DOES ISCHEMIC ECG CHANGES ON ADMISSION PREDICTS ADVERSE OUTCOMES FOLLOWING PERCUTANEOUS CORONARY INTERVENTION WITH DRUG-ELUTING STENT?

ACC Poster Contributions
Ernest N. Morial Convention Center, Hall F
Monday, April 04, 2011, 3:30 p.m.-4:45 p.m.

Session Title: Innovative Models for Practice, Education or Research
Abstract Category: 49. Innovative Models for Practice, Education or Research
Session-Poster Board Number: 1137-156

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Background: It is still unknown whether presence of ischemic ECG change on admission is associated with worse outcomes in patients (pts) undergoing percutaneous coronary intervention (PCI) with drug eluting stents (DESs) as compared to those who did not have ischemic ECG changes.

Methods: 1223 consecutive pts (mean age 64.95±10.81 years) with underwent PCI with DES between January 2004 to October 2009 were enrolled. The angiographic and clinical outcomes were compared between the pts with ischemic ECG changes (ST depression & T-inversion, n=502) and without any ischemic ECG change (n=721).

Results: Patients with ischemic changes (on ECG) had significant worse baseline clinical and procedural characteristics as compared to pts without ischemic change. At 6 months, angiographic outcomes were similar between the two groups. At one year, in univariate analysis, pts in ischemic ECG group had higher incidences of TLR, RVR, TLR-MACE, and TVR-MACE as compared to pts with no ischemic ECG change. Multivariate logistic analysis showed there was no difference between the two groups except a trend toward higher incidence of TLR-MACE in ischemic ECG group (Table).

Conclusions: In our study, pts with ischemic ECG changes on admission showed worse baseline clinical and angiographic characteristics but had similar one year major clinical outcomes except TLR-MACE which tends to be higher as compared with those with no ischemic ECG change in the DES era.

Table. Angiographic outcomes at 6 months and Clinical outcomes at 1 year