GW26-e4719
Correlation analysis of reperfusion induced hypotension during primary percutaneous coronary intervention after acute myocardial infarction

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OBJECTIVES This study aims to investigate the predictors of reperfusion induced hypotension (RIH) during the surgery of primary percutaneous coronary intervention (PCI) after the acute ST-segment elevation myocardial infarction (STEMI), as well as the impact of RIH on the prognosis.

METHODS A retrospective analysis was performed towards the 204 STEMI patients who were performed the primary PCI in our hospital from January 2009 to June 2013, the patients were divided into the RIH group and the non-RIH group, the clinical data of the 2 groups were collected and compared, the Logistic regression equation was performed to analyze the RIH predictors; the 12-month follow-up was performed to compare the differences in the major adverse cardiac events (MACEs) between the two groups.

RESULTS The intergroup comparison showed that the infarct-related artery (IRA) of the RIH group was mainly the right coronary artery (RCA) (75.0% vs. 27.7%, P < 0.000), the reperfusion time was shorter (4.7 ± 0.8 vs. 6.8 ± 2.8, P = 0.040), the Logistic regression analysis showed that IRA (OR: 5.956, 95% CI: 1.298-10.878, P = 0.015) and reperfusion time (OR: 4.262, 95% CI: 0.110-0.944, P = 0.039) were the predictors of RIH. During the hospitalization and 12-month follow-up, there was no significant difference in MACEs between the 2 groups (P = 0.660 and 0.499, respectively).

CONCLUSIONS The RCA lesions and short reperfusion time were the predictors of RIH; there was no significant increase of MACEs during the 12-month follow-up towards the RIH patients.

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Early and Long-Term Outcomes After Percutaneous Coronary Intervention of Unprotected Left Main Coronary Disease With Drug-Eluting Stents in Patients With Non-ST-Elevation Acute Coronary Syndrome

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OBJECTIVES Patients presenting with non-ST-elevation acute coronary syndrome (NSTEMI) and unprotected left main coronary dis-ease (ULMCD) who underwent percutaneous coronary intervention with drug-eluting stents from 2005 to 2016 were associated with MACE, while only left ventricular ejection fraction (HR 0.82; 95% CI, 0.69-0.973; P = 0.029) was associated with mortality.

CONCLUSIONS Our study demonstrates the feasibility of PCI with DES to the very high-risk subgroup of patients with NSTEMI and ULMCD. The early and long-term outcomes were acceptable and compared favorably with historical surgical data in patients with NSTEMI and ACS. SYNTAX score 33 predicts MACE in patients with NSTEMI and ULMCD who underwent PCI. The ideal revascularization strategy for patients with NSTEMI and ULMCD is unknown. Randomized, controlled trials are needed to further elucidate the optimal treatment strategy.