**P4828 | BEDSIDE**

Comparisons of the outcomes of the two drug eluting stents in small vessel/abnormal biofilm-eluting biodegradable polymer stent and zotarolimus-eluting permanent polymer stent

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**Purpose:** Biodegradable polymer drug-eluting stents (DES) offer potential for better prognosis in comparison with permanent polymer stents. However, benefits of biodegradable polymer DES has not been clarified as compared with permanent polymer stents in small vessel. The aim of this study was to compare efficacy and safety of abluminal biolimus-eluting biodegradable polymer stents and zotarolimus-eluting permanent polymer stents in small vessel coronary stenting.

**Methods:** A total of 187 patients (116 men, 62.5 ±9.8 years) who needed small vessel stenting were prospectively randomized (66%) to biodegradable polymer stent group (Group I, n=90) or zotarolimus-eluting permanent polymer stent group (Group II, n=97). Clinical outcomes of one year were investigated in both groups and all patients underwent follow up coronary angiography (CAG).

**Results:** There was no difference between abluminal biolimus-eluting biodegradable polymer stent and zotarolimus-eluting permanent polymer stent group in demographic data and baseline QCA data. In follow up CAG data, late loss of group I tended to lower than that of group II, however there was no statistical significance (0.14±0.30 vs. 0.27±0.36, p=0.075). There was no in-stent restenosis and major adverse cardiac events (MACE) in both groups. Conclusions: The safety and efficacy of abluminal biolimus-eluting biodegradable polymer stent were not inferior to those of zotarolimus-eluting permanent polymer stent. Although there was no statistical significance between the two groups, late loss of abluminal biolimus-eluting biodegradable polymer stent tends to be lower than that of zotarolimus-eluting permanent polymer stent in patients with stent diameter of less than 2.75 mm.

**P4829 | BENCH**

Ten years mortality in STEMI patients in the era of primary percutaneous coronary intervention

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**Background:** Primary percutaneous coronary intervention (pPCI) is the main reperfusion strategy in patients with acute myocardial infarction with ST elevation (STEMI) in EU during the last decade. Short- and mid-term mortality of those patients is well known. However, there is a lack of in formations about patient’s long-term prognosis.

**Goals:** To test long-term mortality and cause of death in patients after STEMI treated with pPCI.

**Methods and results:** 950 consecutive patients (71% male gender, average age 63 ± 12 years) treated with pPCI between January 2000 and December 2002 were included into the analysis. Patient’s status was obtained in cooperation with National institution for health and statistics by the end of the year 2012. There were 427 (45%) death during the follow-up, out of which 10% of death occurred up to 30 days after STEMI. There were no differences in prognosis between men and women (HR 0.909; p = 0.379). KILLIP classification at time of pPCI and age were the main independent predictors of the long-term mortality. The cardiovascular cause of death was identified in 70% of deceased patients followed by neoplasms in 15% patients.

**Conclusion:** One third of patients following day 30 after STEMI treated with pPCI die in ten years. No sex difference in long-term mortality exists and the majority of death is caused by cardiovascular reasons.