

Differed stenting in STEMI:05 years clinical outcomes

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Abstract

Primary angioplasty is the gold standard in the management of STEMI in the acute phase. However, due to the thrombotic burden this procedure can cause serious complications in cath-lab such as slow flow, no reflow and distal embolizations which can compromise myocardial reperfusion and microcirculation.

In an attempt to reduce these complications, the differed stenting strategy was adopted by our center, with the primary objective: Assessing whether it is safe to postpone the implantation of a stent to an average time of 05 days (Occurrence of peri-procedural) and as a secondary objective: Occurrence of MACE after a follow-up of 05 years.

Patients and Methods: Descriptive retrospective mono-centric study of 51 patients over 18 years of age (men: 90%; average age: 52 years; 28% of diabetics, 37% of hypertensives, 1% of dyslipidemias, 56 % of smoking) received in the cardiology and internal medicine department of the Blida University Hospital (during the period from February 01, 2014 to December 31, 2014 with a follow-up of 05 years) for STEMI of less than 12 hours In whom coronary angiography was performed and a deferred stenting approach was adopted

Results: The main criterion leading to a differed stenting strategy was the presence of a significant thrombotic load leading to extensive use of thrombo-aspiration (37%) and balloon dilation (23%) to restore an acceptable TIMI flow. , followed by the administration of AntiGpIIb/IIIa (61%).

After an average angiographic control period of 05 days, out of the 51 patients: there were no inter-procedural events.

During the coronary angiography we did not find any deterioration of the flow or re-occlusion of the culprit artery. At the end of the procedure, the choice of revascularization technique depended on the degree of residual stenosis and the number of trunk affected: that said 45% were treated medically due to the absence of angiographically significant coronary lesion; 44% were stented and 11% were assigned to aorto-coronary bypass surgery.

After a median follow-up of 05 years the rate of occurrence of MACE was 04% (re-hospitalization for NSTEMI) nevertheless 19% had an anginal recurrence of which half belonged to the group where the medical treatment was indicated and in which a test of ischemia returned negative.

Conclusion: The data from our study confirms the feasibility and safety of the differed stenting strategy in STEMI, particularly on very thrombotic lesions, in addition to a reduction in peri-procedural events, this strategy can offer a therapeutic alternative to treatment. medical alone or surgical revascularization.

The 5-year decline has demonstrated the sustainability of these results, however other studies of wider spectrum must be undertaken to validate this strategy

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