



 MYOCARDIAL ISCHEMIA AND INFARCTION

LATE OPEN FOR INFARCT-RELATED ARTERY STILL WORK BETTER THAN NOT FOR PATIENTS WITH ACUTE MYOCARDIAL INFARCTION: A 15-YEAR SURVIVAL ANALYSIS

ACC Poster Contributions

Georgia World Congress Center, Hall B5

Sunday, March 14, 2010, 3:30 p.m.-4:30 p.m.

Session Title: Acute Myocardial Infarction--Timing Issues in Reperfusion Therapy

Abstract Category: Acute Myocardial Infarction--Therapy

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Background: The routine elective percutaneous coronary intervention (PCI) with or without prior fibrinolysis for patients after the first diagnosed acute myocardial infarction (AMI) on long-term mortality remains unclear in ethnic Chinese.

Methods: We retrospectively collected data from detailed chart review for patients with AMI through 1994 to 2000 in National Taiwan University Hospital. Patients with first diagnosed AMI were registered and matched for mortality at the end of 2008. Primary endpoints included mortality of all-cause, cardiovascular, and coronary heart disease (CHD) was compared in different PCI strategies within one month after AMI.

Results: Among 1319 patients, 202 received primary PCI, 335 received delayed PCI, 158 with fibrinolysis, and 179 received elective PCI after fibrinolysis. The all-cause mortality during 15-year follow-up in different PCI strategies showed 26.73% with primary PCI, 35.32% with elective PCI, 30.73% with elective PCI after fibrinolysis, 48.73% with fibrinolysis, and 75.96% with medication only. Cox proportional hazard regression models found age ≥ 70 years, killip classification III or IV, diabetes, history of CHD, use of statins, and lack of intervention strategies increased the mortality. After controlling associated variables, delayed PCI either prior treatment with or without fibrinolysis revealed similar significant benefit in mortality reduction in comparison with primary PCI. Comparing with no intervention, the hazard ratios (95% CIs) of delayed PCI, delayed PCI after fibrinolysis, and primary PCI were 0.39(0.32-0.49), 0.34(0.26-0.46), and 0.31(0.23-0.41) respectively. The corresponding risk reduction in patients receiving fibrinolysis was 0.59(0.45-0.77).

Conclusions: In addition to primary PCI, patients with AMI benefit from routine elective PCI with or without prior fibrinolysis, in terms of 15-year mortality. In patients with AMI, routine elective PCI might be recommended either with or without prior fibrinolysis if primary PCI could not be available.