

Chronic coronary occlusion and acute myocardial infarction: clinical profile and prognosis

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Coronary chronic total occlusions (CTO) are a common finding between chronic coronary patients. CTO has negative impact on prognosis in patients presenting with acute myocardial infarction (AMI). AIM: analyze factors that influence the making decision process treatment and prognosis in CTO patients admitted for AMI. METHODS: monocentre registry of consecutive AMI patients with a CTO. An analysis of clinical, angiographic variables and several risk scores and its implication on prognosis was done. RESULTS: June 2010-December 2012, 711 consecutive patients with a CTO were included in a registry, 103 AMI. Average age $66. \pm 12$. We found the following statically significant differences: in AMI group less Hypertension (53.4 vs 73.4% <0.001) and previous AMI (21.4 vs 38.1%, $p=0.001$), fewer LVEF (41.9 vs 46.2 % $p=0.001$) higher clinical creatinine Syntax score (54.4. vs 42.7 $p=0.003$). CTO treatments assigned were different: AMI group was send to medical therapy more frequently than stable patients (65.7 vs 47.6%) and less to PCI (21.6 vs 29.1% or CABG (12.7 vs 23.3); $p=0.003$. During the follow-up (1.9 ± 0.87 years), AMI patients have significantly higher incidence of adverse events (20.8 vs 10.2 $p=0.002$): AMI (13.9 vs 5.3; $p=0.001$), cardiovascular death (13.8 vs 8% $p=0.057$) and all causes of death (17.8 vs 10.8 %, $p=0.044$) CONCLUSIONS: Percutaneous revascularization is offered less often to a CTO patient's admitted for AMI than to stable ones. During the follow-up they have a worse prognosis with higher ratio of adverse events than stable patients, mainly due to a new AMI, cardiovascular death and all causes of mortality