

pressure NC balloon. Angiographic success was determined by visual assessment and was confirmed by change in minimal stent cross-sectional area (MSA) by intravascular ultrasound (IVUS); or by change in minimal lumen diameter (MLD) by quantitative coronary angiography (QCA).

RESULTS Baseline characteristics and procedural details are summarized (Table). ELCA was performed with highest fluency and repetition rates, 80 mJ/mm² and 80 Hz. Post-ELCA, there was a 63% decrease in luminal stenosis, a 62.5% increase in MLD and the MSA increased by 45%. Successful laser-assisted stent dilatation was achieved in all cases. There were no procedural-related complications. There were no post-procedural complications such as myocardial infarction (MI), or stent thrombosis or in-hospital death.

CONCLUSION In underexpanded stented lesions that are resistant to high pressure balloon expansion, the use of ELCA offers an effective and safe tool to modify the surrounding vessel wall and allow full stent expansion. ELCA should be considered for acute and chronic underexpanded stents.

RESULTS A total of 57 patients were included in our registry. Mean age was 72.9 years ± 9.9 years. Diabetes and chronic kidney disease were seen in 57.9% and 33.3% of patients, respectively. Fifteen patients (26.3%) presented with unstable angina, 22 patients (38.6%) with non-ST-elevation myocardial infarction, 2 patients (3.5%) with ST-elevation myocardial infarction, and 7 patients (12.3%) with cardiogenic shock. The mean ejection fraction was 37.1 ± 15%. Fifty-four patients (94.7%) had evidence of multivessel disease and 38 patients (67%) underwent rotational atherectomy with intra-aortic balloon pump assistance. Angiographic success, defined by residual stenosis of <20% and presence of TIMI 3 flow, was obtained in all patients. The mean number of implanted drug-eluting stents was 1.9 ± 0.7 and bare metal stents was 1.3 ± 0.5 per patient. Two patients (3.5%) died during the index hospitalization. In-hospital morbidity defined by acute renal failure, bleeding and vascular complications and recurrent chest pain with ischemic changes occurred in 8 patients (14%). Repeat PCI was performed in 4 patients (7%).

CONCLUSION Despite technical challenges, rotational atherectomy of left main can be completed with a high success rates in patients with low in-hospital mortality and morbidity.

Table: Baseline characteristics and procedural details:-

Age (in years)	66.7±9
Left ventricular ejection fraction(%)	51±12
Culprit coronary vessel(%)	
LAD	12.5
LCX	37.5
RCA	37.5
Saphenous graft	12.5
Presentation	
Acute stent under-expansion for denovo lesion, number (%)	2(25)
ISR due to under-expanded stent, number (%)	6(75)
Use of Excimer Laser, 0.9 mm(%)	87.5
Use of Excimer Laser, 1.4 mm (%)	12.5
Contrast medium during ELCA (%)	50
Saline medium during ELCA (%)	50
Reference diameter by QCA(mm)	
Pre ELCA	2.2±0.8
Post ELCA	2.9±0.3
Minimal Lumen Diameter(MLD) (mm)	
Pre ELCA	0.8±0.7
Post ELCA	2.1±0.4
Luminal stenosis (%)	
Pre ELCA	69.7±22
Post ELCA	24.6±15
Minimum stent cross section area (MSA) (mm ²)	
Pre ELCA	2.5±0.5
Post ELCA	4.8±1.5

	Left Main and Rotablator (n=57)
Age	72.9±9.9
Male	37 (64.9)
Smoking/Current	24 (42.1)
Diabetes Mellitus	33 (57.9)
Hypertension	51 (89.5)
Dyslipidemia	30 (52.6)
Chronic Kidney Disease	19 (33.3)
Prior CABG	20 (35.1)
Prior MI	17 (29.8)
Prior PCI	15 (26.3)
History of CVA	9 (15.8)
PVD	8 (14.0)
Cardiogenic Shock	7 (12.3)
Ejection fraction, %	37.1±15.5
STEMI	2 (3.5)
NSTEMI	22 (38.6)
Stable Angina	11 (19.3)
Unstable Angina	15 (26.3)
IABP	39 (68.4)
In-hospital mortality	2 (3.5)
In-hospital morbidity	8 (14.0)
Stroke	0
Repeated PCI	4 (7.0)

LEFT MAIN INTERVENTION

CRT-100.50

Outcomes Of Patients With Left Main Disease Who Underwent Rotational Atherectomy

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BACKGROUND Significant coronary calcification is a challenge for percutaneous coronary intervention (PCI). Rotational atherectomy is useful for plaque modification prior to stent delivery. In the present study, we report our experience with left main disease and rotational atherectomy.

METHODS From January 2008 to January 2017, all patients who underwent left main stenting with rotational atherectomy were evaluated. Clinical characteristics and follow-up outcomes are reported.

CRT-100.51

Clinical Outcome of Left Main Stem (LMS) Percutaneous Coronary Intervention (PCI) in a Large Non-surgical UK Center: A 5-Year Clinical Experience

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BACKGROUND LMS coronary disease is associated with high morbidity and mortality. CABG has traditionally been the standard treatment. PCI is increasingly regarded as a viable alternative with comparable outcome and safety profile in select groups. We evaluated the outcomes of unprotected LMS PCI in a large UK non-surgical centre.

METHODS Data on all LMS PCI procedures between 2011-2016, excluding patients with previous CABG surgery, was collected from the local BCIS database and electronic patient records. Periprocedural and 1-year MACE [all-cause mortality, MI, stroke and target vessel revascularization (TVR)] were recorded.