



JACC

Cardiovascular Interventions

MAY 8, 2017
VOLUME 10
NUMBER 9

*A Journal of the American
College of Cardiology*

INSIDE THIS ISSUE

STATE-OF-THE-ART REVIEW

Current Interventions for the Left Main Bifurcation

849

Tanveer Rab, Imad Sheiban, Yves Louvard, Fadi J. Sawaya, Jun Jie Zhang,
Shao Liang Chen

Left main bifurcation stenting is a safe procedure with lower target lesion revascularization rates with second-generation drug-eluting stents. This paper will provide guidance in pre-procedure planning and a knowledge of interventional techniques that are essential in improving procedural and patient outcomes.

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CORONARY

FOCUS ON CTO

Contemporary Incidence, Management, and Long-Term Outcomes of Percutaneous Coronary Interventions for Chronic Coronary Artery Total Occlusions:

866

Insights From the VA CART Program



Thomas T. Tsai, Maggie A. Stanislawski, Kendrick A. Shunk, Ehrin J. Armstrong,
Gary K. Grunwald, Alan H. Schob, Javier A. Valle, Carlos E. Alfonso,
Brahmajee K. Nallamothu, P. Michael Ho, John S. Rumsfeld, Emmanouil S. Brilakis

Among patients with obstructive coronary artery disease diagnosed on coronary angiography, 1 in 4 had coronary chronic total occlusions (CTOs), most commonly in the right coronary artery distribution (64.6%). Elective CTO percutaneous coronary intervention (PCI) was performed in 8.1% of these patients, with a success rate of 79.7%. Compared with failed CTO PCI, successful CTO PCI was associated with a decreased adjusted risk for mortality and coronary artery bypass graft surgery at 2 years but no significant change in the risk for hospitalization for myocardial infarction.

■ EDITORIAL COMMENT

Survival and Chronic Total Occlusion Percutaneous Coronary Intervention: The Never-Ending Debate Continues

876

J. Aaron Grantham



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Impact of Chronic Total Coronary Occlusion on Recurrence of Ventricular Arrhythmias in Ischemic Secondary Prevention Implantable Cardioverter-Defibrillator Recipients (VACTO Secondary Study): Insights From Coronary Angiogram and Electrogram Analysis **879**

Luis Nombela-Franco, Mario Iannaccone, Ignasi Anguera, Ignacio J. Amat-Santos, Manuel Sanchez-Garcia, Daniel Bautista, Martin N. Calvelo, Andrea Di Marco, Claudio Moretti, Roberto Pozzi, Marco Scaglione, Victoria Cañadas, María Sandin-Fuentes, Angel Arenal, Rodrigo Bagur, Nicasio Perez-Castellano, Cristina Fernandez-Perez, Fiorenzo Gaita, Carlos Macaya, Javier Escaned, Ignacio Fernández-Lozano

The present study evaluates the incidence and clinical effect of coronary chronic total occlusions (CTOs) in implantable cardioverter-defibrillator (ICD) recipients for secondary prevention of sudden cardiac death. CTO was present in one-half of the populations and was an independent predictor of appropriate ICD therapies (hazard ratio: 1.80) and mortality (hazard ratio: 1.69).

■ **EDITORIAL COMMENT**

Chronic Total Occlusions: A Benign Entity or a "Perfect Storm" of Road Closures Waiting to Occur...? **889**

Vasim Farooq, Patrick W. Serruys

Procedural and Long-Term Outcomes of Percutaneous Coronary Intervention for In-Stent Chronic Total Occlusion **892**

Lorenzo Azzalini, Rustem Dautov, Soledad Ojeda, Susanna Benincasa, Barbara Bellini, Francesco Giannini, Jorge Chavarría, Manuel Pan, Mauro Carlino, Antonio Colombo, Stéphane Rinfret

Little data exist on the outcomes of percutaneous coronary intervention for in-stent chronic total occlusion (IS-CTO). In this multicenter registry, 899 patients were included (n = 111 IS-CTO, n = 788 de novo CTO). The primary endpoint (major adverse cardiac events [MACE]) was a composite of cardiac death, target vessel myocardial infarction, and ischemia-driven target vessel revascularization (TVR) on follow-up. Procedural success was achieved in 86.5% in both groups (p = 0.99). After a median follow-up of 471 days, MACE were observed in 20.8% versus 13.9% in IS-CTO versus de novo CTO (p = 0.07), driven by TVR. IS-CTO was an independent predictor of MACE (hazard ratio: 2.16; p = 0.01).

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■ **EDITORIAL COMMENT**

In-Stent CTO, Not as Easy as it Looks **903**

Dimitrios Karpaliotis, Raja Hatem

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