Restenosis detected by routine angiographic follow-up and late mortality after coronary stent placement.

BACKGROUND: Routine 6-month follow-up angiography (FU angio) is the most sensitive tool to detect restenosis. Thus, FU angio protocols have been a pivotal part of trials on long-term efficacy of stents. However, it is unclear if such protocols supply data relevant for the prognosis of individual patients. The purpose of this study was to assess the impact of angiographic restenosis detected by FU angio on late mortality after coronary stent placement. METHODS AND RESULTS: We analyzed 2272 consecutive patients with successful stent placement performed from May 1992 through December 1996. All patients were scheduled for 6-month FU angio and contacted again after 4 years. FU angio was performed in 1958 patients. Of those, 557 patients (28.4%) had restenosis. After 4 years, 8.8% of patients with restenosis died, compared to 6.0% without (P = .02). There were several significant differences in clinical and angiographic characteristics between the 2 groups. In a multivariate analysis including those characteristics plus restenosis, only older age and restenosis were independent risk factors for late mortality. In patients with severe restenosis (>75% of lumen diameter; n = 231), late mortality was 7.6% in those with target vascular revascularization, compared to 14.9% without (P = not significant). CONCLUSIONS: In this analysis, mortality 4 years after stent placement...
was higher in patients with angiographic restenosis. Restenosis was an independent risk factor for late mortality, with a potential benefit after target vessel revascularization in severe restenoses. These data suggest that routine FU angio after stenting provides data relevant for long-term prognosis of patients.