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Three year outcome of percutaneous coronary intervention (PCI) for Japanese patients with renal failure on hemodialysis in single center experience.

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To investigate long-term clinical outcomes of patients on hemodialysis treated with PCI, a total of 39 consecutive patients on HD(41 lesions, average age 66) who underwent percutaneous coronary intervention with bare metal stent (BMS), drug eluting stent (DES) or plain old balloon angioplasty (POBA) in the preceding one year were analyzed. BMS was deployed in 21 patients (23 lesions) and DES was deployed in 11patients (11 lesions). POBA alone was done in 6 patients (6 lesions). Target Lesion Revascularization (TLR) rates at 3 years were 5% (2/39). 1 patient in BMS cases and 1 patient in POBA cases. 9 patients died of not only cardiac cause but also non-cardiac cause. 3-year-mortality rates were 23 % (9/39). There were 6 death of cardiac cause (5 patients died of congestive heart failure and sudden cardiac death occurred in 1 patient). There were 7 MACE (17%) at 3 years, all of which included congestive heart failure (CHF) and none of which showed definite acute myocardial infarction. In conclusion, our data suggest that major cause of cardiac death in patients on hemodialysis was CHF and even patients who underwent PCI show high mortality at 3 years.