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Acute Coronary Syndromes

DO PATIENTS WITHOUT SIGNIFICANT CORONARY OBSTRUCTIONS HAVE BETTER OUTCOME IN THE LONG RUN POST-ACUTE MYOCARDIAL INFARCTION?

Poster Contributions

Hall C

Sunday, March 30, 2014, 3:45 p.m.-4:30 p.m.

Session Title: Acute Coronary Syndromes: Treatment Considerations

Abstract Category: 1. Acute Coronary Syndromes: Clinical

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Background: There are conflicting results regarding the long-term outcome of patients (pts) with acute myocardial infarction (AMI) and absence of significant coronary obstructions (SCO), in comparison with pts with coronary obstruction.

Methods: We analyzed a population of 1476 AMI pts (mean age 63.17 years, 71.7% men, 49% ST-elevation) included prospectively in a databank and followed for up to 14 years. Coronary obstruction $\geq 50\%$ was considered significant. The population was divided in 3 groups: group 1 (n=58) had no SCO, group 2 had 1 or 2 coronaries obstructed (n=667), and group 3 had 3 or more coronaries obstructed (n=751). Kaplan-Meier curves were constructed for each group and compared by log-rank. Models using Cox stepwise regression were developed in order to adjust for baseline and in-hospital factors.

Results: Mean survival times for group 1 vs. groups 2 and 3 together were, respectively, 10.84 ± 0.70 and 10.02 ± 0.19 years ($P=0.164$); comparisons between group 1 vs. group 2, and Group 1 vs Group 3 are shown in Figure. Mean survival times were, respectively, 10.84 ± 0.70 and 11.01 ± 0.24 years ($P=0.772$) for group 1 vs. group 2, and 10.84 ± 0.70 vs. 8.78 ± 0.27 years for group 1 vs. group 3 ($P=0.025$) - the adjusted hazard-ratio for mortality, for this comparison, was 1.74 ($P=0.081$).

Conclusion: In the long-term after AMI, absence of coronaries obstructed led to similar survival when compared with presence of 1 or 2 coronaries obstructed, and better prognosis when compared with presence of >2 coronaries obstructed.

