of follow-up is two years and the primary endpoint was major adverse cardiovascular events (MACE), including all-cause death, non-fatal myocardial infarction and target vessel revascularization (TVR).

**RESULTS** There were 149 patients with hypothyroidism (13.81%, including low-T3 syndrome, subclinical hypothyroidism and clinical hypothyroidism) and 16 patients with subclinical hyperthyroidism. After adjusting for conventional risk factors (age, gender, smoke, diabetes mellitus, dyslipidemia, hypertension), FT3 level was significantly correlated with log-CKMB (r = -0.218, p < 0.001), log-cTnI (r = -0.231, p < 0.001), and LVEF (r = -0.463, p < 0.001), indicating that the hypothyroidism is related with myocardial injury and damaged cardiac function. There are total 86 MACEs during two-year follow-up. The incidence of MACEs were 14.09% in patients with hypothyroidism and 6.99% in patients without hypothyroidism, respectively. In multivariable Cox survival analysis, hypothyroidism is the prognostic factor for MACE (OR: 3.7; 95% CI: 2.6 - 6.5) and TVR (OR: 2.3; 95% CI: 1.7 - 7.2). As for non-fatal myocardial infarction, hypothyroidism was not a significant predictor (OR: 2.8; 95% CI: 0.6 - 8.9). Subclinical hyperthyroidism did not show any impact on prognosis.

**CONCLUSIONS** Hypothyroidism is associated with cardiac markers and damaged cardiac function in STEMI. In two-year follow-up, hypothyroidism is a predictor for MACE and TVR in STEMI patients treated with primary PCI. Further studies on treatment of MI with thyroid dysfunction are needed

**CATEGORIES** CORONARY: Acute Myocardial Infarction

**KEYWORDS** Primary PCI, ST-segment elevation myocardial infarction

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**Benefit Of Triple Antiplatelet Treatment In Elderly Patients With ST Elevation Myocardial Infarction (STEMI) Undergone Primary Percutaneous Coronary Intervention (PCI): Data From INTERSTELLAR Cohort**

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**BACKGROUND** Triple antiplatelet therapy (TAT) including cilostazol has showed beneficial effect on mortality with safety in patients with ST elevation myocardial infarction (STEMI) compared to dual antiplatelet therapy (DAT). However, considering the bleeding risk in elderly patients, it is not clear whether these beneficial effects also show or not. Thus, we compared the effect of triple antiplatelet therapy (TAT) with DAT in elderly patients with STEMI underwent primary percutaneous coronary intervention (PCI).

**METHODS** From 2007 to 2014, a total of 1401 consecutive patients (79.6% male) with STEMI underwent primary PCI were analyzed retrospectively. Patients were divided into two groups according to their age (group 1: < 75 years old, group 2: ≥75 years old). Primary endpoint was all-cause mortality during follow-up period.

**RESULTS** Of the 1401 patients, there were 1160 (82.8%, mean age 56.3 ±10.4) patients in group 1, 241 (17.2%, 80.3 ±4.5) patients in group 2. Prevalence of DM, hypertension and multi-vessel disease were more common in group 2. In group 1, there were 235 patients (20.3%) with TAT and 29 patients (12.0%) with TAT in group 2. Over a mean follow-up period of 2.1 ±1.5 years, there were 90 in deaths (4.3% in group 1 vs. 28.3% in group 2). Kaplan-Meier survival analysis revealed that TAT was associated with lower mortality rate in group 1 (log rank p-value = 0.023). Whereas, this beneficial effect was not noted in group 2 (log rank p-value = 0.958).

**CONCLUSIONS** On the contrary to young patients (< 75 years old), TAT was not associated survival benefit compared to DAT in elderly patients (≥75 years old) with STEMI underwent primary PCI.

**CATEGORIES** CORONARY: Acute Myocardial Infarction

**KEYWORDS** Antiplatelet therapy, STEMI, Survival