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Coronary Computed Tomography Angiography Guided Percutaneous Coronary Intervention in Patient with coronary artery disease and Chronic Renal failure.

Background: Pre-PCI Coronary Computed Tomography Angiography (CCTA) can provide information on the characteristics of coronary plaques and allow pre-PCI planning. This study intended to prospectively evaluate the outcomes of CCTA guided PCI in implantation of stenting in patient with CAD and milder stages of chronic kidney disease (MS-CRF). Methods: Consecutive patients who had CCTA and had planned PCI. Inclusion criteria included de novo calcified stenoses with 50% or more diameter stenosis, and vessel diameter of 2.5 mm to 4.0 mm. Standard PCI techniques were used. Pre and post-dilatation was routinely performed. Success was defined as a residual diameter stenosis of less than 25%. Patients were monitored for major adverse cardiac events (MACE) which included myocardial infarction, target lesion revascularisation, target vessel revascularization, stent thrombosis and cardiac death. Routinely, patients had a CCTA within the first 18 months post-PCI. Results: This case-control study included 268 patients diagnosed with CAD. CRF was present in 35 % of patients with CAD . There were 84 calcified coronary stenosis which were stented with DES of which 30 lesions had soft plaque, 29 lesions had moderate calcification and 25 lesions had severe calcification. Follow-up period ranged from 9 to 27 months (mean: 12.5 + 4.1 months). Of the 94 patients, 64 underwent imaging with CCTA and there was no restenosis. Conclusion: Pre-PCI CCTA might be benefit from interventions aimed at reducing and cardiovascular risk. and Pre-PCI CCTA assessment of coronary anatomy and plaques, elective planned PCI with DES can be safely performed for coronary stenoses with CAD and MS- CRF .