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Mortality predictor factors of chronic coronary total occlusion in diabetic patients

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METHODS: monocenter registry of consecutive diabetic patients with a CTO. A long term follow-up was done.RESULTS: June 2010-April 2014, 443 patients included. Age 68.4±10, 19.66% women, 83.5% hypertension, 71% dyslipidemia,50 % smokers. 31 % previous AMI, 10 % previous CABG, 16% AMI. 85% multivessel disease. LVEF 44±13.7%. ACEF 1.83±0.81; Syntax 25.3±11.8. Treatment decision was let to cardiologist criteria: medical therapy 237 (group 1), CTO PCI 104 (group 2), CABG 102 (group 3). Group 1 patients had the worse clinical profile: older (70.3±10.2, vs 66.2±10.1 group 2 and 66.2± 9.2 group 3 (p<0.001), lower LVEF (42.7±13.7% vs 46±13.6 group 2 and 48±13 group 3, p=0.003) and higher ACEF (1.99±0.86, vs 1.75±0.8 group 2 and 1.54±0.58 group 3, p<0.001). Group 3 had the most complex coronary anatomy: 3 vessel disease (63% vs 44.5% group 1 and 36.5% group 2, p=0.003) and left main (30.4% vs 10% group 1 and 5.8% group 2, p<0.001). Follow-up (2,9±1.35 years): Cardiac death 22.5 % group 1 vs 12,5 % group 2 and 7.8% group 3 (p<0.001). Predictor factors of cardiac death: age (HR1,05 95%IC (1.02-1.08)p=0.001); ACEF score (HR 2,45,IC95% (1.9-3.1), p<0.001) and left main disease (HR 2,4, IC 95%(1.3-4.3, p=0.004). CABG was protective (HR 0.44, IC95% (0.2-0.97, p=0.044) CONCLUSIONS: Patients sent to medical therapy had the worst clinical profile and highest rate of cardiovascular death during the follow-up. CABG patients had the most complex coronary disease and the best prognosis