



TCT@ACC-i2: Invasive and Interventional Cardiology

OUTCOMES AFTER PCI IN PATIENTS WITH THROMBOCYTOPENIA

Poster Contributions

Poster Sessions, Expo North

Saturday, March 09, 2013, 3:45 p.m.-4:30 p.m.

Session Title: Complex Patients, Diabetes and Renal Insufficiency

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Background: Outcomes after percutaneous coronary intervention (PCI) in patients with thrombocytopenia (TP) remain insufficiently characterized.

Methods: We performed a retrospective single-center study of patients undergoing PCI between 1/03-9/11. TP was defined as platelets \leq 100,000/cm³. Demographic and procedural characteristics of patients with TP (n=138) were compared with the remaining PCI cohort (n=11,346). Bleeding Academic Research Consortium (BARC) classification was used to define events in patients with TP. In-hospital and late outcomes were compared with a matched control group (n=2091) without TP. Matching was on demographics, presentation, medications, angiographic characteristics, and procedure date.

Results: Compared to patients without TP, patients with TP were older (70.0 \pm 12.4 vs 67.2 \pm 12.3 y), more commonly male (86% vs 71%) with a higher prevalence of heart failure, diabetes, peripheral vascular disease, renal disease and hematologic malignancy (all P<0.05). PCI was performed more frequently for stable disease (46% vs 34%) and primary PCI was less common (6% vs 20%, P<0.001). Pre-procedural thienopyridine usage was more frequent in patients with TP (46% vs 37%, P<0.05), but glycoprotein IIb/IIIa (32% vs 57%) and drug-eluting stent use (55% vs 71%) was lower (P<0.001). Most frequent causes of TP were malignancy (20%), liver disease (16%) and immune-mediated (11%). Bleeding events occurred in 27 patients with TP (20%) and were all access-related. Only 4/26 (15%) transradial procedures were complicated by bleeding, all minor (BARC 1), compared with 23/112 (21%) transfemoral (BARC 1 [n=11]; 2 [n=10]; 3 [n=2]). Compared with matched controls, there was no difference in in-hospital death (4% vs 2%) and MI (4% vs 4%) but there were more transfusions in patients with TP (10% vs 5%, P<0.001). Rate of 3 year mortality was markedly increased in patients with TP (40% vs 14%, P<0.001).

Conclusions: Bleeding-events in patients with TP undergoing PCI are common, but usually minor. While in-hospital clinical outcomes after PCI are favorable, TP is associated with a markedly elevated risk of mortality in the long-term and may reflect prognosis of the underlying disease.