CLINICAL IMPACT OF POLYVASCULAR DISEASE IN PATIENTS UNDERGOING CORONARY INTERVENTION

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

Session Title: Peripheral Arterial/Carotid Disease/Aortic Disease
Abstract Category: 11. Peripheral Arterial/Carotid Disease/Aortic Disease
Session-Poster Board Number: 1110-98

Authors: Takashi Miura, Yoshimitu Soga, Tatuki Doijiri, hiroyoshi yokoi, Masashi Iwabuchi, Masakiyo Nobuyoshi, Kokura Memorial Hospital, Kitakyusyu, Japan

Background: Little is known about late outcome of polyvascular disease (PolyVD) among patients who underwent percutaneous coronary intervention (PCI). We investigated to one-year outcome in patients with and without PolyVD underwent successful coronary intervention.

Methods: From November 2007 to October 2009 consecutive 2114 patients who underwent successful PCI were enrolled (age: 70±10 years, male: 76%). PolyVD was defined as peripheral arterial disease, carotid arterial stenosis, renal arterial stenosis and abdominal aortic aneurysm in addition to coronary artery disease (CAD). PolyVD was assessed by Duplex and ankle-brachial index. Clinical Endpoints were all-cause mortality, stroke, nonfatal myocardial infarction (MI) and major adverse cardiovascular events (MACE; death, myocardial infarction and stroke.)

Results: PolyVD was found in 27.1% (568/2114). One-year follow-up rate was 94%. Mortality, stroke, nonfatal MI and MACE in patients with PolyVD was significantly higher than in those with CAD alone (5.0% vs. 1.3%, p<0.0001, 2.3% vs. 0.3%, p<0.0001, 2.3% vs. 1.0%, P=0.048 and 6.5% vs. 2.3%, P<0.0001, respectively). On multivariate analysis performed logistic regression by prespecified risk factors of MACE, PolyVD, renal failure and congestive heart failure were independent predictors of MACE.

Conclusions: PolyVD in patients undergoing PCI was an independent predictor of late outcome.