

10004

Medical treatment in patients with chronic coronary occlusion: factors involved in making decisions treatment and its prognostic implications

¹HOSPITAL CLINIC BARCELONA ²Hospital Valle de Hebron

victoria martin yuste¹, Marco Hernandez¹, Carlos Robles¹, Eduardo Flores¹, Kohki Ishida¹, Xavier Freixa¹, Ignacio Ferreira², Manel Sabate¹

Chronic coronary occlusions (CTO) are a frequent finding among patients with known coronary disease but less than 10% are sent to PCI. Aim: analyze factors determining the making decision process in patients who aren't sent for revascularization. MATERIALS METHODS: monocenter registry consecutive patients sent for coronary angiography with a CTO. Clinical and angiography characteristics and risk scores were analyzed. A long term follow-up was done. RESULTS: June 2010-April 2014, 1063 patients were included. Aged 67±11, 16% women, 73% hypertension, 42% diabetes, 62% dyslipidemia, 51 % smokers. 32 % previous AMI, 11 % previous CABG, 16% AMI. 81% multivessel disease. LVEF 46±14.9%. ACEF 1.73±0.8; Syntax 24.4±11.9. Treatment decision: medical therapy 542 (group 1), CTO PCI 282 (group 2), CABG 239 (group 3). Follow-up (3.04±1.4 year): cardiovascular death (22,4 % group 1 vs 7.8 % group 2 and 7.1% group 3 (p<0.001). AMI was no different (6.8 group 1 vs 6.8 group 2; 4,8 group 3) p=0.34. Factors predicting medical therapy in multivariate analysis: AMI (2.4 (1.6-3.5) p<0.001); age 1.04 81(1.028-1.056) p<0.001; ACEF score (1.8(1.5-2.29) p<0.001); previous CABG 2.58 (1.6-4) p=0.003. CONCLUSIONS: AMI incidence during the follow-up was similar between groups. Medical treatment group have a higher rate of cardiovascular death that's why maybe we have to change our approach and be more invasive in selective patients.