CARDY-10

EARLY AND LATE RESULTS OF PERCUTANEOUS LEFT MAIN CORONARY ARTERY INTERVENTION

Cheng-Chung Cheng, MD, Shih-Ping Yang, MD, PHD, Shu-Meng Cheng, MD, PHD, Ten-Ping Tsao, MD

Division of Cardiology, Department of Medicine, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan, Republic of China

BACKGROUND: According to the American College of Cardiology/American Heart Association guidelines, percutaneous coronary intervention (PCI) for left main coronary artery (LMCA) stenosis is contraindicated unless coronary artery bypass graft (CABG) surgery is not feasible.

AIM: To analyze immediate and late outcomes of PCI for unprotected left main coronary artery stenosis at Tri-Services General Hospital, Taipei, Taiwan.

METHOD: Design: Retrospective follow-up study. Patients: Seventeen patients were enrolled between October 2002 and March 2005. Eleven patients presented with stable angina and underwent the procedure electively, while 6 patients presented with acute coronary syndrome and received the procedure emergently.

Intervention: Two patients received balloon dilatation only. Express Stents (Boston Scientific, United States) were used in 10 patients, 4 patient received Taxus Express2 paclitaxel-eluting stent (Boston Scientific, United States) and 1 received R stent (Orbus Medical Technologies, Netherlands). Main outcome measures: Procedural success rate and major cardiac events

RESULTS: Successful intervention was performed in 16 of 17 patients. One emergent procedure failed due to total occlusion of the left main coronary artery with cardiogenic shock. No immediate complications during the procedure or major cardiac events were detected in successfully treated patients. There were 2 non-cardiac deaths during hospitalization. After a mean of 20.2 months follow-up, no major adverse cardiac event was noted. There were 5 patients who received repeat coronary angiography, and no restenosis in previously treated left main coronary artery was noted.

CONCLUSIONS: Elective stenting of unprotected left main coronary artery stenosis can be considered as a feasible, safe and effective approach for suitable lesions.

Key words: left main coronary artery, left main stenosis , percutaneous coronary intervention