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Stent implantation in patients with native and recurrent coarctation of the aorta. Is application of bare metal better than covered stents?

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Introduction: The aim of the study was to analyze the results of bare metal (BMS) or covered stents (CS) implantation in patients (pts) with native (CoA) and postoperative (ReCoA) coarctation of the aorta.

Material: Between 1999 and 2011, 85 pts underwent stent implantation (75 BMS and 12 CS).

Indication for CS use were aortic aneurysm or dissection (native or iatrogenic) in 6 pts, critical stenosis in 4 pts or tubular CoA in 2 pts.

Results: Presented in the table below.

	Stents In CoA	Stents In ReCoA
No of pts.	65	20
Age (y)	27,4 (6,5 - 57)	27,4 (10 - 54)
Grad. before (mmHg)	48 (18 - 89)	43 (26 -111)
Grad. After (mmHg)	8 (0-35)	13,2 (0-37)
F-up (y)	4,1 (0,2-9,5)	5,2 (0,1-12,6)
Successful (%)	94	80
Migration	4	0
Stiff leasion (pts)	0	4

In 53 y old woman with CoA during implantation of CS stroke with hemiparesis occurred. In 40 y old man with ReCoA during predilatation with balloon acute aortic wall dissection occurred treated successfully with CS implantation. In another 2 pts (12 and 13 y old girls ReCoA & CoA was dilated with BMS stent and 5e and 2 years later during planned redilatation of the stent small aneurysm of aorta was seen in the middle portion of BMS treated with CS. No other complications were observed. Conclusions: BMS implantation in CoA and ReCoA has good acute, intermediate, and long-term outcome. In selected patients CS implantation can be the treatment of choice or life saving procedure in case of acute complication. Continuous follow-up of patients after stent treatment of aortic coarctation is required due to associated long-term morbidity related to aortic wall complications, systemic hypertension, recurrent obstruction as well as potential need for another interventions.