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 i2 SUMMIT

POST-DISCHARGE BLEEDING IS ASSOCIATED WITH EARLY MYOCARDIAL INFARCTION AND DEATH AFTER DRUG-ELUTING STENT IMPLANTATION: INSIGHTS FROM THE HMO RESEARCH NETWORK- STENT REGISTRY (HMORN-STENT)

i2 Oral Contributions

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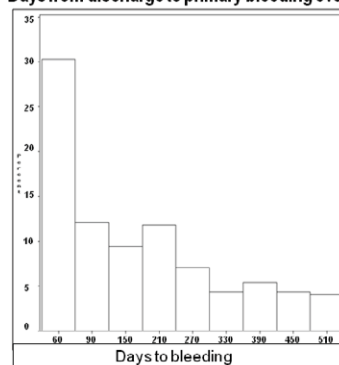
Background: In-hospital bleeding after PCI portends a high risk of adverse events. The association between post-discharge bleeding and subsequent risk of MI and death is poorly understood.

Methods: We studied 8371 consecutive patients undergoing DES implantation enrolled in the HMORN Stent Registry from 1/04-12/07 and discharged alive. Patients were followed 24 months to determine the incidence of MI, death and major bleeding. Multivariable Cox proportional hazard models evaluated the association between out of hospital bleeding and subsequent MI or death.

Results: Overall, 297 (3.6%) patients had a major bleeding event after discharge. GI hemorrhage and intracranial bleeding were the two most common causes of post-discharge major bleeding (59% and 12% respectively). Of those who bled, 31.3% bled in the first 60 days after discharge (Figure). Patients who bled had a higher risk of subsequent death or MI compared to patients who did not bleed (19.9% vs 8.6%, $p < 0.01$). After multivariable adjustment, patients who suffered out of hospital bleeding had an increased risk of subsequent MI (HR, 2.16; 95% CI, 1.51-3.11) and death (HR, 3.36; 95% CI, 2.52-4.48). Most post-bleeding MI and death endpoints (65.5%) occurred within 120 days of the bleeding event (Figure).

Conclusion: Patients who suffer a post-discharge bleeding event after PCI are at high risk of early subsequent MI and death. Strategies to identify and minimize the risk of bleeding in these patients are needed.

Days from discharge to primary bleeding event



Days to MI or death after bleeding event

