

Long-Term Outcomes Similar With Thrombus Aspiration Stents

New research confirms thrombus aspiration (TA) during percutaneous coronary intervention (PCI) in patients with acute ST-segment elevation myocardial infarction (STEMI) provides long-term outcomes similar to conventional intervention with bare-metal or drug-eluting stents. Findings published in a special STEMI-focused issue of *Catheterization and Cardiovascular Interventions*, a journal of the Society for Cardiovascular Angiography and Interventions (SCAI), report that compared to conventional PCI, thrombectomy does not affect rates of major adverse cardiac events at two-year follow-up.

The World Health Organization (WHO) reports that cardiovascular diseases are the number one cause of death worldwide, and by 2030 nearly 24 million people will die, primarily from heart disease and stroke. PCI, known also as angioplasty, is used to open blocked arteries to restore blood flow and more than one million Americans have this procedure each year according to the National Heart, Lung, and Blood Institute.

For the current study, Dr. Maarten Vink and colleagues in The Netherlands analyzed data from the PASSION trial to evaluate long-term outcomes with TA versus standard PCI with stents. As part of the trial 619 STEMI patients were randomized to paclitaxel-eluting or bare-metal stents, with TA performed in just over half of participants (311). Long-term outcomes that included cardiac death, recurrent myocardial infarction (MI), or target-lesion revascularization (TLR) were compared between patients undergoing TA compared to conventional PCI.

Two-year follow-up was completed for 598 patients. Cumulative incidence of cardiac death, recurrent MI, and TLR was found in 13 percent of TA patients and 13.5 percent of participants in the conventional PCI group. TLR incidence was comparable in the TA and standard PCI groups at 7.7 percent and 8.3 percent, respectively. Researchers did not observe a significant difference in adverse cardiac events between the groups.

"Our post-hoc analysis of the PASSION trial found that TA in conjunction with PCI did not affect the incidence of adverse cardiac events at the two-year follow-up compared to conventional PCI," concludes Dr. Vink "We observed no difference in stent thrombosis between the two groups."

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