



HOT TOPICS IN CARDIOLOGIA 2024

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Cardiopatia ischemica cronica
Press Review



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ESC GUIDELINES



2024 ESC Guidelines for the management of chronic coronary syndromes

















Developed by the task force for the management of chronic coronary syndromes of the European Society of Cardiology (ESC)

Endorsed by the European Association for Cardio-Thoracic Surgery (EACTS)

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Hybrid coronary revascularization: position paper of the European Society of Cardiology Working Group on Cardiovascular Surgery and European Association of Percutaneous Cardiovascular Interventions

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STATE OF THE ART REVIEW

Imaging

Atherosclerosis evaluation and cardiovascular risk estimation using coronary computed tomography angiography




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ORIGINAL RESEARCH

Clinical Significance of Optical Coherence Tomography–Guided Percutaneous Coronary Intervention for In-Stent Restenosis Within Drug-Eluting Stents: Impact on Patient Outcomes

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BACKGROUND: The evidence for optical coherence tomography (OCT)–guided percutaneous coronary intervention (PCI) in improving the prognosis of individuals with in-stent restenosis (ISR) is lacking.

METHODS AND RESULTS: This retrospective study enrolled 588 consecutive individuals with drug-eluting stent ISR undergoing PCI from March 2010 to March 2022. Two hundred seven (35.2%) underwent OCT guidance, and 381 (64.8%) underwent angiography guidance. Clinical outcomes were analyzed using survival curves. The primary clinical endpoint was 2-year major adverse cardiovascular events (MACEs), a composite of all-cause death, myocardial infarction, and target-vessel revascularization. Compared with angiography guidance, OCT guidance demonstrated a higher frequency of drug-coated balloon use and adjunctive therapeutic modalities, including predilation, postdilation, nonslip element balloons, and noncompliant balloons ($P<0.05$). Following PCI, the OCT-guided group achieved a significantly larger minimum lumen diameter (2.36 versus 2.15 mm, $P<0.001$) and a lower percentage diameter stenosis (17% versus 20%, $P<0.001$) than the angiography-guided group. Survival analysis revealed significantly lower 2-year MACEs in the OCT-guided group compared with the angiography-guided group (7% versus 15%, $P=0.007$), validated in the propensity matching analysis (7% versus 15%, $P=0.001$). Multiple sensitivity analyses showed that OCT-guided PCI treatment was an independent protective factor for 2-year MACEs in individuals with drug-eluting stent ISR.


CONCLUSIONS: Compared with angiography guidance, OCT guidance is associated with a lower 2-year MACE risk among individuals with drug-eluting stent ISR. Therefore, OCT should be actively considered for guiding PCI treatment in individuals with drug-eluting stent ISR.

REVIEW

Open Access



Drug-coated balloons versus drug-eluting stents in patients with in-stent restenosis: An updated meta-analysis with trial sequential analysis

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Abstract

Background Drug-coated balloons (DCB) have promising results in the management of in-stent restenosis (ISR), still their role remains a major challenge, and not well established in contemporary clinical practice.

Aims To provide a comprehensive appraisal of the efficacy and safety of DCBs in patients with in-stent restenosis (ISR).


Methods We searched PubMed, Scopus, web of Science, Ovid, and Cochrane Central from inception until 30 March, 2023. We included randomized controlled trials (RCTs) that compared DCB versus DES in ISR patients. Our primary endpoints were major adverse cardiac events (MACE) and late lumen loss (LLL). Secondary clinical endpoints were all-cause death, cardiac death, MI, TLR, TVR, and stent thrombosis, and angiographic outcomes were MLD, and in-stent binary restenosis.

Results Ten RCTs comprising 1977 patients were included in this meta-analysis. The incidence of MACE was 15.57% in the DCB group compared to 14.13% in the DES group, with no significant difference in the risk of MACE following DCB (odds ratio [OR] 1.04, 95% confidence interval [CI]: 0.87 to 1.44). Compared with the DES intervention, the risk of LLL was comparable to the DCB intervention (mean difference [MD] -0.08, 95% CI: -0.18 to 0.02), while the incidence of TLR was increased in the DCB intervention (OR: 1.54, 95% CI: 1.2 to 1.99).

Conclusion DCB was comparable to DES implantation in ISR patients regarding clinical outcomes, however it showed an increase in TLR events. Moreover, a RCT with large sample size and longer follow-up duration is warranted to validate these results.

Keywords DCB, DES, In-stent restenosis, PCI, Meta-analysis

BMJ Open Efficacy and mechanism of transcutaneous electrical acupoint stimulation for angina severity in patients with chronic coronary syndromes: study protocol for a multicentre randomised controlled trial

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Li M, et al. *BMJ Open* 2024;**14**:e084218. doi:10.1136/bmjopen-2024-084218



Grazie per l'attenzione



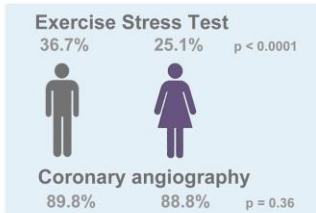
Original Abstract

SEX-RELATED DIFFERENCES IN DEMOGRAPHICS, DIAGNOSIS AND MANAGEMENT OF PATIENTS WITH CHRONIC CORONARY SYNDROMES

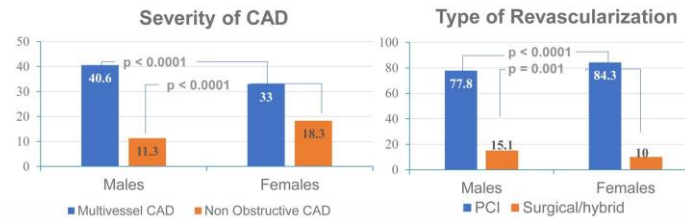
POPULATION

- ‡ 5070 subjects
- ‡ Stable coronary artery disease
- ‡ Consecutively enrolled in the nationwide Italian START Registry

RESULTS: Diagnostic work-up



RESULTS: Angiography and Revascularization



CONCLUSION

In a large nationwide cohort of patients with chronic coronary syndromes, clinical outcomes were not different depending on sex. However, several differences in the diagnostic work-up, treatment strategies and quality of life were found.

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Sex-related differences in demographics, diagnosis and management of patients with chronic coronary syndromes.

Marco Mojoli, Pier Luigi Temporelli, Daniela Pavan, Maurizio Giuseppe Abrignani, Lucio Gonzini, Donata Lucci, Federico Piscione, Stefano Provasoli, Michele Massimo Gulizia, Domenico Gabrielli, Furio Colivicchi, Fabrizio Oliva, Leonardo De Luca [Journal of Cardiovascular Medicine](#) 2024 December 1