

10006

Monocenter registry of 1063 patients with chronic coronary total occlusion. Can long term follow-up be influenced by the treatment?

<sup>1</sup>HOSPITAL CLINIC BARCELONA <sup>2</sup>HOSPITAL DEL VALLE DE HEBRON

victoria martin yuste<sup>1</sup>, ignacio ferreria<sup>2</sup>, eduardo flores<sup>1</sup>, marco hernandez<sup>1</sup>, manel SABATE TENA<sup>1</sup>

Chronic coronary occlusions (CTO) are a frequent finding among patients with known coronary disease but less than 10% are sent to PCI. Aim to analyze how the type of treatment given to them can influence on prognosis. MATERIALS METHODS: monocenter registry consecutive patients sent for coronary angiography with a CTO. We recorded clinical and angiography characteristics and risk scores. 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 years): cardiovascular death (22.4 % group 1 vs 7.8 % group 2 and 7.1% group 3 (p<0.001). Factors predicting cardiovascular death: age (1.05 (1.03-1.07; p<0,001); ACEF (1.96(1.67-2.3); p<0,001) and Syntax (1.035(1.022-1.047)p<0,001). Factors associated to lower cardiovascular death: PCI (0.59(0.36-0.95)p=0,032) and CABG (0.4(0.23-0.68)p=0,001). CONCLUSIONS: revascularization (CABG or PCI) is associated with a lower risk of cardiovascular death. Higher age, ACEF and Syntax score are associated to highest rates of cardiovascular death. We have to make an effort to revascularize this patients.