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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 mortality. 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): all causes of death (33,1 % group 1 vs 11 % group 2 and 10% group 3 (p<0.001). Factors predicting all causes of death: age (1,04 (1,025-1,56; p<0,001); ACEF (1,76(1,54-2); p<0,001) and Syntax (1,03(1,018-1,04)p<0,001). Factors associated to lower cardiovascular death: PCI (0,5(0,33-0,75)p=0,001) and CABG (0,33(0,21-0,52)p<0,001). ischemia/viability test (0,53(0,38-0,73)p<0,01)

CONCLUSIONS: Careful analysis and treatment of patients are needed to improve their survival