

CTO PATIENTS AND LOW LEFT VENTRICULAR EJECTION FRACTION: INFLUENCE OF THE TREATMENT APPLIED ON THEIR PROGNOSIS

Objectiv: analyze how treatment can influence prognosis when associated coronary chronic total occlusion with low left ventricular ejection fraction (LVEF<40%)METHODSMonocenter registry of consecutive CTO low LVEF patients admitted for angiography. Population was divided in 3 groups: I medical therapy, II CTO PCI and III CABG. Major cardiac adverse events were registered during the follow up.RESULTS: Between June 2010 - December 2012 256 CTO-low LVEF patients were included. Average age 65±11.7 years, 16% women, 71% hypertension, 43% diabetes, previous AMI 46%- CABG 12 %- PCI 18%, 78% multivessel disease. ACEF 2.4±0.77, Syntax 25.2 ±11.5. Group I 157 patients, 57 Group II and 42 Group III. Group I patients were older, had lower LVEF, worse renal function, stroke and hypertension were more frequent. Group III patients had higher Syntax score. A PCI in non CTO vessel was performed in 34% of group I patients and 49% in group II.Follow up (908±457 days): 10% of patients from group I, 5,3% from group II and 2,4% from group III suffered AMI, (p=0.13). 31% patients from group I, 12% II and 7% III suffered cardiac death (p<0.001). 36% of patients from group I,14% in group II and III died from all causes of death (p<0.001).CONCLUSIONS: Patients under medical therapy have a little worse clinical profile but it's difficult to assume to be completely responsible for their poor prognosis. Patients sent to CABG had the best prognosis with the lowest incidence of AMI and cardiac death during the follow up