

Prof.Dr. Cemşid Demiroğlu | Treatment of saphenous vein graft lesions with paclitaxel- and sirolimus-eluting stents: comparison of short- and long-term clinical outcomes

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OBJECTIVE:

The purpose of this study was to compare treatment of saphenous vein graft (SVG) lesions with paclitaxel-eluting (PES) and sirolimus-eluting stents (SES) in daily practice with regard to short- and long-term clinical outcomes.

METHODS:

Between August 2002 and September 2006, a total of 71 patients with SVG lesions who were implanted PES or SES with percutaneous coronary intervention in our center were evaluated retrospectively. Forty-six patients with PES (PES group) were compared to twenty-five patients treated with SES (SES group) in terms of in-hospital, 30-day, six-months and 1-year clinical outcomes. Statistical analyses were performed using Chi-Square statistics or Fisher's exact and independent sample t test. Survival analysis was done using Kaplan-Meier method and log-rank test.

RESULTS:

Baseline clinical characteristics were similar in both groups except for a tendency toward a lower age in the SES group. No statistically significant difference was found between two groups by means of lesion and procedural characteristics. All clinical outcomes at 30-day, 6-month and 1-year after the interventions were similar in both groups. Early stent thrombosis was detected in one patient (2.2%) of PES group ($p=0.65$). Late stent thrombosis was not observed in both groups. The rate of major adverse cardiac events at 1-year was 8.7% in the PES group and 16% in the SES group ($p=0.44$).

CONCLUSION:

Short- and long-term clinical outcomes of PES and SES in the treatment of SVG lesions are similar. The results of our study showed that both drug-eluting stents are effective and safe in real-world patient with diseased SVGs.

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OBJECTIVE:

The purpose of this study was to compare the intravenous bolus dose of tirofiban with intracoronary bolus dose in primary percutaneous coronary intervention (PCI) with regard to in hospital and six months clinical outcomes and peak cardiac enzyme levels.

METHODS:

We retrospectively examined 84 ST elevation myocardial infarction (STEMI) patients who underwent primary PCI from March 2006 to February 2007. All patients received the systemic bolus dose of tirofiban 10 mcg/kg either via intracoronary (IC) or intravenous (IV) route, followed by a 36 hours of IV infusion at 0.15 mcg/kg/min. Thirty six patients in IC group were compared with 48 patients in IV group in terms of peak cardiac enzyme levels, in-hospital and six months major adverse cardiac events (MACE) rates (death, myocardial infarction and repeat revascularization). Fisher's exact test, Yates Chi-square, unpaired Student's t-test and Mann-Whitney U test were used for statistical analysis.

RESULTS:

There was no difference in cardiovascular risk profile or cardiac history between two groups. At six months the incidence of MACE was 6.25% in IV group and 11.1% in IC group ($p=0.45$). Peak cardiac phosphokinase (CPK) levels between IV and IC groups were also statistically non significant (2657 ± 2181 U/L in IV group and 2529 ± 1929 U/L in IC group) ($p=0.92$).

CONCLUSION:

Intracoronary bolus application of tirofiban was not associated with reduction in MACE rates compared to intravenous administration in patients with STEMI who underwent primary PCI. Future prospective trials with higher bolus doses of IC tirofiban should address to clarify this issue.