

# Post-SES implantation, statins prevent late revascularization

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(HealthDay) -- For patients who undergo sirolimus-eluting stent (SES) implantation, use of statin therapy is associated with a reduced risk of late target lesion revascularization (TLR), according to a study published in the May 15 issue of *The American Journal of Cardiology*.

Masahiro Natsuaki, M.D., of Kyoto University in Japan, and associates followed 10,221 patients who underwent implantation of SES (5,029 patients) or bare-metal stents (BMS) (5,192 patients) to determine the impact of statin therapy on preventing early (within one year) and late (one to four years) TLR.

The researchers found that SES use was associated with a significantly lower incidence of early TLR (7.8 versus 22.2 percent) and a

significantly higher incidence of late TLR (7.7 versus 3.0 percent), compared with BMS use. Among SES and BMS users, the incidence of early TLR was the same, irrespective of statin use. For SES users, the incidence of late TLR was significantly lower in statin users versus nonusers (6.1 versus 9.6 percent), with an adjusted hazard ratio of 0.73 for statin users ( $P = 0.04$ ). For BMS users, the risk for late TLR was no different for statin users versus nonusers (adjusted hazard ratio, 0.74;  $P = 0.23$ ).

"In conclusion, statin therapy at [hospital discharge](#) was associated with a significantly lower risk for late TLR after SES implantation," the authors write.

The study was supported by the Pharmaceuticals and Medical Devices Agency in Tokyo.

**More information:** [Abstract](#)  
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