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Acute and Stable Ischemic Heart Disease

COMPARISON OF TIMING OF NON-CULPRIT LESION PERCUTANEOUS CORONARY INTERVENTION IN MYOCARDIAL INFARCTION PATIENTS

Poster Contributions
Poster Hall, Hall C
Friday, March 17, 2017, 3:45 p.m.-4:30 p.m.

Session Title: Coronary Angiography, Intra-Vascular Imaging, Revascularization and Outcomes
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Background: The percutaneous coronary intervention (PCI) of a noninfarct artery with primary PCI for patients with acute myocardial infarction (AMI) is still debatable. The study was for to evaluate the outcomes according to the strategy of non-culprit lesions among the multivessel AMI patients with primary PCI.

Methods: Among 615 AMI patients, 333 with multivessel disease were analyzed retrospectively in a single center. Among them, 133 underwent culprit lesion only PCI (group 1), 120 underwent non-culprit lesion PCI at the time of culprit lesion PCI(group 2), and 80 underwent 2nd staged PCI for non-culprit lesion shortly after culprit lesion PCI (group 3). The clinical outcomes including death, stroke, non-fatal MI and re-admission because of heart failure were analyzed for 36 months.

Results: Group 1 was older and had more Non-ST elevation AMI. There were more incidences of major adverse cardiac event(MACE) in group 1 [28 (21%) in group 1, 16 (13%) in group 2, 9 (12%) in group 3, p=0.02, Figure]. Staged PCI showed better tendency, but there were no significant difference of event occurrence between simultaneous PCI of non-culprit lesion. Similarly, ST-segment elevation myocardial infarction(STEMI) patients (n=127) also showed better MACE free survivals in non-culprit PCI group(group 2 and 3) compared to culprit only PCI group(p=0.02).

Conclusions: In multivessel AMI, complete revascularization was not harmful. Staged PCI for non-culprit lesion PCI after culprit lesion PCI may be encouraged for AMI.