

by TVR. The availability of newer-generation DES may improve these results.

061

HOW SAFE IS THE 'FULL-METAL JACKET' FOR LONG DIFFUSE CORONARY LESIONS? INSIGHTS FROM A VERY LONG-TERM FOLLOW-UP

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Introduction Percutaneous intervention (PCI) in very long diffuse lesions in native coronary arteries can potentially result in multiple overlapping stents and may lead to 'full-metal-jacket' (FMJ). There is limited data on the very long-term follow-up of patients with FMJ and would be useful in understanding the safety and feasibility of such a strategy. We would like to address this issue from our large cohort of patients.

Methods Between April 2002 and March 2007, 274-patients (297-long diffuse lesions in native coronary arteries) underwent PCI utilising drug-eluting stents (DES). FMJ was described as lesions requiring ≥ 60 mm of continuous stent. The measured end-points were cardiac death, target-vessel myocardial infarction (MI), target lesion vascularisation (TLR), target vessel vascularisation (TVR) and major adverse cardiac events (MACE) defined as composite of cardiac death, target-vessel MI and TVR.

Results The mean age of patients were 62.1 ± 11 years and 257 (94%) were male. Eighty-two patients (30%) were diabetic. The mean length of total stents used was 75.1 ± 16.4 mm (60–150). Seventy-three patients (26.7%) were diabetic and mean ejection fraction of the cohort was $52.2 \pm 10\%$. The lesion was a chronic total occlusion in 33% (n=98). Intra-vascular ultrasound was utilised during PCI in 106 (38%) lesions. During the median follow-up of 74.7-months (IQR 58–96), the rates of cardiac death, MI, TLR and TVR were: 5.8% (n=16), 6.2% (n=17), 27.3% (n=81) and 30% (n=89) respectively. The MACE rate was 34%. Definite and probable stent thrombosis (ST) occurred in 10-patients (3.6%), of which, 2 were acute ST, 4 were late ST and 4 were very late ST. Six of the 8-patients with ST were on dual anti-platelet agents at the time of event. Two patients with late ST had their DAPT stopped prematurely.

Conclusions The long-term follow-up of patients with FMJ is acceptable especially in regards to hard endpoints (death and MI) given the complexity of lesions treated. The high MACE rate was driven mainly