significantly less in group 1 (0.5% vs 1.9%, p = 0.01), like as coronary perforation (0.5% vs 3.9%, p = 0.01) and acute stent thrombosis (2.4 vs 0% p = 0.01). The incidence of MACE was significantly lower in group 1 at 6 months (5.8% vs 9.8%, p < 0.03), 1 year (7.1% and 12.2%, p < 0.001) and 5 years (17.7% vs 31.3%, p = 0.001).

Conclusions: RA is maybe a safe technique in the treatment of complex lesions, with high success rate. A "minimalistic approach" using small BAR and the CB (Rotacut) technique followed by DES implantation, seems promising in reducing complications and improving outcome. Further studies are necessary in order to support these registry data.

Bifurcations

**Treatment Of Coronary Bifurcation Lesions: Stentcovering Of The Side Branch With And Without PCI Of The Side Branch - A Retrospective Analysis Of All Consecutive Patients**

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**Background:** Treatment of coronary bifurcation lesions is a complex issue. Two different methods were compared: group A represented patients undergoing a simple strategy without any treatment of the side branch (SB). Group B consisted of patients where the SB was treated (PCI and/or stenting).

For the treatment of bifurcation lesions we used the concept of "provisional stenting". Indications for the treatment of the SB included residual stenosis ≥ 50%, and a TIMI flow reduction < 2.

**Results:** We performed 1688 PCI during the study period, and of these 138 pts had a bifurcation lesion. We excluded pts with an in-stent-restenosis and pts who had been treated with a drug-coated balloon. The remainder of the population constituted our study group (n = 98) which was divided into group A (n = 64, 65.3%) and group B (n = 34, 34.7%). Mean FU duration was 14.1 (group A) vs 12.3 (group B, p = ns) months.

**Results: basic data**

Mean age (years) was 70.3 yrs (group A) vs. 67.0 yrs (group B, p = ns), 65.6 % were men (group A) vs. 70.6 % (group B, p = ns). NSTEMI/STEMI was present in 54.7 % (group A) vs. 10.64 % (group B, p = ns). ST segment elevation myocardial infarction was 6.25% in the long term follow up period. The rate of restenosis was 2.08% in the side branch and 0% in the main branch. Definite late stent thrombosis was observed in 0.88% of patients. The rate of MACE didn't differ significantly between the "one stent" strategy and "two stent" strategy (10.64% and 5.24%, p = 0.172).

**Conclusion:** The results of this study showed that differentiated approach used for selection and treatment of patients with true coronary artery bifurcational lesions leads to significant increase of clinical success in the long term follow up period.

**Clinical Outcome Of Bifurcation Lesions Treated By Everolimus-eluting Stent With Final Kissing Balloon; Results From Tokyo-MD PCI Study**

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**Background:** Some study reports that the rate of major adverse cardiac events (MACE) rises when final kissing ballooning (FKB) was performed in the single stent strategy. However, the effects of FKB in everolimus-eluting stent (EES) implantation are still unclear.

**Purpose:** To clarify the prognosis of patients who were implanted EES at bifurcation lesions.

**Methods:** The case of bifurcation lesions with single stent strategy was investigated by Tokyo-MD PCI study, a multicenter study including 22 institute around Kanto region. Rate of target lesion revascularization (TLR) and MACE (any cause death, myocardial infarction, TLR, stent thrombosis, and cerebral infarction) were analyzed.

**Results:** 184 bifurcation lesions treated by single EES were available. 49 lesions were treated with FKB (FKB group), and 135 were treated without FKB (none-FKB group). FKB group had significantly high rate of left main bifurcation lesions and low rate of left circumflex lesions. Other clinical characteristics were similar in both groups. Mean follow up term were 455±254 days. Cumulative incidence of TLR in main branch was 6.2% in FKB group and 6.3% in none-FKB group at 2 years follow up (p = 1.0). Incidence of MACE was 8.5% in FKB group and 11.5% in none-FKB group (p = 0.7).

**Conclusion:** FKB group has showed no inferior rate of TLR and MACE despite of high left main bifurcation rate when EES was implanted.