

Early and late improvement of left ventricular function after drug eluting stent implantation for chronic total occlusions

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Background

The long-term effect of recanalisation of a chronic total coronary occlusion (CTO) on left ventricular function and volumes is currently unknown. Therefore, we studied the effect of drug-eluting stent implantation for CTO on left ventricular function and volumes at 5 months and 3 years follow-up.

Methods

MRI was performed in 21 patients before successful drug-eluting stent implantation for CTO and at 5 months and 3 years after recanalisation. Segmental wall thickening and left ventricular volumes and function were quantified on cine-images, and the transmural extent of the infarction (TEI) was scored on delayed enhancement images.

Results

A significant decrease in mean end-diastolic volume index (86 ± 14 ml/m² to 78 ± 15 ml/m²; $p=0.02$) and mean end-systolic volume index (35 ± 13 ml/m² to 30 ± 13 ml/m²; $p=0.03$) was observed three years after drug-eluting stent implantation. Mean ejection fraction tended to improve ($60\pm 9\%$ to $63\pm 11\%$; $p=0.11$). At 5 months, segmental wall thickening was improved significantly in segments with < 25% TEI ($18\pm 24\%$ to $47\pm 28\%$; $p<0.001$), tended to improve in segments with 25%-75% TEI ($21\pm 18\%$ to $23\pm 23\%$; $p=0.89$) whereas segments with > 75% TEI did not improve ($4\pm 33\%$ to $-2\pm 16\%$; $p=0.30$). Interestingly, at 3 years follow-up a further increase in segmental wall thickening was observed in segments with < 25% TEI (to $67\pm 48\%$; $p=0.03$) and in segments with 25%-75% TEI (to $39\pm 42\%$; $p=0.03$) whereas segments with > 75% TEI remained severely dysfunctional (to $13\pm 41\%$; $p=0.42$). The end diastolic wall thickness at baseline was related to the improvement in wall thickening at follow up ($R=0.41$, $p=0.005$).

Conclusion

Left ventricular function improves after drug-eluting stent implantation for CTO. Improvement of left ventricular function is seen in up to three years after recanalisation.