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Título	Assessment of durable polymer and biodegradable polymer drug-eluting stents after percutaneous coronary intervention in patients with ST-elevation myocardial infarction
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INTRODUCTION: Although coronary drug-eluting stents (DES) built with either durable (DP) or bioresorbable (BP) polymeric coatings have been largely tested and are extensively available for routine use, their comparative performance remains an open question, particularly in more complex patient subsets. **OBJECTIVES:** To evaluate the outcomes of patients with ST-elevation myocardial infarction (STEMI) treated with primary percutaneous coronary intervention using DP-DES versus BP-DES in a large multicenter real-life registry. **METHODS:** The population comprised patients with STEMI treated with primary angioplasty < 12 hours. Those treated with more than one DES who received different polymer types were excluded. The final cohort for analysis was selected after propensity score matching, based on age, sex, diabetes, Killip class 3 or 4, creatinine at admission, number of stents, multivessel disease and vascular access, computed to generate similar groups of DP-DES versus BP-DES. The primary endpoint was the incidence of major adverse cardiac and cerebrovascular events (MACCE - overall death, new myocardial infarction, non-fatal stroke, or re-intervention) at 2 years. **RESULTS:** From January 2017 to April 2022, a total of 1,527 STEMI patients were treated primary angioplasty with a single DES type (587 DP-DES; 940 BP-DES). From those, 836 patients remained after propensity score matching (418 patients in the DP-DES and 418 patients in the BP-DES groups), comprising the final study population. Both study groups had a similar baseline profile. There were no differences of adverse outcomes at inhospital period. At a 2-year follow-up, DP-DES were more associated with the occurrence of MACCE (HR 0.69 / 95%CI 0.50-0.94), driven especially by new revascularization (HR 0.17 / 95% CI 0.05-0.61).