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Clinical outcomes of dialysis patients treated with current generation DES for left main distal bifurcation

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Objectives: We assessed clinical outcomes after percutaneous coronary intervention (PCI) for unprotected left main (ULM) using current generation drug eluting stents (cDES) in hemodialysis (HD) patients compared to general populations.

Methods: We identified 1269 consecutive patients who underwent PCI for ULM distal bifurcation lesions. Of them, 563 patients were treated with cDES (512 non HD and 51 HD patients). The primary endpoint was target lesion failure (TLF) at 3 years, defined as a composite of cardiac death, target lesion revascularization (TLR) and myocardial infarction (MI).

Results: HD group was more likely to have diabetes mellitus (70.0% vs. 45.8%, $p=0.002$), peripheral artery disease (56.0% vs. 14.9%, $p<0.001$),

and lower ejection fraction (52.6% vs. 56.3%, $p=0.026$). The rate of TLF at 3 years was significantly higher in the HD group (adjusted Hazard ratio [HR] 2.59; 95% confidence interval [CI], 1.54–4.37; $p<0.001$). Cardiac mortality was significantly higher in the HD group (adjusted HR 4.49; 95% CI, 2.07–9.74; $p<0.001$). The rates of TLR for LM-left anterior descending artery (LAD) and left circumflex ostium (LCXos) were significantly higher in the HD group (LMT-LAD: adjusted HR 3.10; 95% CI, 1.31–7.33; $p=0.01$, LCXos: adjusted HR 2.56; 95% CI, 1.32–4.94; $p=0.005$). The rate of MI was similar between the 2 groups.

Conclusions: Hemodialysis was strongly associated with adverse events after PCI for ULM distal bifurcation lesions even with cDES.

