outcomes were death, myocardial infarction (MI), death or MI, and target vessel revascularisation. During follow-up (median 2 years), 26 patients had definite or probable stent thrombosis, 146 patients died, 239 had an MI and 206 underwent target vessel revascularisation. In multivariable Cox proportional-hazards models, elevated levels of hs-CRP were significantly associated with increased risk of stent thrombosis. Elevated hs-CRP levels also significantly predicted the risks of death, MI, and death or MI, but not target vessel revascularisation.

Conclusions Elevated hs-CRP levels were significantly associated with increased risks of stent thrombosis, death and MI in patients receiving drug-eluting stents, suggesting the usefulness of inflammatory risk assessment with CRP.

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HIGH SENSITIVITY C REACTIVE PROTEIN AND THE RISK OF STENT THROMBOSIS AND CARDIOVASCULAR EVENTS AFTER DRUG- ELUTING STENT IMPLANTATION

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Background C reactive protein (CRP) is one of the acute phase proteins that increase during systemic inflammation. It's been suggested that testing CRP levels in the blood may be an additional way to assess cardiovascular disease risk. A more sensitive CRP test, called a highly sensitive C reactive protein (hs-CRP) assay, is available to determine heart disease risk. However, and the association between CRP and stent thrombosis after drug-eluting stent implantation has not been defined.

Objective To investigate in a follow-up study whether high-sensitivity C reactive protein (hs-CRP) predicts coronary heart disease (CHD) events and stent thrombosis in subjects undergone drug-eluting stent implantation.

Methods and results We evaluated 3691 patients treated with drug-eluting stents who had a baseline CRP measurement. The primary outcome was stent thrombosis; secondary