two groups according to left ventricle ejection fraction (LVEF) (N group: n=4129, LVEF>40%; L group: n=365, LVEF≤40%).

**Results** Patients in L group was younger (60.6±9.72 vs 65.2±10.7 years; p<0.001). There was more previous myocardial infarction (MI) and diabetes and less hypertension and hyperlipidemia in L group. Logistic regression analysis indicated that the age, previous MI, diabetes, previous PCI and hyperlipidemia were independent indexes to left ventricle function of triple vessel disease. Eighty-three and 201 patients in L and N group (22.7% and 55.7%, respectively) were treated with PCI. The follow-up period of L and N groups were 581±298 and 639±293 days, respectively. MACE rate was significantly high in L group (38.6% vs 18.9%; p<0.001), which was contributed by cardiac death, no fatal MI and TVR (9.6% vs 0.9%; p<0.001, 7.2% vs 2.0%; p<0.001 and 21.7% vs 16.0%; p=0.173, respectively). There was no difference of total stent thrombosis or its components in both groups (total: 5.9% vs 3.3%; p=1.000, early: 0.2% vs 0.9%; p=0.256, late: 0.7% vs 1.8%; p=0.404 and very late: 3.1% vs 1.3%; p=0.201, respectively). Seven month angiographic follow-up indicated that both in-stent and in-segment restenosis rate were significantly higher in L group (21.0% vs 11.1%; p=0.034 and 24.0% vs 12.2%; p=0.018).

**Conclusion** This one center, large sample study showed clinical characteristics of ischemic cardiomyopathy, MI and diabetes might contribute to its morbidity, and PCI might prevent its morbidity. PCI of patients with triple coronary arteries disease and impaired left ventricle (LV) function led to worse outcomes when compared with normal LV function.

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**e0497** **CLINICAL EVALUATION ON THE SAFETY AND THERAPEUTIC EFFICACY OF EXCEL DRUG-ELUTING STENT**

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**Objective** To investigate the clinical safety and mid-and short-term efficacy of rapamycin eluting stent (Excel) in patients with coronary artery disease.

**Methods** Between Jul. 2006 and Jun. 2009, 240 patients of coronary heart disease received percutaneous coronary intervention (PCI) with Excel stent and were followed up from 6 to 24 months for observing the incidence of angina pectoris, myocardial infarction, sudden death and revascularization.

**Results** 327 pieces of Excel stent were implanted in 272 target lesions (269 with de novo and 3 of restenosis), but 2 cases failed due to seriously deformed middle anterior descending artery from calcification in 1 and the angle of middle circumflex branch larger than 90 degrees in another to prevent the passage. 325 pieces of stent were successfully implanted, and the postoperative follow-up in the 8th to 18th month showed that angina pectoris occurred in 5, restenosis in 2 and normal in 3 by coronary arteriography, suspected thrombosis in 1 at the 5th month after the operation regarding ventricular fibrillation, haemorrhage of upper digestive tract in 4 at the 6th month of the intervention, in which 1 underwent inpatient therapy with blood transfusion. The postoperative major coronary adverse event accounted for 4.58% between 6 and 24 months.

**Conclusion** Excel drug-eluting stent may be excellent in treatment of coronary artery diseases with regard to its safety and mid-and short-term effect.