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**THE IN-HOSPITAL AND LONG-TERM FOLLOW-UP OF OLDER PATIENTS UNPROTECTED LEFT MAIN CORONARY ARTERY DISEASE TREATED WITH DRUG-ELUTING STENTING**Zhao Ying, Zhang Huiping, Ai Hu, Li Kang, Tang Guodong *Beijing Hospital, Beijing, China*

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**Aim** To The purpose of this retrospective study is to observe the in-hospital and long-term results after drug-eluting stenting in older patients with unprotected left main (UML) coronary artery disease.

**Methods** In this retrospective study, 100 patients with UML disease were enrolled from November 2005 to November 2010. They are divided into older people group of age<sup>≥</sup>70 years and controlled group of age <70 years. Cardiac death, myocardial infarction and repeated revascularisation and composite end points are compared between groups.

**Results** 100 of 104 patients with left main disease are enrolled as ULM. 52 cases included in the older people group and 48 in the controlled group. The averaged age in the older people and controlled groups are 77.1±4.6 years and 57.6±8.2 years. There are no significant differences between the two groups in cardiovascular risk factors, anatomic findings of coronary artery disease and stent variables. The procedure success rates were 92.3% in the older people group and 97.9% in controlled arm (p>0.05). The patients were clinically followed for averaged time of 22.0 months in the older people group and 23.0 months in the controlled group (p>0.05). There were no significant differences in cardiac death (9.6% vs 2.1%, p>0.05), myocardial infarction (7.7% vs 4.2%, p>0.05), repeated revascularisation (13.5% vs 12.5%, p>0.05) and combined end point of cardiac death, myocardial infarction and revascularisation (30.7% vs 18.8%, p>0.05) for the older people group and the controlled groups respectively.

**Conclusions** The procedure rate of drug-eluting stent implantation in patients with unprotected left main coronary artery is comparable to the controlled group. The main end points including cardiac death, myocardial infarction and repeated revascularisation are favourable at about 2 years follow-up. Implantation of drug-eluting stent in older patients with unprotected left main coronary artery is safe and efficacious.