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Presentation Abstract

- Session: APS.602.02-Periprocedural Complications in PCI
- Presentation: 10265 - Drug Eluting Balloon-PCI is an Alternative to Drug Eluting Stents in Patients with a High Risk of Bleeding Complications
- Pres Time: Wednesday, Nov 16, 2011, 9:30 AM -11:00 AM
- Location: West Hall A1, Core 6, Poster Board: 6030
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- Specialty: +602. Catheter-Based Coronary Interventions: Stents – Clinical Use
- Keywords: Percutaneous coronary intervention; Coronary artery disease
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- Abstract: **OBJECTIVES:** Patients after DES treatment with a strong indication for oral anticoagulants due to mechanical prosthetic heart valve, atrial fibrillation, pulmonary embolism etc. are at high risk of bleeding complications under simultaneous combined antiplatelet therapy with aspirin and clopidogrel/prasugrel for a 12 months period. Due to the shorter need of dual platelet inhibition (4 weeks) the drug eluting balloon - PCI (DEB-PCI) seems to be an interesting alternative to drug eluting stent therapy.
METHODS: We analyzed the outcome of our first 63 consecutive patients (41 men and 22 women, mean age 67,2 years) who had been treated with DEB-PCI (paclitaxel eluting balloon: Sequent Please®, B. Braun Melsungen, Germany) instead of DES by repeat coronary angiography after 6 - 9 months. All had a strong indication for cumarines or contraindication for a long-lasting dual antiplatelet therapy. 73 de -novo lesions were treated: LAD: n=32, RCA: n=20, CX: n=15, vein graft: n=6). Mean balloon dimension was 2,66 (SD ± 0,34) mm, mean balloon length 15,04 (SD ± 3,66) mm, mean balloon pressure during PCI was 11,73 (SD ± 3,14) atm and the inflation time 42,98 (SD ± 15,81) sec.
RESULTS.After 6-9 months follow up no significant loss of gain was found in 69 lesions (94,5%). We found re-stenoses (>50% of vessel lumen) in 4 lesions (5,5%). In only 2 patients (2,3%) a clinically driven target lesion revascularization (TLR) was performed. 1 patient was effectively treated with DES and 1 sent for surgery.
CONCLUSIONS: DEB-PCI in patients with a high risk of bleeding complications is a feasible therapeutic alternative to DES since a much shorter period of combined anticoagulation is needed. Re-stenosis and TLR rate is as low as after DES.
- Disclosures: **M. Zadura:** None. **F. Szigat:** None. **B. Wolff:** None. **P. Szigat:** None. **R. Bittner:** None. **B. Hejazin:** None. **W. Motz:** None.

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