



ACC.15

TCT@ACC-i2 | innovation in intervention

A1849
JACC March 17, 2015
Volume 65, Issue 10S

TCT@ACC-i2: Interventional Cardiology

LONG-TERM OUTCOME OF USE OF ORAL ANTICOAGULANTS WITH DUAL ANTIPLATELET THERAPY IN PATIENTS UNDERGOING PRIMARY PERCUTANEOUS CORONARY INTERVENTION AND NEW ONSET SYSTOLIC DYSFUNCTION

Poster Contributions

Poster Hall B1

Sunday, March 15, 2015, 9:45 a.m.-10:30 a.m.

Session Title: Peripheral and Vascular Biology

Abstract Category: 32. TCT@ACC-i2: Complex Patients/Comorbidities

Presentation Number: 2102-315

Authors: *Smita Negi, Nevin Baker, Michael Lipinski, Thibault Lhermusier, Hideaki Ota, Sarkis Kiramijyan, Edward Koifman, Ricardo Escarcega Alarcon, Marco Magalhaes Pereira, Rebecca Torguson, Itsik Ben-Dor, William Suddath, Augusto Pichard, Lowell Satler, Ron Waksman, Washington Hospital Center/ Georgetown University, Washington, DC, USA*

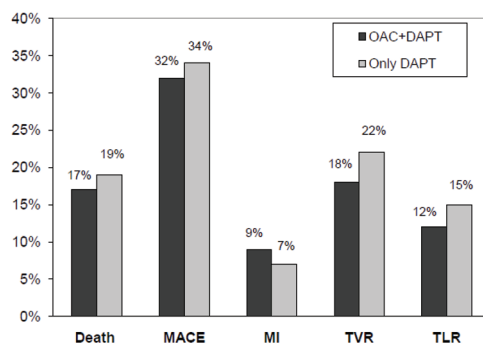
Background: Reduced left ventricular ejection fraction (LVEF) post ST-elevation myocardial infarction (STEMI) is associated with thromboembolic events. Triple therapy (TRT), oral anticoagulant therapy with dual antiplatelet therapy (DAPT), is frequently used in patients undergoing percutaneous coronary interventions (PCI). This study examined long-term safety and efficacy of TRT in STEMI post PCI with reduced LVEF.

Methods: STEMI patients post PCI with new onset reduced LVEF (<40%) and sinus rhythm were identified in a prospective PCI registry. Baseline characteristics and long-term outcomes were compared between patients receiving DAPT alone and TRT.

Results: Baseline characteristics were similar between patients on TRT (n=180) and on DAPT (n=1510). TRT groups were more likely to present with shock, need mechanical support, and have higher peak troponin levels and longer hospital stays. No significant differences were seen between the 2 groups in death rates; major cardiovascular adverse events; MI; target vessel revascularization; and target lesion revascularization at 1 and 6 months and at 1, 2, and 3 years. However, in this cohort, TRT did not significantly increase major bleeding (2.8% vs. 2.5%, p=0.5) or hematoma rates (0.6% vs. 0.3%, p=0.5) compared to DAPT.

Conclusion: TRT did not change long-term ischemic outcomes in patients undergoing PCI for STEMI with new onset low EF, compared to DAPT. Given the risk of more bleed with TRT, their routine use in this population should be revisited.

Outcomes at 3 years with oral anticoagulants with dual antiplatelet therapy (OAC+DAPT) versus only dual antiplatelets (DAPT) in patients undergoing primary percutaneous coronary intervention and new onset systolic dysfunction in presence of sinus rhythm.



MACE, major cardiovascular adverse events; MI, myocardial infarction, TVR, target vessel revascularization; TLR, target lesion revascularization.