

28th International Conference on

CARDIOLOGY AND HEALTHCARE

August 09-11, 2018 Abu Dhabi, UAE



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Stent blockage: Different shades of grey

Stent blockage has an estimated incidence of 1-5%. It is multifactorial in nature and may have devastating consequences viz. SAC myocardial infarction/sudden cardiac death, case fatality rate can be as high as 45%. It is prudent to identify those at high risk and should have a clear aim to minimize occurrence. There are several predictors of stent thrombosis and are related to 3 groups: patient, lesion and procedure. Among the most important ones are antiplatelet non-responsiveness, non-compliance or premature cessation. Long lesions/small vessels; stent under expansion. Strongest factors are: Discontinuation OR Dual Antiplatelet Therapy (DAPT), stent under sizing, intermediate lesion proximal to stent, concomitant malignancy, and acute coronary syndrome. Overall early ST >>late ST (>70%). Drug eluting stents also carry the risk of more frequent Very Late Stent Thrombosis (VLST). Underlying pathology depends upon the timing of stent occlusion; while acute and subacute stent occlusion is predominantly thrombotic, later occlusions are more of neo-atherosclerosis. A good mix is being underlying neo-atherosclerosis, thin cap fibroatheroma and thrombus on top. DAPT compliance and procedural optimization are the two most important areas of attention for all the interventional cardiologists to minimize and avoid this potentially devastating complication.

Biography

Currently Brajesh Mittal is working as Consultant Interventional Cardiologist and Head of Cardiology Department at Garhoud Private Hospital, Dubai. He is the Chairman of SCALE- "Stemi Care for All in Emirates" and CME Committee and Garhoud Hospital. His main area of interest is complex coronary and primary angioplasty. He has several publications and presentations at national and international level and is a regular participant as Faculty at large forums incl. European Society of Hypertension, Euro PCR, Arab Health, Emirates Cardiac Society, National Interventional Council India and Cardiology Society of India

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