# CLINICAL OUTCOMES AFTER THREE VESSEL PERCUTANEOUS CORONARY INTERVENTION WITH DRUG-ELUTING STENTS.

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## **Background and Objectives**

In the Drug - Eluting Stent era, an increasing number of patients with three vessel coronary artery disease is undergoing percutaneous revascularisation.

Our aim was to assess the clinical outcome in patients with three vessel disease, who were treated with Percutaneous Coronary Intervention.

#### **Materials and Methods**

We retrospectively analysed the data of 114 consecutive patients who underwent three vessel PCI with implantation of Drug - Eluting Stents, from February 2005 until June 2010.

We recorded the occurrence of long-term major adverse cardiac events (MACE), defined as death from all causes, myocardial infarction (MI), or target lesion revascularization (TLR).

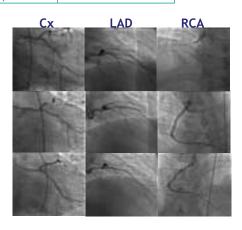
### Results

Clinical Characteristics		PCI Data	
Mean Age (years)	63 (range: 37 to 83)	Average number of lesions treated per patient ± St Dev	3.41±0.76
Men (%)	75	Bifurcations	28 (7.2% of total lesions treated)
Diabetes Mellitus (%)	29.8	Total occlusions	24(6.2% of total lesions treated)
Hypertension (%)	53.5	Average number of stents implanted per lesion ± St Dev	1.21±0.48
Dyslipidemia (%)	38.6	Average stented length ± St Dev (mm) per patient	86.6 ± 28.9
Current smokers (%)	25.4	Average stent diameter ± St Dev (mm) per patient	2.8 ± 0.3mm
Previous CABG (%)	2.6		,
Previous PCI (%)	9.6		

Coronary Angiography

Immediate Result

F/U 6 months



Clinical follow-up was available from 109 patients and during a period of 31.3±19.3 months (range: 4 to 68 months) there were:

- ❖ 3 (2.6%) non-cardiac deaths
- ❖ 1(0.9%) patient died ten days after the index PCI, due to probable stent thrombosis
- ❖ 4 (3.5%) patients underwent repeat percutaneous revascularisation
- ❖ 1 (0.9%) patient underwent CABG.

## **Conclusions**

In the present study, PCI with DESs was associated with a low major adverse cardiac event rate at long-term follow-up. These favorable results are in agreement with previous studies, which support the use of percutaneous revascularisation in selected patients with three vessel coronary artery disease.