

# Sulle Sponde del Ticino

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## *CARDIOLOGIA INVASIVA*

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### **CORONARY STENTING AND COUMADIN: THE END OF A DOGMA**

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Cathet Cardiovasc Diagn. 1997 Dec;42(4):367-73.

## **Coronary artery stenting without anticoagulation, aspirin, ultrasound guidance, or high balloon pressure: prospective study of 1,051 consecutive patients.**

Barragan P<sup>1</sup>, Sainsous J, Silvestri M, Simeoni JB, Bayet G, Roquebert PO, Bouvier JL, Comet B, Quatre JM.

### **⊕ Author information**

#### **Abstract**

Between March 1994 and November 1995, 1,212 coronary stents were implanted in 1,051 consecutive patients at our institution with the following protocol: daily pre- and poststenting treatment with ticlopidine 500 mg without aspirin, implantation under angiographic guidance, without ultrasound, with semi-compliant balloons inflated at 10 bars. Stenting was indicated after failure of balloon angioplasty (bail-out, dissection, elastic recoil) in 27% of the patients and considered as elective (de novo, restenosis, chronic occlusion, saphenous vein grafts) in 73% of the cases. During the 30-day follow-up period, stent thrombosis occurred in 11 patients (1.0%) and vascular access-site complications in three patients (0.3%). Thirteen patients (1.1%) died, 10 from previous left ventricular failure, 3 (0.3%) from subacute thrombosis. Multivariate analysis revealed that the size of the last balloon used was associated with subacute stent thrombosis. Thus, in nonselected patients, placement of coronary stents may be safely achieved without use of warfarin, post procedural heparin, high balloon pressure, or ultrasound guidance. Antiplatelet therapy with ticlopidine and angiographic guidance result in a stent thrombosis rate of 1% and a vascular complication rate of 0.3%.

#### **Comment in**

Stenting without ASA? [Cathet Cardiovasc Diagn. 1997]

Ticlopidine after stenting: "Render unto Caesar that which belongs to Caesar". [Cathet Cardiovasc Diagn. 1998]

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