Impact of Dyslipidemia on 3-year Clinical Outcomes in Patients with Significant Coronary Artery Spasm
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Background: Dyslipidemia is a risk factor of significant coronary artery disease (CAD). Coronary artery spasm (CAS) is also known to be a major cause of myocardial ischemia. However, whether dyslipidemia adds any long-term clinical risk in CAS patients (pts) is largely unknown. We evaluated the impact of dyslipidemia on 3-year clinical outcomes in pts with significant CAS.

Methods: A total of 2,797 consecutive pts without significant CAD who underwent acetylcholine (Ach) provocation test were enrolled between Nov 2004 and Oct 2010. Pts were divided into two groups according to existence of dyslipidemia (Dyslipidemia group: n=241, Normal group: n=1368) and major clinical outcomes were compared between the two groups up to 3 years.

Results: At baseline, pts with dyslipidemia had a higher incidence of elderly, hypertension, diabetes and fixed coronary lesion than pts without dyslipidemia. During Ach provocation test, there was no difference in angiographic and clinical parameters between the two groups. At 3 years, the dyslipidemia group had higher incidence of recurrent chest pain (9.9% vs. 5.7%, p=0.012) and major adverse cardiac & cerebrovascular events (MACCE) including all-cause mortality, myocardial infarction, coronary revascularization and cerebrovascular accidents (2.0% vs. 0.5%, p=0.023). However, after multivariate analysis, the only remaining difference was in recurrent chest pain before PCI (HR: 1.82, 95%CI: 1.11-2.98, p=0.016) and after propensity score matching analysis (HR: 2.86, 95%CI: 1.29-6.30, p=0.009).

Conclusion: In this study, pts with dyslipidemia showed significant association with higher recurrent chest pain up to 3 years clinical follow up, suggesting higher chance of profound endothelial dysfunction requiring intensive anti-anginal management and close clinical follow up.

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One-year Predictive Factors of Mortality in Diabetic Patients Presenting with Acute Myocardial Infarction in the Tunisian Context
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Background: Diabetes mellitus is a major coronary risk factor in the emerging countries with a deep impact on early and long-term prognosis. We sought to study predictive factors of 1-year mortality in diabetic patients presenting with acute myocardial infarction (AMI). 

Methods: We retrospectively studied data from our monocentric AMI registry including 1386 consecutive patients. Patients were enrolled between January 1998 and January 2012. All patients were managed either by thrombolyis, primary percutaneous coronary intervention or medical treatment. Diabetic patients were first compared to non diabetics regarding demographic and prognostic features then one-year predictive factors of mortality in diabetics were studied in univariate and multivariate analysis.

Results: Out of the overall population, 487 (35.1%) patients were diabetics. Report fusion therapies implemented were comparable between diabetics and non diabetics. Compared to non diabetics, diabetic patients were more frequently female (26.3% vs. 13%, p<0.0001), suffered more frequently heart failure during hospital stay (24.2% vs. 15.9%, p<0.0001) and had a higher 1-year mortality rate (12.7% vs. 7%, p<0.0001). In univariate analysis, factors significantly related to 1-year mortality in diabetic patients were female gender (39.3% vs. 24.3%, p=0.013), an age >75 (17.7% vs. 9.4%, p=0.045), heart failure on admission (51.6% vs. 20%, p=0.001), renal failure on admission (35.5% vs. 8.5%, p<0.0001) and glycaemia higher than 15 mmol/L on admission (63.8% vs. 57.2%, p<0.003). In multivariate analysis, factors independently associated with 1-year mortality were heart failure on admission (HR: 3.4, 95% CI: 1.8-6.3, p<0.0001), renal failure on admission (HR: 4, 95% CI: 2.8-1, p<0.0001) and a glycaemia higher than 15 mmol/L on admission (HR: 2.2, 95% CI: 1.2-4.1, p=0.009).

Conclusion: In diabetic patients presenting with AMI heart failure, renal failure and a glycaemia higher than 15 mmol/L on admission are independent predictive factors of 1-year mortality.

TCTAP A-185
The Clinical Significance of Microalbuminuria in Patients with Chronic Kidney Disease who Received Drug-Eluting Stents
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Background: The clinical significance of microalbuminuria in CKD patients who underwent drug-eluting stent implantation is unknown. Its significance was examined in this study.

Methods: Subjects were 145 elective CKD patients with 235 lesions, who received a drug eluting stent, and were measured for urine albumin/creatinine ratio (UACR) on the day after PCI. 120 patients, 189 lesions, with UACR<30mg/g were classified the normal group, 25 patients, 46 lesions, with 30mg/g≤UACR 100mg/g were classified the M group. Late cardiac and cerebrovascular event-free survival (average follow-up 32.8±13.9 months) were studied.

Results: There was no significant difference between the two groups in DM. There was also no significant difference revealed between the two groups for late loss (N group 0.32±0.68mm, M group 0.27±0.65mm). Late adverse cardiac and cerebrovascular events were 1 cardiac death, 1 AMI, 1 heart failures requiring hospitalization, 9 cases of TLR in the N group and 1 AMI, 1 heart failures requiring hospitalization, 1 TLR, and 2 stroke in the M group, the M group had a significantly higher rate of stroke (p<0.05) and a tendency for lower freedom from late cardiac and cerebrovascular events (N group 91.7%, M group 80.0%; p=0.035).

Conclusion: It was suggested that the presence or absence of microalbuminuria in CKD patients who received drug-eluting stents could be useful in predicting the occurrence of late cardiac and cerebrovascular events.