

The Impact of Anemia on 6-month Angiographic and 1-year Clinical Outcomes in Acute Myocardial Infarction Patients Undergoing Percutaneous Coronary Intervention

<sup>1</sup>Eulji General Hospital, Eulji University <sup>2</sup>Korea University Guro Hospital <sup>3</sup>Eulji General Hospital, Eulji University  
Ji Young Park<sup>1</sup>, Seung Woon Rha<sup>2</sup>, Sung Kee Ryu<sup>1</sup>, Jae Woong Choi<sup>1</sup>, Sang Hyun Park<sup>1</sup>, Jae Hoon Lee<sup>3</sup>, Byoung Geol Choi<sup>2</sup>, Se Yeon Choi<sup>2</sup>, Chang Gyu Park <sup>2</sup>, Hong Seog Seo <sup>2</sup>, Dong Joo Oh<sup>2</sup>

The aim of this study was to evaluate the impact of anemia on the angiographic and clinical outcomes of AMI pts following successful PCI. A total of 881 consecutive AMI pts treated with PCI between 2004 and 2010 were enrolled. Anemia was defined using World Health Organization criteria (hemoglobin level <13 g/dL for men and <12 g/dL for women). The study population was divided into two groups with and without anemia: anemia group (n=349) and non-anemia group (n=532). Anemia group showed higher incidence of total death, cardiac death, target lesion revascularization major adverse cardiac events (TLR-MACEs), and target vessel revascularization major adverse cardiac events (TVR-MACEs) up to 2 years than those of non anemia group. Multivariate analysis showed anemia was an independent predictor of mortality at 2 years (Adjusted OR 3.78, CI 2.19-6.52, p<0.001). In conclusion, anemia on admission in AMI pts treated with PCI was associated with higher mortality and MACEs up to 2 years, suggesting special care should be exercised when an AMI pt has anemia on admission.