

Table 12-month clinical outcomes

Variable, n(%)	PCI (n=67)	OMT (n=66)	P Value (Unadjusted)	P Value (Adjusted)	OR (95%CI)
Mortality	3 (4.4)	12 (18.1)	0.012	0.561	1.69 (0.28 - 10.0)
Cardiac death	2 (2.9)	7 (10.6)	0.080	NS	-
Non cardiac death	1 (1.4)	4 (6)	0.166	NS	-
Myocardial infarction; MI	2 (2.9)	9 (13.6)	0.026	0.260	3.10 (0.43-22.3)
Q wave MI	1 (1.4)	5 (7.5)	0.091	NS	-
Non Q wave MI	1 (1.4)	4 (6)	0.166	NS	-
Revascularization	10 (14.9)	11 (16.6)	0.783	0.894	1.08 (0.33-3.46)
TLR	8 (11.9)	0 (0)	0.004	0.997	-
TVR	10 (14.9)	6 (9)	0.301	NS	-
Non TVR	2 (2.9)	5 (7.5)	0.236	NS	-
All MACE	13 (19.4)	22 (33.3)	0.068	0.824	1.11 (0.42-2.95)
TLR MACE	10 (14.9)	8 (12.1)	0.636	NS	-
TVR MACE	13 (19.4)	19 (28.7)	0.206	NS	-

Adjusted by gender, age, myocardial infarction, hypertension, diabetes, chronic kidney disease, current smoker, multivessel disease, collateral vessels (≥grade 2), and failed CTO procedure.

Complex Coronary Intervention

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Correlation Between Indices of Kidney Function (Estimated Glomerular Filtration Rate and Proteinuria) and Syntax Score in Non-Diabetic Chronic Kidney Disease Patients

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Background: Chronic kidney disease (CKD) is highly prevalent with significant morbidity and mortality rates among patients with coronary artery disease (CAD). The SYNTAX Score (Synergy Between Percutaneous Coronary Intervention With TAXUS and Cardiac Surgery) predicts the outcomes of patients undergoing percutaneous coronary intervention. Our aim was to evaluate the correlation between CKD and severity of coronary artery stenosis by calculating SYNTAX Score in non diabetic CKD patients.

Methods: SYNTAX Score was calculated for 180 non diabetic patients with CKD scheduled for coronary angiography. Serum creatinine and 24 hour proteinuria prior to invasive coronary angiography (ICA) were assessed in all patients. Patients were divided into 2 groups according to their estimated glomerular filtration rate, (group 1 with eGFR ≥15 to < 30 ml/min per 1.73 m²) and (group 2 with eGFR ≥ 30 ml/min per 1.73 m²).

Results: coronary arteries lesions complexity increased progressively with decreasing kidney function as there were significant negative correlation between e-GFR and SYNTAX Score ($r = -0.5$, $P = 0.0004$) and significant positive correlation between 24 hr proteinuria and SYNTAX Score ($r = 0.6$, $p = 0.0001$). A multivariate regression analysis was performed for the predictors of the SYNTAX Score, including age and e-GFR. In this analysis, e-GFR ($\beta = -0.098$, $p = 0.01$) and age ($\beta = 0.35$, $p = 0.001$) were both independent predictors of higher Syntax Score

Conclusion: Serum creatinine, estimated glomerular filtration rate and 24 hours proteinuria were predictors of higher SYNTAX Score.

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The Two Current Approaches to Thread Stent for Performing the Szabo Technique: Problems Related with Each Approach, and a Proposal of Stent Designed to Decrease Complications

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Background: Stenting ostial and/or bifurcated lesions (L) constitute always a challenge. Szabo Technique (SzT) is a simple way to deal with these problems, but Stent can be damaged during the process increasing nonfatal complication (NFC).

Methods: From Jan'08 to May'13. SzT was attempted in 266 patients (pts) (65 ± 5 years; 68% male). Different brand of stents were used. Before pre-dilating the target L, an "Anchor Guide Wire" (AGW) is placed into "non-stenotic" side branch, and Its proximal stiff tip is attempted crossing through the proximal Stent's cell, by 2 Types of approaches (Tyapps): (Type I) inflating Stent's balloon to lifting up its proximal crown (rest of stent is keeping inside its protective sheath); (Type II) by bending the Stent (looking for "fish flake effect") attempting to separate its proximal cell from balloon.

Results: A total of 283 L (82% by transradial approach) were attempt with SzT. Guide Catheter (GC) Fr used (%) were: 6F: 17; Sheathless GC, 6.5 Fr: 26; 7Fr GC: 28 and Sheathless 7.5 GC: 29. Total Stent used 291. Total Stent Implanted by SzT: 268 (92%) Mean stent length and diameter was 13.47 ± 5.2 mm and 2.77 ± 1.14 mm. Tyapps used were (%): 43 Type I and 57 Type II. Failure of Stent delivery was due to: puncture of Stent's balloon: 3 (13%) (all in Tyapps II), stent dislodgment 7 (30%) (6 in Tyapps I); Stent non eligible due to deformation by any Tyapps: 5 (22%); others causes (guide wire twisting, failure of reaching the L, etc): 8 (33%). In all SzT failure, procedure was successfully ended with any other stenting technique without NFC.

Conclusions: SzT is highly successful technique, but both Tyapps for Stent threading involves risk of Stent damage (5% in our series), that cause decreasing its rate of success delivery and increasing NFC.

SzT is highly successful technique, but both Tyapps for Stent threading involves risk of Stent damage (5% in our series), that cause decreasing of its delivery success rate and increasing of NFC. Due to these results, we designed with Hexacath (Paris France) one Stent with a dedicated cell (coming from factory), to simplify the threading of AGW, avoiding balloon puncture or Stent deformation. Our Stent called Titan V, has been successfully implanted in test benches and animal models and currently is under evaluation for CE mark.

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Comparison of Rotational Atherectomy Versus Cutting Balloon Angioplasty Followed by Stent Implantation for the Treatment of Native De Novo Lesions

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Background: Limited information is available on the clinical outcome differences between rotational atherectomy (ROTA) and cutting balloon angioplasty (CA) followed by stents implantation.

Methods: Clinical data of 986 patients with native de novo coronary lesions who underwent ROTA (n=413) or CA (573) followed by stent implantation from 2003-2013 were retrospectively analyzed. The occurrence of major adverse cardiac events (MACE), defined as all-cause death, myocardial infarction (MI) or target lesion revascularization (TLR) were compared between the two groups at 6 months, 1 and 2 years.

Results: Baseline clinical and procedural characteristics were similar between the two groups, except for greater age (71.7±10.6 vs. 67.6±11.2 years, $p < 0.01$), higher prevalence of type C lesion (54.6% vs. 37.8%, $p < 0.01$), greater length (20.8±6.5 vs. 18.9 ± 6.6mm, $p < 0.01$) and number of stents (1.7±1.0 vs. 1.4±0.9, $p < 0.01$) in the ROTA group. The rate of procedure success (98.0% vs. 98.6%, $p = 0.516$) and DES