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CTO and Diabetes: a high risk population poorly revascularized

There is litle information about treatment impact on prognosis CTO diabetic patientsAIM analyse impact of CTO modality treatment METHODS: 2010 - 2014 monocenter registry all commers CTO diabetic patients. Clinical, angiographic, risk scores were registered. 4 years follow up. Multivariate analisys of treatment impact prognosis (group 1 medical therapy, group 2 CTO PCI and group 3 CABG) RESULTS : 538 patients. 281 group 1, 121 group 2, 136 group 3. Group 1 were older (70.6±10.5 vs 66.4±10 group 2, 66.1±8.9 group 3, p <0.001), higher creatinine (1.45±1.1, vs 1.31±0.8 in 2 and 1.17±.83 in3, p<0.001), lower LVEF (41.9±13.9% vs 46.7±13.3% 2I, 48±13% in 3, p<0.001), CABG (13.5% vs 9 group 2, 3.7 group 3, p=0.007), AMI (22.4% vs15.7 group 2, 5.9 group 3, p<0.001) higher Syntax 2 (50.2±13.7, vs 44.3±12.6 group 2 and 44.5±10.7 group 3, p<0.001). Group 3 more 3 vessels disease (59.6% vs44.8 group 1 and 44.6 group 2, p=0.012) , left main disease (32.4% vs 11.7 group 1 and 4.1 group 2, p<0.001), higher Syntax score (30.6±12.2, vs24.3±12.3 group 1 and 22.7±10.5 group 2, p<:0.001).Follow up 4.03±2 years: cardiac mortality 30% group 1, 14.9 group 2 and 16.4 group 3 (p<0.001). Mortality independent predictor factors : CABG 0.35 (IC 95%) 0.17-0.7, p=0.003, dislipidemia 1.9(1.1-3.3)p=0.023; ACEF 1.64(1.17-2.3) p=0.004; left main disease1.6 (0.9-2.8)p=0.08; Syntax 2 1.057 (1.03-10.8) p<.001CONCLUSION CTO diabetic patients have bad prognostic managed by medical therapy (mortality 30% 4 years). The best revascularisarion is CABG. Risck factor control is determinat to improve prognosis