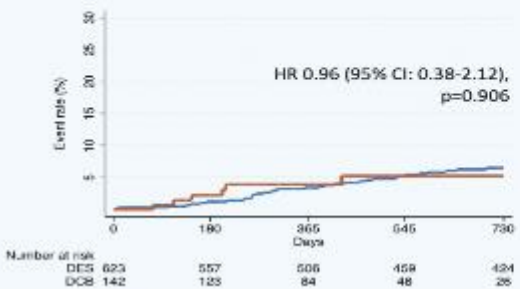
	DCB	DES	P value
Treated length (mm)	65 (40-82)	53 (45-62)	<0.001
Treated length ≥60 mm (%)	60.4	34	<0.001
DES length (mm)	38 (24-62)	53 (45-62)	<0.001
Large vessel (≥3 mm) (%)	76.4	81.3	0.31

More **dissections** with DCB (non flow-limiting in 69.8%)
Higher risk of **SB closure** with DES

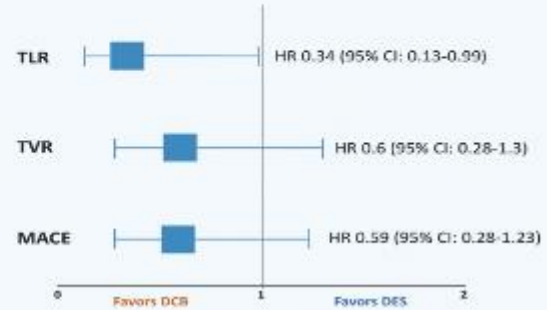


2-YEAR FOLLOW-UP

Similar TLR rate in the overall cohort



Lower risk of TLR with DCB after PSM



The availability of DCB will improve the long term results of SPOT Stenting and introduce
NO stenting