Influence of Gender on In-Hospital and Long-Term Cardiovascular Events

Methods: We prospectively evaluated 1205 pts with angina or silent ischemia and multivessel (MV) disease randomized to PCI or CABG of whom 283 (23%) were W. The clinical presentation, in-hospital complications and the freedom from major adverse cardiac and cerebrovascular events at 3-years were evaluated.

Results: W were older (65 vs 59 years), with a higher prevalence of hypertension (59% vs 40%, p<0.001), hypercholesterolemia (71% vs 54%, p<0.001), family history for coronary artery disease (52% vs 37%, p<0.001) and stable angina (64% vs 57%, p=0.03) than M, but had a lower incidence of history of myocardial infarction (36% vs 46%, p<0.001) or current smoking (18% vs 30%, p<0.001). The presence of unstable angina, the extent of coronary artery disease and the location of the stenosis was similar in W and M. W assigned to CABG received the same number of arterial conduits and had similar number of distal anastomoses compared to M (2.5 vs 2.5, p=0.7 and 2.6±1.0 vs 2.8±1.1 respectively, p=ns). A higher incidence of in-hospital death (3.2% vs 0.5%, p=0.001) and major bleeding complications (4.2% vs 1.5%, p=0.01) were observed in W compared to M. Because of increased mortality in W post-CABG (CABG+4.1%, PCI+2.17%) and bleeding events following PCI (PCI+7.2%, CABG+1.38%). At an average of 3 years follow-up the survival without death / cerebrovascular / myocardial infarction / revascularization was similar in M and W. (M: PCI+66.2%, CABG+63.9%; W: PCI = 64.5%, CABG+61.4%).

Conclusion: The 3-year outcomes of W with MV disease undergoing CR are similar to those in M. Despite the similarity in long-term outcomes, there are several gender-specific differences in clinical characteristics and risk factors profile resulting in higher in-hospital complications in W.

Evolution of Percutaneous Coronary Intervention in Acute Myocardial Infarction: Insights From a Large Single Center Database

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Background: Over the last several years, the number of PCI in acute myocardial infarction (AMI) has increased and stent has become an established gold standard with increased use of GpIIbIIIa inhibitors as an adjunctive therapy and facilitated PCI is being currently evaluated. The objectives of this study is to assess the evolution and trends of PCI in AMI over the last eight years from a single center prospective registry.

Methods: Our registry started in January 1995 with pre defined strategy in AMI ≤ 12 hours: no contra-indication regarding pre-hospital thrombolysis, direct admission in the cathlab for immediate coronary angiography, angioplasty when indicated and stent when feasible.

Results: From 1995 to 2002, a total of 1824 consecutive patients underwent PCI in AMI. They were 61±14 years, 78% males, 17% diabetes mellitus, 12% previous MI, 45% anterior MI and 13% in cardiogenic shock. Evolution is summarized below.