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 hyperlipidaemia in L group. Logistic regression analysis indicated that the age, previous MI, diabetes, previous PCI and hyperlipidaemia were independent indexes to left ventricle function of triple vessel disease. Eighty-three and 2301 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: 3.9% vs 3.5%; p=1.000, early: 0.2% vs 0.9%; p=0.256, late: 0.7% vs 1.3%; 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 ischaemic 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 leaded to worse outcomes when compared with normal LV function.

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

doi:10.1136/hrt.2010.208967.497

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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 arteriongraphy, 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.

e0498 CASE REPORT: PERCUTANEOUS MULTIPLE OVERLAPPED, OVERLENGTH SELF-EXPANDING STENT PLACEMENT TREATMENT SUPERFICIAL FEMORAL ARTERY CHRONIC SUBTOTAL OCCLUSIONS

doi:10.1136/hrt.2010.208967.498

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PAD is a significant cause of both morbidity and death. In spite of TASC II recommendation that surgery is the preferred treatment for femoro-popliteal Type C&D lesions, promising clinical results of percutaneous revascularization had been obtained with a low risk of morbidity and mortality. We present a case of multiple overlapped, overlength self-expanding stent (extend as long as 450mm) placement to treat superficial femoral artery (SFA) chronic subtotal occlusions. No stent fractures or restenoses were observed at 1-year follow-up and with a favourable clinical results. Clinical and research medicine.

e0499 LONG TERM CLINICAL FOLLOW-UP OF PATIENTS WITH VERSUS WITHOUT OVERLAPPING DRUG ELUTING STENTS FOR LONG CORONARY LESIONS

doi:10.1136/hrt.2010.208967.499

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Background Drug-eluting stents (DSE) markedly reduce the rate of in stent restenosis, but limited data exists as to the long-term outcome in patients with long coronary lesions (≥40 mm) undergoing multiple overlapping DES implantation of in native coronary vessels.
Methods A total of 11073 consecutive patients undergoing percutaneous coronary intervention (PCI) with drug eluting stent were retrospectively were screened. Interventions for in stent restenosis, bypass graft, and primary PCI were excluded. All other patients (n=1411) receiving ≥2 overlapping drug-eluting stents and total stent length in target lesion ≥40 mm for de novo coronary arteries were retrospectively analysed. The clinical outcomes of those patients were compared with consecutive patients with multiple drug-eluting stents implantation but without overlapping stents. An age-matched (±5 years) control group with the same total number of stents and similar total stent length (±10 mm) in target vessel was collected from the total population undergoing PCI with DES during the same study period. Patients were followed up either by telephone or by visiting outpatient clinic.
Results Successfully matching and complete clinical follow-up was achieved in 522 pairs. Median clinical follow-up duration was 35.0 months (IQR 24.3–46.4); Mean total length and number of stents in target vessel was 65.2±24.4 mm and 2.4±0.7, respectively. Nineteen percent lesions in the overall cohort were chronic total occlusions and 9% involved left main or bifurcation lesions. Patients with overlapping DSE stints were associated with significantly increased overall major adverse cardiac event rate (MACE) (18.4% vs 11.9%, p=0.004), which was largely driven by significantly higher incidence of target vessel revascularisation (8.8% vs 5.2%, p=0.028). Whereas all cause mortality (5.2% vs 4.2%, p=0.559), myocardial infarction (5.0% vs 4.0%, p=0.551) and ARC defined definite or probable stent thrombosis rates (2.3% vs 1.5%, p=0.499) were comparable in patients with or without overlapping DES.
Conclusion Coronary stenting for long lesions (≥40 mm) using overlapping drug-eluting stents presented in over 12% of patients undergoing PCI in routine clinical practice and was associated with acceptable clinical outcome during median 35.0 months follow-up.