

The Argentine College of Interventional Cardiologists (CACI) at TCT Left Main Revascularization: Current Perspective and Beyond

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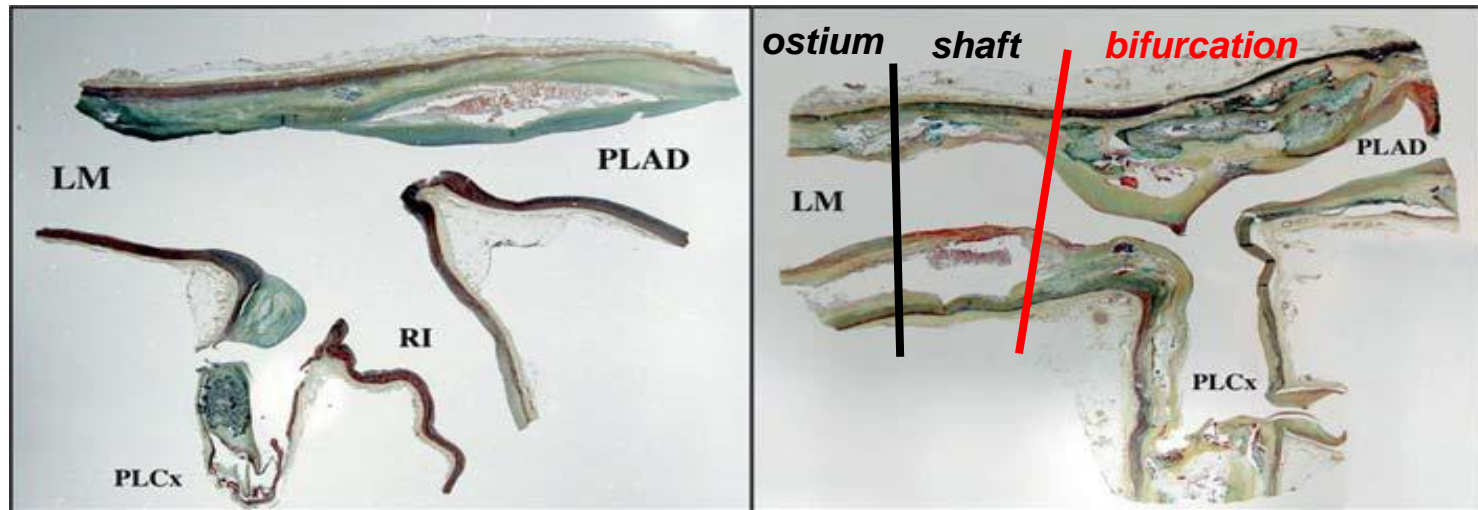
Disclosure Statement of Financial Interest

I, Arturo Fernández Murga DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

Left Main Revascularization: Current Perspective and Beyond

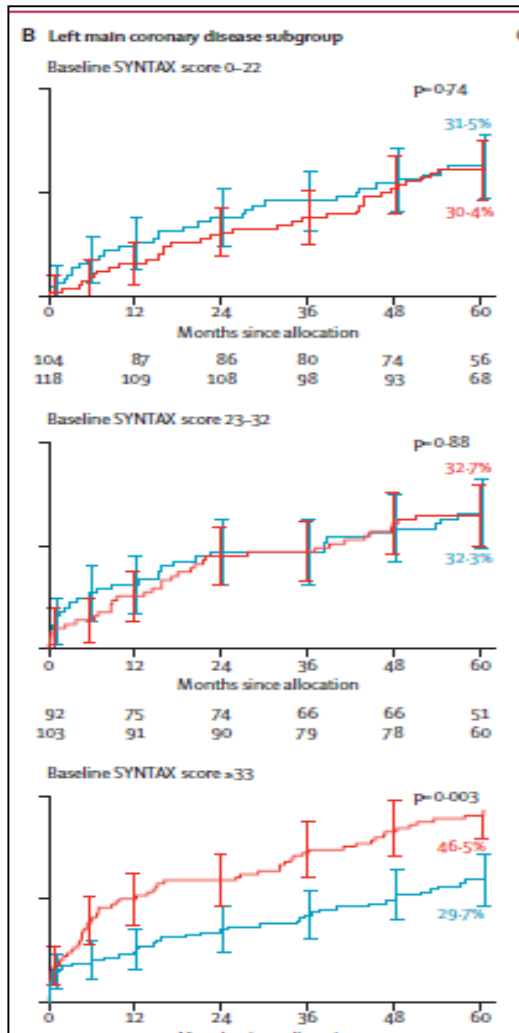
- Significant isolated unprotected left main coronary artery disease occurs in 5–7% of patients undergoing coronary angiography and in 13%, 17% and 27% of cases it is associated with single, double and triple vessel disease respectively.
- Coronary artery bypass grafting (CABG) was established as the gold standard treatment.
- Over the last 20 years, improvement in stent technology and operators experience explained the increased number of reports on the results of percutaneous coronary interventions (PCIs) for the treatment of left main coronary artery lesion.
- The optimal therapeutic strategy remains controversial.

Left Main Revascularization: Current Perspective and Beyond



- Non-distal lesions treatment (ostium or/and shaft LM) is associated with favourable clinical and angiographic outcomes.
- The carena is frequently free of disease and this can explain the reason why single-stent strategy (provisional stenting) can be successfully performed in patients with no or moderate disease by angiography.

Left Main Revascularization: Current Perspective and Beyond



Coronary artery bypass graft surgery versus percutaneous coronary intervention in patients with three-vessel disease and left main coronary disease: 5-year follow-up of the randomised, clinical SYNTAX trial

Friedrich W Mohr, Marie-Claude Morice, A Pieter Kappetein, Ted E Feldman, Elisabeth Stähle, Antonio Colombo, Michael J Mack, David R Holmes Jr, Marie-angèle Morel, Nic Van Dyck, Vicki M Houle, Keith D Dawkins, Patrick W Serruys

The recent data comparing efficacy and safety of PCIs using drug-eluting stent and coronary artery bypass surgery showed comparable results in terms of safety and a lower need for repeat revascularization for coronary artery bypass surgery

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2014 ESC/EACTS Guidelines on Myocardial Revascularization

| Recommendations according to extent of CAD | CABG | | PCI | |
|----------------------------------------------------------|--------------------|--------------------|--------------------|--------------------|
| | Class ^a | Level ^b | Class ^a | Level ^b |
| One or two-vessel disease without proximal LAD stenosis. | IIb | C | I | C |
| One-vessel disease with proximal LAD stenosis. | I | A | I | A |
| Two-vessel disease with proximal LAD stenosis. | I | B | I | C |
| Left main disease with a SYNTAX score ≤ 22. | I | B | I | B |
| Left main disease with a SYNTAX score 23–32. | I | B | IIa | B |
| Left main disease with a SYNTAX score >32. | I | B | III | B |
| Three-vessel disease with a SYNTAX score ≤ 22. | I | A | I | B |
| Three-vessel disease with a SYNTAX score 23–32. | I | A | III | B |
| Three-vessel disease with a SYNTAX score >32. | I | A | III | B |

Indeed, for this type of lesion, PCI is associated with good long-term outcomes and may represent a valid alternative therapy to CABG .

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Important areas to consider :

- *Clinical presentation: stable, ACS, STEMI, shock.*
- *Clinical characteristics: age, diabetes, renal function, valvular disease, carotid disease, previous cardiac intervention, other co-morbidities, EuroSCORE.*
- *Angiographic characteristics: LV function, LM anatomy (calcification, bifurcation angle, diseased LCx ostium, trifurcation), MVD, number of lesions, complexity of additional lesions, chronic total occlusion particularly right coronary artery, possibility of complete or incomplete revascularization, SYNTAX score*
- *The local experience of the centre*

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***Patient selection for both techniques
(PCI or CABG) is fundamental and
directly impacts the clinical outcome.***