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Primary PCI with DEB-only angioplasty, first UK experience

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THEME: Coronary Interventions

TOPIC(S): STEMI, Stents and scaffolds

AIMS

Primary PCI (PPCI) for ST elevation myocardial infarction (STEMI) accounts for about 27% of all PCIs in the UK. It is a high risk group; the UK 30 day mortality is 6.9%. We report outcomes of DCB-only angioplasty in PPCI for the first time in the UK.

METHODS AND RESULTS

253 consecutive patients (267 lesions) treated with DCBs were identified. Up-to-date mortality data were available for 252 (99.6%) patients from the Demographics Batch Service Bureau of the Health and Social Care Information Centre. Minimum duration mortality follow up was 379 days. Other clinical outcomes were obtained from hospital clinic records and reviewing angiograms.

Mean (SD) age 65.5 (13.4), 74.7% male, 21.7% prior myocardial infarction, 22.1% previous PCI. 4% in cardiogenic shock and 6.7% were out of hospital cardiac arrests. 84.3% were de novo lesions. The left anterior descending was treated in 44.6%. Mean (SD) DCB diameter was 3.2 (0.6) mm and length of treated segment was 25.4 (13.6) mm. 91% had DCB-only PCI. 0.75% returned with acute vessel closure requiring bail-out stenting. 30 day mortality was 2.4% and for first 379 days from the index procedure was 6.3%. Clinical outcomes obtained from hospital records for a mean (SD) 261.4 (228.9) days were, MI 6 (2.62%), target lesion revascularization 8 (3.3%) and target vessel revascularization (non TLR) 5 (2.1%) for 90.5% of patients.

CONCLUSIONS

DCB-only angioplasty in PPCI appears to be safe and effective at medium term follow up.