most probably due to a high prevalence (66%) of statin therapy.

Conclusions: In patients with acute coronary event and ventriculography was scheduled at three months. Death and reinfarction were recorded using medical charts, telephone contact with the general physician and information from municipal registries.

Results: Reocclusion was observed in 71 patients (29%). Left ventricular ejection fraction increased from 51±10% to 55±11% with sustained patency (p < 0.01); in patients with reocclusion the change in ejection fraction was -1.7±1.6% (p<1). Mean clinical follow-up was 4.3±1.2 years. At five years, survival was 90% for patients with reocclusion compared to 62% for patients with a patent artery at follow-up angiography (p<0.01). Death and reinfarction rates were 34% and 20%, respectively (fig.1, p < 0.01).

Conclusion: After demonstrated coronary patency following fibrinolysis for acute ST-elevation myocardial infarction, patients who survived the first 48 hours had an excellent 5-year prognosis. Although reocclusion was associated with a higher risk for reinfarction and impaired left ventricular contractile recovery, the potential adverse impact on long-term survival could not be demonstrated.

Survival without reinfarction

100%  50%  0  1  2  3  4  5 yr
- Sustained patency  - Reocclusion

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Impact of Reocclusion on Six-Year Survival and Reinfarction Following Fibrinolytic Therapy: Long-Term Follow-Up of the Apricot-1 Trial

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Background: Whereas reocclusion within a week after demonstrated patency has been associated with a twofold increased risk of mortality, the prognostic impact of reocclusion after the acute phase remains to be determined.

Methods: In the APRICOT-1 trial 248 patients of 70 years or younger had TIMI 3 flow at coronary angiography, within 48 hours after fibrinolytic therapy. Follow-up angiography and ventriculography was scheduled at three months. Death and reinfarction were recorded using medical charts, telephone contact with the general physician and information from municipal registries.

Results: Reocclusion was observed in 71 patients (29%). Left ventricular ejection fraction increased from 51±10% to 55±11% with sustained patency (p < 0.01); in patients with reocclusion the change in ejection fraction was -1.7±1.6% (p<1). Mean clinical follow-up was 4.3±1.2 years. At five years, survival was 90% for patients with reocclusion compared to 62% for patients with a patent artery at follow-up angiography (p<0.01). Death and reinfarction rates were 34% and 20%, respectively (fig.1, p < 0.01).

Conclusion: After demonstrated coronary patency following fibrinolysis for acute ST-elevation myocardial infarction, patients who survived the first 48 hours had an excellent 5-year prognosis. Although reocclusion was associated with a higher risk for reinfarction and impaired left ventricular contractile recovery, the potential adverse impact on long-term survival could not be demonstrated.