

ACUTE MYOCARDIAL INFARCTION

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TCT-137

Influence of non-culprit lesions management on outcomes in patients over 75 years old with ST elevated myocardial infarction. Results from the ESTROFA MI+75 nation-wide registry


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BACKGROUND Presence of multivessel disease and non-culprit lesions is not infrequent in patients undergoing primary angioplasty. However in patients over 75 years old the prognostic implications of angiographically significant non-culprit lesions management is not well known.

METHODS A subanalysis of the nation-wide database of primary angioplasty in the elderly (ESTROFA MI+75) with 3,576 patients included in 31 centers. Angiographically significant non-culprit lesion was defined as any stenosis > 50% with reference vessel diameter > 2 mm.

RESULTS In 2,155 (60.2%) patients angiographically significant non-culprit lesions were observed. In 891 patients (41.3%) complete revascularization was attempted, in 475 cases within the primary angioplasty procedure and in 416 in a staged procedure during admission. Finally, at discharge 1,264 (58.7%) patients had incomplete revascularization. A multivariate analysis was conducted with all clinical, angiographic and procedural variables in order to establish predictors of 2 years outcomes. Incomplete revascularization resulted independent predictor of cardiac death, infarction and revascularization (HR 1.39; 95% CI 1.02-1.63; p=0.034), but PCI of non-culprit lesions in the same procedure of primary angioplasty was independent predictor of stent thrombosis (HR 2.55; 95% CI 1.10-5.92; p=0.029).

CONCLUSION Presence of significant non-culprit lesions is common in patients over 75 years undergoing primary angioplasty. Complete revascularization is attempted in less than half of cases. Incomplete revascularization is predictor of 2 years outcomes but complete revascularization in the primary PCI procedure is associated with stent thrombosis suggesting the recommendation of a staged approach.

CATEGORIES CORONARY: Acute Myocardial Infarction

TCT-138

Multivessel versus culprit-only percutaneous coronary intervention in ST-segment elevation myocardial infarction: analysis of a 8 year-all-comers registry

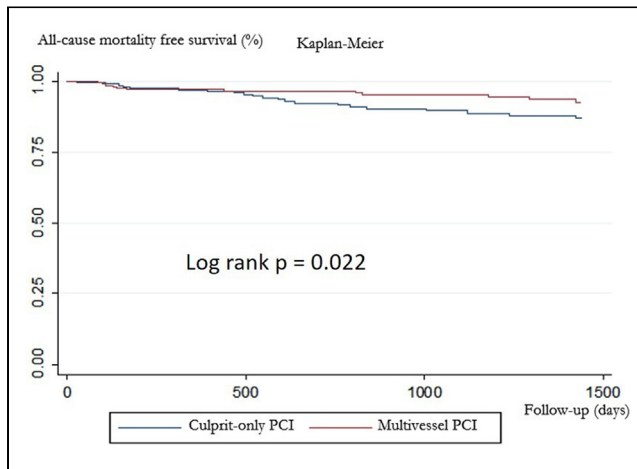

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BACKGROUND The optimal treatment of patients with multivessel coronary artery disease and ST-segment elevation acute myocardial infarction (STEMI) who undergo primary percutaneous coronary intervention (PCI) is controversial. The aim of this study was to access the prognostic impact of multivessel PCI versus culprit vessel-only PCI in real-world patients with STEMI and multivessel disease.

METHODS This was a retrospective cohort study of 1499 patients with STEMI diagnosis who underwent primary-PCI between January 2008 and December 2015. We performed a propensity score-matched analysis to draw up two groups of 225 patients paired according to whether or not they had undergone multivessel PCI or culprit vessel-only PCI.

RESULTS During follow-up (median 2.36 years), after propensity score matching, patients who underwent multivessel PCI had lower rates of mortality (7.6% versus 11.6%, log rank p=0.022), unplanned repeated revascularization (9.4% versus 14.7%, log rank p=0.010) and MACE (29.7% versus 33.8%, log rank p=0.016). These patients had also a trend to lower incidence of myocardial infarction (8.0% vs. 4.9%, log rank p=0.093).



CONCLUSION In real-world patients presenting with STEMI and multivessel coronary artery disease, multivessel PCI strategy was associated with lower rates of mortality, unplanned repeated revascularization and MACE.

CATEGORIES CORONARY: Acute Myocardial Infarction

TCT-139

A randomized trial of complete versus culprit-only revascularization during primary percutaneous coronary intervention in diabetic patients with acute ST elevation myocardial infarction and multi vessel disease


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BACKGROUND Recent randomized trials and meta-analyses demonstrated that a complete revascularization of significant non culprit lesions in patients with ST elevation myocardial infarction (STEMI) is