

LAST BUT NOT THE LEAST

Just as interventional cardiologists took a sigh of relief on an 'invention' which could possibly offer an answer to the problem of 'restenosis', a new malady emerged from no where. A new disease had to be added to the list of iatrogenic adventures. The genie of restenosis did not disappear altogether; rather it reappeared in a more precarious form in the attire of LAST.

Late acute stent thrombosis (LAST) presents itself as acute coronary syndrome, myocardial infarction or sudden death. As against 'restenosis' which may be asymptomatic or present itself as stable angina in a majority of patients, the presentation of LAST is more dramatic and at times treacherous. The trade of does not make much sense!

The fears of some of the skeptical pathologists have come true, who did not see a denuded vessel following a drug eluting stent, as a healthy vessel. Brutal suppression of smooth muscle growth and cells by potentially cytotoxic drugs may prevent vengeance in regrowth, but on the other hand may invite thrombus formation on its raw surface. The sudden cessation of blood supply, due to thrombus formation in coronary artery, presents as acute coronary syndrome which may have serious complications.

Continuous release of cytotoxic drug over prolonged period may be associated with serious systemic side effects. Many basic scientists and clinicians view this with suspicion. Most of clinicians are advocating mega trials with long term follow up to evaluate all the possible side effects. Linkage with malignancy is being investigated but there has not been even a single study to support the claim. Other suspicions have also not been supported by real hard data.

Who are the patients who are more predisposed to LAST? Patients with drug eluting stent who happen to stop anti-platelet drugs for any reason stand a high risk of LAST. Patients may stop anti-platelet for a variety of reasons including advice by general practitioner, or non doctor friends. Some may have to stop drugs due to elective or emergent surgery. Incidences of LAST have been reported as late as a couple of years after Percutaneous Interventions.

The earlier enthusiasm of using drug eluting stent in all the patients in preference to bare metal stent is now dying down. Caution is being exercised and all lesions are being evaluated in the court of evidence before making a decision. Indications are being re-examined and common sense is being applied before implantation of drug eluting stent.

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