**DEDICATED STENT TREATMENT VERSUS STANDARD TREATMENT FOR CORORNARY BIFURCATIONS: LONG-TERM FOLLOW-UP**

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Background: Standard treatment for bifurcations (STB) has traditionally consisted of implanting a stent in the main artery while either kissing balloon inflation or a stent for the secondary branch. In the present paper we are assessing the use of a dedicated stent (DS) for bifurcations vs STB.

Methods: From January 2003 to August 2011 all patients with a coronary bifurcation lesion susceptible of treatment with percutaneous coronary intervention (PCI) were incorporated. An average 32-month-follow-up.

Results: 130 patients without significant basal differences were included. The bifurcation lesion was located in left main 10,8 %, left anterior descending-diagonal in 62,3%, circumflex-marginal in 16,9%, and right coronary artery-posterolateral in 10%. The average diameter of the stents was 3.16 mm in the DS group and 3.12 mm in the other group and the average length being 18,02 and 18.88 mm respectively. No statistically significant differences between groups in the clinical events rate were found during the follow-up. Nonetheless, 19 out of the 46 patients in the DS group were reevaluated by angiography owing to clinical events. One case of DS restenosis was found (5, 26%), the rest of them showed disease progression in other location or absence of new lesions. In turn, 32 out of the 84 patients in the STB group were reevaluated, 13 restenosis cases being found (40, 62%) (p<0, 05).

Conclusions: Our results show that DS use for coronary bifurcation treatment brings forth better results in relation to the treated lesion, with a similar rate of clinical events to the STB.