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ADDITION OF CILOSTAZOL TO CONVENTIONAL DUAL ANTIPLATELET THERAPY REDUCING THE RISK OF CARDIAC EVENTS AND RESTENOSIS AFTER DRUG-ELUTING STENT IMPLANTATION: A META-ANALYSIS

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Objectives Relative efficacy and safety of triple antiplatelet therapy (TAT, addition of cilostazol to aspirin and clopidogrel) compared with conventional dual antiplatelet therapy (DAT, aspirin and clopidogrel) remained controversial. This meta-analysis was performed to compare the risk of cardiac events and restenosis of TAT versus DAT in drug-eluting stents (DES) implantation patients.

Methods We performed PUBMED, MEDLINE, EMBASE and Cochrane CENTRAL searches for randomised clinical trials of TAT versus DAT in patients after DES implantation. Five clinical trials (3526 patients) were involved in the meta-analysis. Period of clinical follow-up ranged from 9 to 12 months.

Results TAT was associated with a 36% reduction in major adverse cardiac events (MACE) (OR=0.64; 95% CI 0.51 to 0.81, $p<0.01$), a 40% reduction (OR=0.60, 95% CI 0.44 to 0.80; $p<0.01$) in target vessel revascularisation (TVR), a 44% reduction (OR=0.56, 95% CI 0.34 to 0.91; $p=0.02$) in target lesion revascularisation (TLR) and a 47%/44% reduction in in-segment/in-stent restenosis ($p<0.01$) and lower in-segment/in-stent late loss ($p<0.01$). As regards to the safety assessment, there was no significant difference about the risk of stent thrombosis (OR=1.0, $p=1.0$) and bleeding (OR=1.18, $p=0.49$) between TAT and DAT group, while the risk of gastrointestinal trouble was significantly higher in TAT group (OR=2.46, 95% CI 1.25 to 4.86; $p<0.01$).

Conclusions Addition of cilostazol to conventional DAT reduced the incidence of MACE, TVR and TLR in patients after DES implantation. TAT also reduced the risk of angiographic restenosis and late loss in patients after DES implantation.