Abstract: **P208**

**Some wounds never heal: very very late stent thrombosis.**

**Authors:**
I Noval Morillas\(^1\), A Gutierrez Barrios\(^1\), S Camacho Freire\(^2\), L Gheorghe\(^3\), G Calle Perez\(^1\), R Vazquez Garcia\(^1\),
\(^1\)University Hospital Puerta del Mar, Cardiology - Cadiz - Spain, \(^2\)Hospital Juan Ramon Jimenez - Huelva - Spain, \(^3\)St Antonius Hospital - Nieuwegein - Netherlands,

**Topic(s):**
Acute Coronary Syndromes - Clinical

**Citation:**

**Aims**
It remains unknown whether the risk of stent thrombosis (ST) eventually abates over time or persists indefinitely. There are a few reported cases of very very late stent thrombosis (VVLST) (> 5 years).

**Methods and Results**
From January 2009 to March 2017, 48 patients presented 49 definite VVLST at the 5 participating centers and were included in the study. The mean age was 63.1±11, 88% were males, 80% had hyperlipidemia, 70% had prior tobacco abuse, diabetes was present in 35% (Figure 1). The mean left ventricular ejection fraction was 51.7±11. The median interval between stent implantation and VVLST was 8.1 [IR 5.6-9.3] years.

Thrombosed stent characteristics (Figure 2): BMS(41%), in three cases (6%) the stent was unknown and the rest (53%) were DES (59% of them first-generation DES); stent mean diameter was 3.1±0.4mm, postdilation (29%), stent involving a bifurcation (11%) and more than one stent was overlapped in 22.5% cases; stent length 20±7mm. The initial stent was deployed to treat a reestenosis in 12 patients (25%), 11 of them (92%) a BMS-reestenosis.

Seventy-five percent of patients (36/48) were taking aspirin but only 6 of them were still taking clopidogrel (12.5%) at the time of VVLST. Five patients (10.4%) had discontinued any antiplatelet in the last month and 8(16.6%) patients had discontinued any antiplatelet or anticoagulation treatment during the last 3 months.

Most patients presented as a STEMI (87.5%, 42/48) (Figure 3). Three patients presented in cardiogenic shock and two of them died (4.1%). The mean LVEF post VLLST was 42.4±13, significantly lower than the previous one (p=0.001) and the mean LVEF reduction was 12.6±14.

Four patients (8.3%) suffered a re-ST on follow-up and other 3(6.2%) patients suffered a ST in another vessel.

**Conclusions**
The risk of ST persist beyond 5 years after BMS, first- and second –generation DES implantation and cause serious clinical consequences.

A high incidence of classical cardiovascular risk factors, previous stent reestenosis(25%) and recent (<3months) discontinuation of anticoagulation/antiplatelet therapy were frequently found in these patients and they could be some of the factors related to VVLST.
Some wounds never heal: very very late stent thrombosis.

Authors:
I Noval Morillas1, A Gutierrez Barrios1, S Camacho Freire2, L Gheorghe3, G Calle Perez1, R Vazquez Garcia1

1 University Hospital Puerta del Mar, Cardiology - Cadiz - Spain,
2 Hospital Juan Ramon Jimenez - Huelva - Spain,
3 St Antonius Hospital - Nieuwegein - Netherlands,

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Aims
It remains unknown whether the risk of stent thrombosis (ST) eventuates over time or persists indefinitely. There are a few reported cases of very very late stent thrombosis (VVLST) (> 5 years).

Methods and Results
From January 2009 to March 2017, 48 patients presented 49 definite VVLST at the 5 participating centers and were included in the study. The mean age was 63.1±11.8, 88% were males, 80% had hyperlipidemia, 70% had prior tobacco abuse, diabetes was present in 35% (Figure 1). The mean left ventricular ejection fraction was 51.7±11. The median interval between stent implantation and VVLST was 8.1 [IQR 5.6–9.3] years.

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The risk of ST persist beyond 5 years after BMS, first- and second–generation DES implantation and cause serious clinical consequences. A high incidence of classical cardiovascular risk factors, previous stent reestenosis (25%) and recent (<3 months) discontinuation of anticoagulation/antiplatelet therapy were frequently found in these patients and they could be some of the factors related to VVLST.