Abstract No. 3

Category: Acute Coronary Syndromes

Title: Complex PCI with the New Firehawk stent. Results of the Mexican Registry

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Abstract:

Background: The Firehawk stent has key components as lowest drug dosage (sirolimus), target eluting tecnoology, Cobaltum-Cronium strut with abluminal grooves. In 2018 Baumbach et al. demonstrated that the Chinese Firehawk stent is non-inferior to the current market-standard Xience family of stents. The firehawk stent are in Mexico since 2017.

Endpoints. Device success (attainment of < 30% residual stenosis of the target lesion) and the Incidence of adverse events (death, cardiovascular death, stent thrombosis and TLR).

Methods: The firehawk stent are in Mexico since 2017. From June 2017 to October 2018 we performed 1050 PCI's -197 Firehawk patients. We did an all comers, single center registry, prospectively initiated in June 2017. The PCI was performed by interventional cardiology fellows and six different consultants for the stent selection. CAD complexity was defined by ACC/AHA and syntax score.

Results: PCI with a firehwak stent was performed 197 times. The inidcations for PCI were stable angina (19.2%), unstable angina (8.6%), STEMI (27.9%), Non STEMI (20.3%), elective post MI (23.8%). A total pf 240 lesions were treated, The distribution of the lesions were LAD (55.8%), RCA 21.8%, Lcx 17.2%, LMS 4%, SVG 1%. Complexity by Syntax Score was high in 20.8%, intermediate in 24.8% an low in 54.3%. Most of the lessions trated were C (41.8%) and B2 (39.5%). Regarding the procedure characteristics, radial access was performed in 81.2%. IVUS was used 21% of the procedures. The mean diameter of the stnet was 3.17 ± 0.46 mm and in length 24.8 ± 8.01 mm.

The device success was presented in 97.5% (234/240), cardiovascular death 2.5% (5) of wich 100% were due to cadiogenic shock. Definite/probable ST was presented in 1% of the cases.

Conclusions: Restrospective results are consistent with previous reports. High device success rate and low adverse events incidence. It was performed complex PCI cases with low IVUS use and heterogeneous techniques