

Heart Congress 2017 Lembe Study: Left Main PCI in Belgaum Ranjan Modi-Ranjan Modi, Fortis Escorts Heart Institute- India

Ranjan Modi,
Fortis Escorts Heart Institute- India

Introduction:

The incidence of Left Main (LM) Disease is 6% [1]. In view of the large territory of supply, LM interventions have potential for major ischemic injuries and hence remain a huge therapeutic challenge for specialists. In patients with high surgical risk, PCI for ULMCA lesion is a class IIa indication according to recent guidelines. Various randomized controlled trials (RCTs), [3-6] registries, and meta-analysis have proved the use and safety of DES, though CABG still remains the procedure of choice for treatment in patients with high-risk anatomy (Class I indication). Multiple multicentric studies have been done in the western world but there is very minimal data of uLMPCI in the Indian population. Hence, our objective was to evaluate the demographic features, angiographic variables, predictors of procedural success and one year outcome of uLMPCI with drug-eluting stents (DES) in Indian subcontinent

Methods:

Study population A total of 109 consecutive patients, who underwent LMPCI between 2006 and 2015, were analyzed in this single-center registry. The study was approved by the Ethical committee of the institution. A written informed consent was obtained prior to the procedure in all patients as per institution protocol. All data related to the patient's clinical presentation, procedure and follow-up were collected. Syntax score [11] and medina score were calculated for all patients. All patients were pretreated with loading dose of aspirin and clopidogrel/ticagrelor. Unfractionated heparin was administered during the procedure and ACT >250 seconds was maintained intraprocedurally. GpIIb/IIIa inhibiting agents were given at discretion of the operator. Post-procedure, all patients were continued on dual antiplatelets. Other cardiac medication (betablockers and statins) was prescribed

post procedure. All patients were followed up in cardiology outpatient department at 1, 3, 6 months and one-year after PCI. Only symptomatic patients were evaluated, first subjected to stress testing and then if required, check angiography.

Results: There was no primary end point noted in our study. Overall, one year MACCE-free survival rate was 100%. Secondary end points were seen in 9 (8.2%). Secondary end point were lower in non diabetic patients who underwent uLMPCI with left main alone intervention, single stent in a vessel. Patients with syntax score ≤ 32 had higher event-free secondary end point rate than those with syntax score >32 . Syntax score >32 was found to be significantly correlated to prior PCI/CABG patients, patients with multiple stenting and multiple vessel stenting. Syntax score >32 was the only independent predictor of adverse outcome

Conclusion: uLMPCI is safe and effective treatment alternative to CABG in non diabetic patients with selected LM alone, single vessel and single stent patients with low and intermediate syntax score

Email: ranjan_modi@hotmail.com