



## DOES GENDER AFFECT IN-HOSPITAL MORTALITY IN PATIENTS PRESENTING WITH STENT THROMBOSIS? RESULTS FROM A NATIONAL REAL-WORLD REGISTRY

Poster Contributions

Poster Hall, Hall C

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**Background:** Stent thrombosis (ST) is a devastating complication and is associated with high mortality; however, the gender-specific outcome difference in patients presenting with ST is unclear.

**Methods:** The Nationwide Inpatient Sample (NIS) files from 1998 to 2013 were used to extract the data. Using the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) code 996.72, we extracted the patients 18 years of age and older presenting with ST as a primary diagnosis. The primary study outcome measure in-hospital mortality. We constructed a multivariate logistic regression model using the forward selection method to identify independent predictors of in-hospital mortality.

**Results:** Of 203,637 patients 18 years of age and older presented with ST, 4,466 (2.2%) patients died during hospitalization. In-hospital mortality was significantly higher in women compared to men (2.5% vs. 2.0%,  $P = 0.0005$ ). Women had a significantly higher rate of diabetes mellitus (39.0% vs. 33.8%,  $P = 0.0005$ ), hypertension (70.6% vs. 67.9%,  $P = 0.0005$ ), congestive heart failure (26.1% vs. 22.8%,  $P = 0.0005$ ), and prior stroke (1.4% vs. 1.2%,  $P = 0.0005$ ) compared to men. Female gender continued to be an independent predictor of in-hospital mortality (odds ratio [O.R.], 95% CI, P-value) (1.21, 1.13-1.30, 0.0005) after adjusting for age (1.031, 1.028-1.034, 0.0005), coronary artery bypass graft surgery (1.27, 1.16-1.39, 0.0005), ST-elevation myocardial infarction (1.37, 1.27-1.48, 0.0005), acute cerebrovascular accident (3.54, 3.04-4.12, 0.0005), gastrointestinal bleed (1.66, 1.43-1.93, 0.0005), acute kidney injury (3.02, 2.78-3.28, 0.0005), vascular complications (1.49, 1.37-1.62, 0.0005), cardiogenic shock (5.19, 4.71-5.71, 0.0005), use of mechanical circulatory support (3.86, 3.50-4.26, 0.0005), and Charlson comorbidity index (1.16, 1.14-1.19, 0.0005). ROC-derived AUC was 0.90.

**Conclusions:** Female gender is an independent predictor of in-hospital mortality in patients presenting with ST. Mechanisms and interventions to mitigate this gender disadvantage need to be investigated.