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Percutaneous coronary intervention strategies andprognosis for graft lesions after coronary artery bypassgrafting

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Objectives: We aimed to compare prognosis of graft-percutaneous coronaryintervention (PCI) and native vessel (NV)-PCI, drug-eluting stents (DES), and bare-metal stents (BMS) for the treatment of graft lesions after coronary artery bypassgrafting (CABG), and to determine the risk factors for major adverse cardiac events (MACEs).

Methods: We retrospectively analyzed 289 patients who underwent PCI after CABG between August 2005 and March 2010. The effects on survival were compared between NV and graft-PCI, DES, and BMS. Additionally, risk factors of MACEs post-PCI for graft lesions were analyzed.

Results: MACE-free survival and revascularization-free survival were significantly higher in the NV-PCI group compared with the graft-PCI group. There were 63 cases (29.0%) of MACEs in the DES group and 25 cases (52.1%) in the BMS group. Inpatients undergoing NV-PCI, the DES group had significantly fewer MACEs and less target vessel revascularization (TVR) than the BMS group. In patients undergoing graft-PCI, the DES group showed a tendency for lower MACEs, cardiac death, MI and TVR compared with the BMS group. Diabetes, age >70 years, and graft-PCI were independent risk factors for MACEs in post-PCI patients.

Conclusions: NV-PCI has better long-term outcomes than graft-PCI, and should therefore be considered first-line treatment for graft disease after CABG. However, graft-PCI is still a viable option. DES was the first choice for graft-PCI due to itssafety and efficacy, and because it is associated with reduced mortality and MACE rate. Diabetes, older age, and graft-PCI are independent risk factors for MACEs inpost-CABG patients undergoing revascularization.

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