

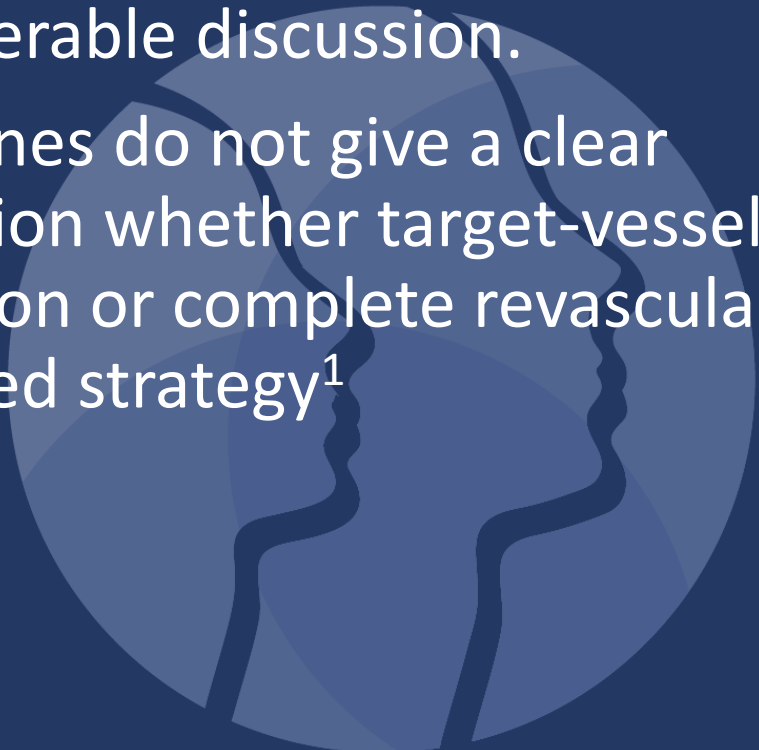


# Complete Versus Target-Vessel Revascularization in NSTEMI Patients

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# BACKGROUND



- Optimal management of patients with NSTEMI is an area of considerable discussion.
  - Recent guidelines do not give a clear recommendation whether target-vessel revascularization or complete revascularization should be the preferred strategy<sup>1</sup>
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1. Hamm C, et al. ESC Guidelines for the management of ACS in patients without ST segment elevation. Eur Heart J 2011; 32:2999-3054.


# PURPOSE



- The aim of this study is to compare the incidence of major adverse cardiac events (MACE) between NSTEMI patients with complete versus target-vessel revascularization.
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# METHODS



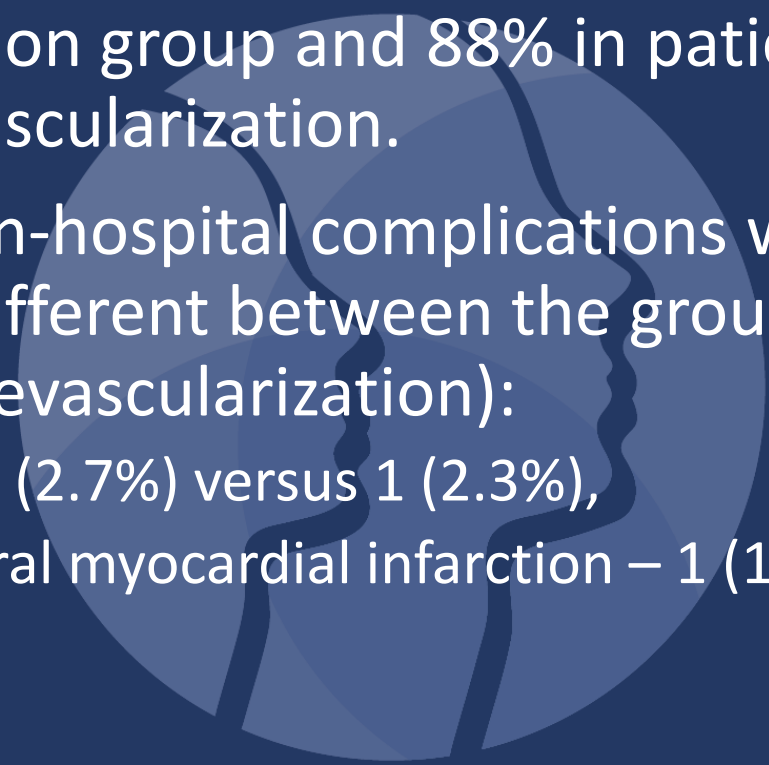
- We analyzed retrospectively 114 patients, mean age  $67 \pm 12$  years, 69% male, hospitalized with NSTEMI between June and December 2012 and followed-up 12 months.
  - Inclusion criteria:
    - angiographic data for significant atherosclerotic involvement of more than one coronary artery and
    - proceeding to PCI
  - 71 patients (62%) underwent target-vessel revascularization, the rest 43 (38%) – complete revascularization.
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# RESULTS

Parameter Mean value $\pm$ standard deviation / number (%)	Target-vessel revascularization n = 71	Complete revascularization n = 43	Statistical significance (p)
Age – years	67 $\pm$ 12	68 $\pm$ 12	ns
Men	48 (68%)	31 (72%)	ns
Arterial hypertension	43 (60%)	31 (72%)	ns
Diabetes	14 (20%)	6 (14%)	ns
Dyslipidemy	32 (45%)	21 (49%)	ns
Smoking	20 (28%)	8 (18%)	p = 0.03
Family history of CAD	25 (35%)	18 (43%)	ns
Established CAD	29 (41%)	17 (40%)	ns
Renal dysfunction	6 (8%)	4 (9%)	ns
Left ventricular ejection fraction	48 $\pm$ 14	49 $\pm$ 10	ns

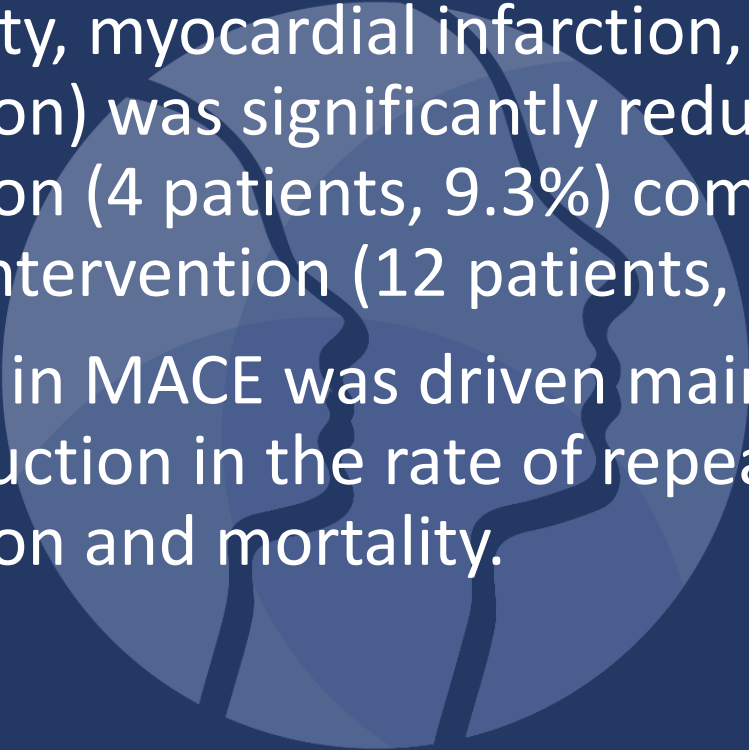
# RESULTS



- Procedure success was 91% in target-vessel revascularization group and 88% in patients with complete revascularization.
  - Rate of early in-hospital complications was not significantly different between the groups (target-vessel vs full revascularization):
    - mortality – 2 (2.7%) versus 1 (2.3%),
    - periprocedural myocardial infarction – 1 (1.7%) versus 1 (2.3%)
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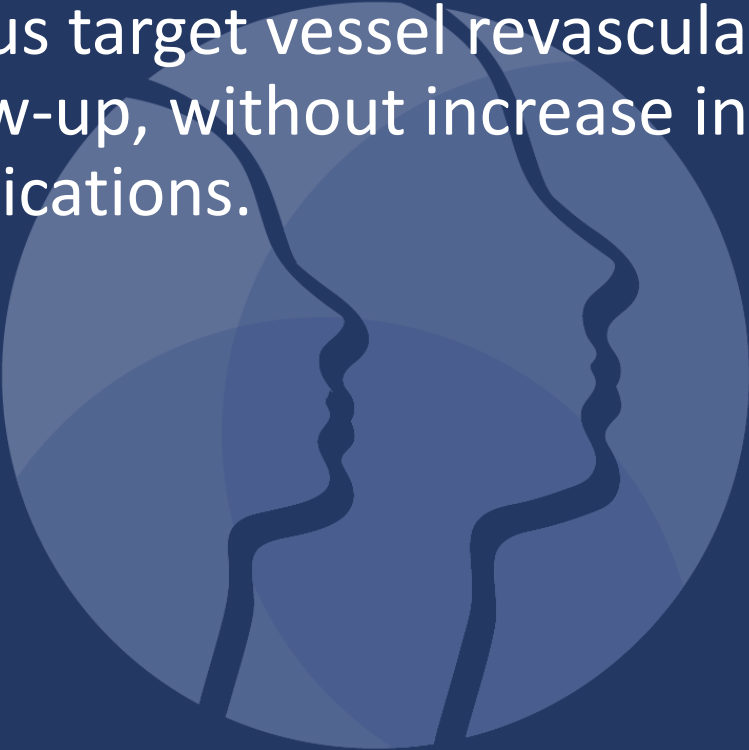
# RESULTS



- During one-year follow-up combined incidence of MACE (mortality, myocardial infarction, revascularization) was significantly reduced after full revascularization (4 patients, 9.3%) compared to target-vessel intervention (12 patients, 9%),  $p < 0.01$ .
  - The difference in MACE was driven mainly from the significant reduction in the rate of repeat revascularization and mortality.
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# RESULTS



- NSTEMI patients have improved prognosis with complete versus target vessel revascularization during one-year follow-up, without increase in the rate of in-hospital complications.
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# Thank you for the attention!

