

Coronary Chronic Total Occlusions in Elderly: Clinical Profile And Prognosis

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PURPOSE: There are few data about coronary chronic total occlusions (CTO) elderly patients. We try to analyze treatment and prognosis.

METHODS: monocentre registry of consecutive CTO patients > 75 year. We registered clinical and angiographic characteristics and several risk scores.

RESULTS: June 2010-December 2012, 174 patients were included (medium age 80.3 ± 3.2 y). Elderly group have higher rate of women (24.7 vs 10.7% $p < 0.001$) hypertension (77.6 vs 68.3%, $p = 0.019$), ACEF (2.07 vs 1.62, $p < 0.001$), Syntax logistic (17.8 vs 12.4, $p < 0.001$) and Syntax scores (77.5 % vs 42.5%, $p = 0.001$). Treatment choice was left to cardiologist's criterion: 29 patients were referred to PCI, 21 to CABG and 124 to medical therapy. The three groups were similar in all factors analyzed but patients in medical therapy group were older (80.9 ± 3.2 vs 78.4 ± 2.2 PCI vs 79.2 ± 2.4 CABG; $p < 0.001$). Revascularization was less frequent in elderly (CABG (12.1% vs 26.6% $p < 0.001$) and PCI (16.7 % vs 32.2% $p < 0.001$)). During the follow-up (1.9 \pm 0.9 years) elderly have higher incidence of acute myocardial infarction (AMI) (12.6 vs 4.5%, $p < 0.001$), cardiovascular death (CVD)(20.7 vs 4.5%, $p < 0.001$) and all causes of death (ACD)(21.8 vs 8.4% $p < 0.001$). Patients sent to CABG had the best prognosis, patients sent to PCI Intermediate, independently on their age. Elderly referred to medical therapy had the worst prognosis: highest rates of AMI ($P < 0.001$), ACD and CVD ($P < 0.001$)

CONCLUSIONS: Most of elderly were managed by medical treatment. This decision had serious prognostic implications. The prognosis of patients sent to revascularization was independent on their age.