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Prognosis Risk Factors of Short-Term Outcomes in Late In-Stent Restenosis

BACKGROUND: The mechanism and course of drug-eluting stent late in-stent restenosis (L-ISR) have not been fully clarified and the treatment of those patients remains a major challenge. The aim of this study was to determine the characteristics in senile and non-senile population in L-ISR and the predictors of short-term outcomes.**METHODS:**A total of 218 patients those had initial stent implantation in our hospital and readmitted to receive treatment for the reason of significant L-ISR in 2016 were involved. Patients were categorized as non-senile group (age<65s; n=141) and senile group (age>=65s; n=77). Associations between patient characteristics and clinical performance, as well as clinical outcomes after percutaneous coronary intervention (PCI) were evaluated. Primary composite endpoint of Major adverse cardiac events (MACE) included cardiac death, non-fatal myocardial infarction, or target lesion revascularization (TLR). **RESULTS:**Most baseline characteristics on admission were similar in both groups, except some serum biochemical indicators and clinical features. The incidence of MACE (6.4% vs 3.9%; p=0.546) was statistically higher in the non-senile group. After multivariate analysis, left ventricular systolic dysfunction (odds ratio[OR], 6.317; [95% CI 1.145-34.843]; p=0.034) were the independent predictors for MACE among L-ISR patients in short-term follow up of 6-12 months.**CONCLUSIONS:**Left ventricular systolic dysfunction were associated with the short-term outcome of MACE in L-ISR patients. The results may benefit the risk stratification and secondary prevention of L-ISR in clinical practice.