significantly better outcome in the following subgroups: age ≥ 65 years, female, UA, euro-score ≥ 5, TIMI risk score > 4, DES and two vessel disease.

Conclusions: Based on this large registry data of patients with NSTE-ACS and MVD, stenting was associated with lower risk of mortality at long term follow up when compared to surgical revascularization strategy The subgroup analysis highlighted improved outcomes with PCI in high clinical risk cohorts.

TCT-249

Glycoprotein IIb/IIIa receptor inhibitors versus bivalirudin in patients with ST-segment elevation myocardial infarction

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Background: The GOTHIA CARDIOVASCULAR initiative consist of healthcare providers of which four have a PCI department in Region Västra Götaland, Sweden. The data was collected from SCAAR (Swedish Coronary Angiography and Angioplasty Registry). GP IIb/IIIa was the standard treatment during PCI in patients with STEMI until the HORIZONS-AMI study was published. After 2008 a gradual switch to bivalirudin has occurred. The aim of this observational study was to compare the outcome associated with treatment with glycoprotein IIb/IIIa receptor inhibitors (GP IIb/IIIa) and bivalirudin during percutaneous coronary intervention (PCI) in patients with ST-segment elevation myocardial infarction (STEMI).

Methods: The primary endpoint was mortality after 180 days. Missing data were imputed using multiple imputation method. Survival was analysed with logistic regression adjusted for age, gender, smoking status, diabetes, hypertension, hyperlipidaemia, prior myocardial infarction, prior PCI, prior coronary by-pass surgery, oral platelet inhibition prior to PCI, vascular access site, severity of coronary disease, number of stents used, mean diameter of the stent used, drug-eluting stents, cardiogenic shock, completeness of revascularisation, and procedural success.

Results: Between 2004-2011, 3067 patients were treated with GP IIb/IIIa and 2688 patients were treated with bivalirudin during primary PCI. The adjusted odds ratio (OR) for bivalirudin compared with GP IIb/IIIa was 1.26 (95% CI 0.98-1.61; p=0.07).

Conclusions: In this observational study there was no statistical difference in 180 day mortality in patients treated with bivalirudin compared with gpIIb/IIIa inhibitors. However there was a trend in favour of GP IIb/IIIa inhibitors.

TCT-250

Left Ventricular End-Diastolic Pressure Predicts Early Myocardial Recovery in Patients with Acute Myocardial Infarction Undergoing Percutaneous Coronary Intervention

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Background: Little is known regarding the various clinical predictors of myocardial recovery in patients presenting with acute myocardial infarction (AMI) undergoing percutaneous coronary intervention (PCI). Elevated left ventricular end-diastolic pressure (LVEDP) is commonly observed during AMI, but few studies have examined the prognostic value of this index. We hypothesized that lower LVEDP at presentation would be predictive of improved myocardial recovery at 3 months.

Methods: Clinical and echocardiographic data were collected on 1,211 patients pre- senting to a tertiary care hospital with AMI who underwent PCI between January 2007 and December 2008. Of the total group, there were 254 patients who had both a baseline and follow up echocardiogram performed with 156 patients having a depressed left ventricular ejection fraction (EF) of ≤ 35% based on the median LVEDP of our study population. Myocardial recovery was defined as ≥ 5% increase in EF on follow up echocardiogram.

Results: There were 116 patients who were included in this study, of which 53 (45.7%) had LVEDP < 22 and 63 (54.3%) had LVEDP ≥ 22 (mean LVEDP 17 ± 28 mmHg respectively, p < 0.001). There was no difference in the EF between the two groups on baseline echo (38% vs 39%, p=0.326). However at follow up, patients in the low LVEDP group had a higher EF (45% vs 39%, p=0.019) and a greater percentage of those patients showed myocardial recovery (60.4% vs 38.1%, p=0.017).

In multivariate logistic analysis, LVEDP (OR 0.90, 95% CI 0.84-0.97), prior MI (OR 0.12, 95% CI 0.02-0.82), and TR grade (OR 4.31, 95% CI 1.25-14.90) were independent predictors of myocardial recovery.

Conclusions: Among patients presenting with AMI undergoing primary PCI, lower baseline LVEDP was an independent predictor of myocardial recovery. LVEDP is a simple and routinely obtained marker that may provide prognostic information in the setting of AMI.