



# JACC

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#### STATE-OF-THE-ART REVIEW

#### Hybrid Percutaneous Coronary Intervention With Bioresorbable Vascular Scaffolds in Combination With Drug-Eluting Stents or Drug-Coated Balloons for Complex Coronary Lesions

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Akihito Tanaka, Richard J. Jabbour, Satoru Mitomo, Azeem Latib, Antonio Colombo

Bioresorbable vascular scaffolds (BVS) have become an attractive option in the percutaneous coronary intervention field due to the potential advantages associated with the complete resorption process that occurs within a few years. However, current-generation BVS have several limitations including thicker struts, reduced radial strength, and limited expansion capability when compared with drug-eluting stents (DES). As a result, complex coronary disease often contains BVS-inappropriate/unfavorable segments. This does not necessarily mean that BVS use must be completely avoided, and minimizing the length of permanent metallic caging may still be advantageous. Operators should fully understand the limitations of current BVS, and when to consider a hybrid strategy of BVS in combination with DES or drug-coated balloons.

#### CORONARY

#### Long-Term Outcomes of Stenting the Proximal Left Anterior Descending Artery in the PROTECT Trial

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Ariel Roguin, Edoardo Camenzind, Arthur Kerner, Rafael Beyar, Eric Boersma, Laura Mauri, Ph. Gabriel Steg, William Wijns

We performed a retrospective analysis of data from PROTECT (Patient Related Outcomes with Endeavor Versus Cypher Stenting Trial), a multicenter 8,709-patient percutaneous coronary intervention trial, comparing outcomes of patients who had percutaneous coronary intervention in the proximal left anterior descending (LAD) artery versus intervention outside the proximal LAD artery. Univariate analysis showed rates of death, target vessel failure, major adverse cardiac events, and stent thrombosis between the 2 groups were similar at 4 years of follow-up, but there were more myocardial infarctions in the proximal LAD group. Multivariate analysis indicated the proximal LAD was a predictor of myocardial infarction, but not of target vessel failure or major adverse cardiac events. This finding may suggest that, in the drug-eluting stent era, proximal LAD no longer confers a different prognosis than other lesion sites.



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#### EDITORIAL COMMENT

#### Proximal Left Anterior Descending Coronary Artery PCI: Is it No Longer the Last Lesion Standing?

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Elizabeth M. Holper



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**Bioresorbable Everolimus-Eluting Vascular Scaffold for Long Coronary Lesions: A Subanalysis of the International, Multicenter GHOST-EU Registry** **560**

Salvatore Geraci, Hiroyoshi Kawamoto, Giuseppe Caramanno, Neil Ruparelia, Davide Capodanno, Salvatore Brugaletta, Tommaso Gori, Holger Nef, Manel Sabate, Julinda Mehilli, Maciej Lesiak, Christoph Naber, Carlo Di Mario, Piera Capranzano, Jens Wiebe, Aleksander Araszkiwicz, Stelios Pyxaras, Alessio Mattesini, Thomas Münzel, Corrado Tamburino, Antonio Colombo, Azeem Latib

This substudy investigated 1-year outcomes of 1,468 patients treated with bioresorbable everolimus-eluting vascular scaffolds (BVS) for long coronary lesions. Lesions were divided into 3 groups according to continuous BVS length: 1) <30 mm; 2) 30 to 60 mm; and 3) ≥60 mm. Patients with lesions ≥60 mm had more comorbidities and complex lesion characteristics. The main target vessel was the left anterior coronary artery. Primary device-oriented endpoint (target lesion failure) at 1 year was significantly higher in group C ( $p = 0.001$ ). There were no significant differences between groups A and B. There was no statistically significant differences in scaffold thromboses among all groups.

■ **EDITORIAL COMMENT**

**The Scaffold Disappears But the GHOST Remains** **569**

Christian Spaulding, Nicole Karam

**Identification of Coronary Artery Side Branch Supplying Myocardial Mass That May Benefit From Revascularization** **571**

Hyung Yoon Kim, Joon-Hyung Doh, Hong-Seok Lim, Chang-Wook Nam, Eun-Seok Shin, Bon-Kwon Koo, Joo Myung Lee, Taek Kyu Park, Jeong Hoon Yang, Young Bin Song, Joo-Yong Hahn, Seung Hyuk Choi, Hyeon-Cheol Gwon, Sang-Hoon Lee, Sung Mok Kim, Yeonhyeon Choe, Jin-Ho Choi

Revascularization of bifurcations needs to deal with different and highly various myocardial masses subtended by the main vessel (MV) and the side branch (SB). Revascularization is considered to be better than optimal medical therapy when the ischemic myocardial mass exceeds 10% of the myocardial mass, or %fractional myocardial mass (%FMM) ≥10%. We investigated 5,860 FMM subtended by MV or SB. In non-left main bifurcation, only 1 of 5 of SB supplied %FMM ≥10%. Such clinically relevant SB could be identified by vessel length ≥73 mm. In subgroup analysis of vessel interrogated by fractional flow reserve (FFR) ( $n = 604$ ), SB showed similar stenosis, but lower %FMM, FMM/minimal luminal diameter, and FFR, which explains the less functional significance of angiographic stenosis in SB.

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■ **EDITORIAL COMMENT**

**Anatomic Myocardial Volume Index by CT Versus Physiological Index by FFR Angiography Between the Main Vessel and Side Branch** **582**

Yukio Ozaki

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