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Purpose: The purpose of the present study is to evaluate the prognostic significance of early invasive therapy versus intensive medical therapy in groups of patients with stable angina (SA) and CRF **Methods:** A total of 86 patients with SA who had CRF were selected, included de novo stenosis with 75% or more diameter stenosis. Patients were randomly allocated to an early invasive therapy (percutaneous coronary intervention (PCI) in the first 48 hours after admission) or a selective invasive therapy (medical stabilization and proceeding to PCI only in case of recurrent angina or heart failure symptoms). **Results:** During the follow-up patients allocated to an early invasive PCI showed a significant reduction in the incidence of recurrent angina/ischemia or congestive heart failure and the cumulative incidence of MACE compared to those in whom selective invasive PCI was chosen. Kaplan-Mayer survival curves showed that the time to occurrence of untoward cardiac events was significantly longer early invasive PCI than selective invasive PCI .**Conclusion:** Choice of an early invasive PCI in patients with SA with RF is associated with a reduced incidence of MACE compared to a selective invasive strategy. This study suggested that more aggressive therapeutics used to optimize outcomes in these high-risk patients.