

中文題目：放置 2.0 mm zotarolimus 塗藥支架患者的長期預後研究

英文題目：Long-term outcome of patients treated with 2.0 mm zotarolimus drug-eluting stent

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Background: Percutaneous coronary interventions (PCI) in very small coronary lesions represent an intriguing aspect of coronary artery disease (CAD). Uncertainty still exists in stent implantation in very small caliber coronary vessels. This study aimed to evaluate the long-term outcome of patients treated with 2.0 mm zotarolimus drug-eluting stent (DES).

Method: This retrospective observational study included 142 patients undergoing PCI using 2.0mm zotarolimus DES from December 2016 to May 2020. The primary endpoint was major adverse cardiovascular events (MACE) at 2-year follow-up, which was composed of all-cause mortality, target vessel myocardial infarction (MI), and ischemia-driven target lesion revascularization (TLR). Multiple logistic regression analysis was used to identify the independent predictors of MACE, and odds ratios (OR) and 95% confidence intervals (95% CI) were calculated.

Results: The lesions are generally diffuse in process (mean length 20.9 ± 5.51 mm) and belongs to type B2/C lesions (90.3%). On follow-up, the MACE rate was 20.1%, mostly driven by late lumen loss demanding revascularization (11.9%). By multivariable analysis, chronic kidney disease (OR: 4.291, 95% CI: 1.574-11.704, $p = 0.004$) and calcified lesions (OR: 3.688, 95% CI: 1.311-10.371, $p = 0.013$) were the independent predictors of subsequent cardiovascular events, whereas statin portends a better outcome (OR: 0.335, 95% CI: 0.119 - 0.949, $p = 0.040$).

Conclusion: In conclusion, 2.0 mm zotarolimus DES was a feasible option for treating very small caliber CAD, even in complex lesions. Patients with chronic kidney disease and calcified lesions carry the hazard of a worse outcome, and careful consideration should be taken before stenting in this high-risk population.