INTRODUCTION

Patients with diabetes mellitus have an enhanced cardiovascular risk in all stages and during all kinds of coronary intervention *(Schachinger , et al 2004)*

Patients with diabetes mellitus have less favorable outcomes after percutaneous coronary intervention (PCI) than non-diabetics *(Abizaid , et al 2004).*

The safety and durability of PCI have improved dramatically because of continual technological improvements as using drug eluting stents *(Arampatzis , et al 2004)*

It is estimated that over 6 million patients have been treated with drug-eluting stents, so any observations of unanticipated outcomes are of critical importance *(Jimenez et al , 2005).*

The outcome after percutaneous coronary intervention using drug-eluting stents is still controversial especially in diabetic patients *(Dibra , et al 2005).*

Several randomised controlled trials and meta-analyses have shown that drug eluting stents reduce restenosis and the need for repeated revascularization procedures compared with bare metal stents *(Dibra , et al 2005).*

Other studies showed no difference in cardiac death between drug-eluting and bare metal stents *(Gilbert , et al , 2004).*

With the advent of new devices, the development of tests for allergic reactions and more careful patient selection (who will benefit most from the use of drug-eluting stents), the trends in treatment of coronary artery disease may well show a significant change in the near future *(Virmani , 2006).*