clinical characteristics and outcome for patients undergoing small versus large culprit vessel PCI in our unit.

Methods: We included all patients who underwent PCI in our unit between Sept 2009 and May 2011. They were divided into two groups according to the size of the largest balloon or stent used in the culprit lesion. Of the remaining 1102 patients, 569 (51.6%) had small (<3 mm) vessel PCI and 533 (48.4%) had large (>3 mm) vessel PCI. Patients with small vessel PCI were significantly older, more likely to be female and have anterior STEMI with less use of thrombectomy device, but with significantly higher drug eluting stent (DES) usage. There was significantly higher in-hospital mortality (5.3% vs 2.8%, OR 19.9, 95% CI 1:3.6, p = 0.047), 30-day mortality (8.4% vs 3.6%, OR 2.5, 95% CI 1:4.3, p = 0.009) and 30-day stent thrombosis (1.2% vs 0.0%, p = 0.02) in the small vessel PCI group compared to large vessel PCI group. On binary logistic regression analysis of small vessel PCI patients (covariates used: female sex, Age >75 yrs, cardiogenic shock, diabetes, LAD PCI and DES use), the predictive predictors of 30-day mortality were age >75 yrs (OR 6.1, 95% CI 2.9 to 12.5, p = 0.001) and cardiogenic shock (OR 9.9, 95% CI 4.3-22.6, p <0.0001) with DES use (OR 0.4, 95% CI 0.2-0.8, p = 0.01) being the only negative predictor of mortality.

Conclusions: In this large consecutive PCI series from a single center, small culprit vessel size was associated with significantly higher 30-day mortality, more than double the mortality seen in patients with a large culprit vessel.

TCT-503
Predictors of long-time survival in acute myocardial infarction in elderly patients
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Background: Elderly constitute an increasing proportion of all patients, who are admitted for ACS to the hospital, but on the other hand increased age has been identified as an important risk factor for death or recurrent MI in this subset. Furthermore elderly patients are at higher risk for complications with interventional procedures, therefore the overall benefit in such procedures, facing a limited life expectancy in elderly patients, anyway, still remains uncertain. The purpose of this study was to identify predictors of long-time survival in such procedures, making for conservative or invasive treatment in elderly patients with ACS and an independent predictor of mortality.

Methods: We undertook a retrospective cohort study of 2418 STEMI patients treated with PCI between January 2004 and August 2010 at a single centre. We investigated the outcome of patients with anaemia compared to patients with a normal haemoglobin level. Anaemia was defined according to the WHO definition of haemoglobin (Hb) less than 12 g/dl for females and 13 g/dl for males. We also calculated hazard ratios (HRs) using a stratified model according to haemoglobin level.

Results: 471 (19%) patients were anemic at presentation. The anemic cohort were older (72.2 vs. 62.4, p <0.0001), had higher incidence of diabetes (28% vs. 16%, p =0.001), hypertension (57% vs. 43%, p <0.001), hypercholesterolaemia (48% vs. 40%, p =0.007), previous PCI (15% vs. 9%, p <0.0001), previous MI (23% vs. 12%, p =0.002) and cardiogenic shock (12% vs. 5%, p <0.0001). Over a mean follow-up period of 3 years there was significantly higher all cause mortality in the anaemic group compared to the normal Hb group (20.4% vs. 13.5%, p <0.0001). However, after adjustment for all variables using multivariate analysis, anaemia (based on the WHO definitions) was not an independent predictor of mortality or major adverse cardiac events (MACE) over the follow-up period. However, when we used a stratified model by g/dl, we found that in men there was an increased risk of adverse outcome with low Hb. There appeared to be a threshold value of haemoglobin (13 g/dl) associated with increased risk. Although a similar trend was observed for women no significant difference was observed.

Conclusions: Patients with anaemia undergoing primary PCI are at higher risk of an adverse outcome. Anaemia is a simple and powerful marker of poor prognosis. Although after multivariate analysis, anaemia (based on WHO definitions) does not appear to be an independent predictor of all-cause mortality after primary PCI in men, there appears to be a threshold value of Hb, below which there is an associated increased risk.

TCT-506
Out-Of-Hours Outcomes in STEMI Patients Treated With Primary Percutaneous Coronary Intervention
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Background: The aim of this study was to determine the short and long-term outcomes between patients undergoing PCI during “normal hours” (i.e. In-hours) versus “out-of-hours”. Our primary end point was mortality with a follow-up upto five years.

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