

Impact of Chronic Renal Failure on Effectiveness of Drug-Eluting Stents

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The study published in volume 96(5) on the effectiveness and safety of stents in patients with chronic renal failure¹ raised our interest in this topic, so we would like to ask the authors: Considering the deaths, infarctions and MACE that occurred more in the group of patients with chronic

renal failure, combined to the fact that the study has not presented angiography in the follow-up study of the patients, wouldn't that be an evidence, according to the methodology of this study, that the stents are less efficient to inhibit the occurrence of death or infarctions or MACE in patients with chronic renal failure? Those patients with chronic renal failure had less pain in their angina episodes, then, how can we know exactly how many stents remained pervious, even on discharge? Another question that every reader must be asking: how many patients had worsened renal function? Thank you.

Keywords

Renal insufficiency, chronic; drug-eluting stents; efficacy; follow-up studies.

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Reply

Thank you for your interest in our study. It is worth clarifying some important points related to the study.

The study "Impact of Chronic Renal Failure on Effectiveness of Drug-Eluting Stents: long-term follow-up study"¹ was a record targeted at comparing the effectiveness and safety of drug-eluting stents in patients with chronic renal failure (CRF) compared to those without renal failure.

As it is a record, it was designed to reflect the daily medical practice; therefore, no angiographic follow-up was planned.

It is well known that patients with chronic renal failure have worse cardiovascular outcomes compared to those with preserved renal function^{2,3}. Our study was designed to assess whether drug-eluting stents in patients with CRF have the

same effectiveness observed in patients without CRF. That was demonstrated in our study, since the incidence of target lesion bypass grafting was similar in both groups (4.8% vs. 5.6%, $p = 0.7$, CRF group and non-CRF group, respectively).

As expected, patients with chronic renal failure had worse cardiovascular outcomes, which was modified with the use of drug-eluting stents. Finally, the study aimed to evaluate the evolution of renal function of patients included, so these data are not available.

We hope to have clarified the issues raised by the colleagues.

Sincerely,

Vitor Gomes

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