

Results of the DESERT registry reported at TCT 2011

November 9 2011

The risk of late stent thrombosis (ST) in the first generation of drug-eluting stents continues for up to seven years after implantation, and certain types of patients, including smokers and those who are younger, are at higher risk, according to results of the DESERT registry. Results of the trial were presented today at the 23rd annual Transcatheter Cardiovascular Therapeutics (TCT) scientific symposium, sponsored by the Cardiovascular Research Foundation.

Stent [thrombosis](#), a condition in which blood clots form following the implantation of a stent, frequently presents as an acute event triggering [myocardial infarction](#) (MI, heart attack) or death. As single center studies are limited in their evaluation of ST, there is an existing need to understand the factors predicting ST and define those patients are that are at highest risk.

DESERT (Drug Eluting Stent Event Registry of Thrombosis), in which 922 patients from 20 sites from the United States, Canada and Switzerland have been enrolled in this multi-center, observational, case-control study of definite, late or very late ST in patients with drug-eluting stents (DES). DESERT is the largest case-control registry of late and very late definite stent thrombosis.

In the registry, the majority of late ST occurred after one year (~75%) and continued for up to 7.3 years. The clinical presentation of late ST was mainly myocardial infarction (66.9% STEMI; 22% NSTEMI). Nearly 30% of the patients with late stent thrombosis were on dual

[antiplatelet therapy](#) (DAPT) at the time of the event.

"Patients who had first generation drug-eluting stents continue to be at risk for late [stent thrombosis](#) up to seven years," said lead investigator, Ron Waksman, MD. Dr. Waksman is Associate Director, Division of Cardiology at Washington Hospital Center (WHC) and Director of Experimental Angioplasty and Emerging Technologies at the Cardiovascular Research Institute (CRI) at WHC.

"Younger patients, smokers, African Americans, patients with multi-vessel disease, STEMI or saphenous vein grafts (SVG) should be reevaluated for drug-eluting stents or for a strong and longer term regimen of dual antiplatelet therapy," Dr. Waksman said.

Provided by Cardiovascular Research Foundation

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