

The Optimal Time of PCI for Non-Culprit Vessel in Acute STEMI Patients with Multivessel Disease

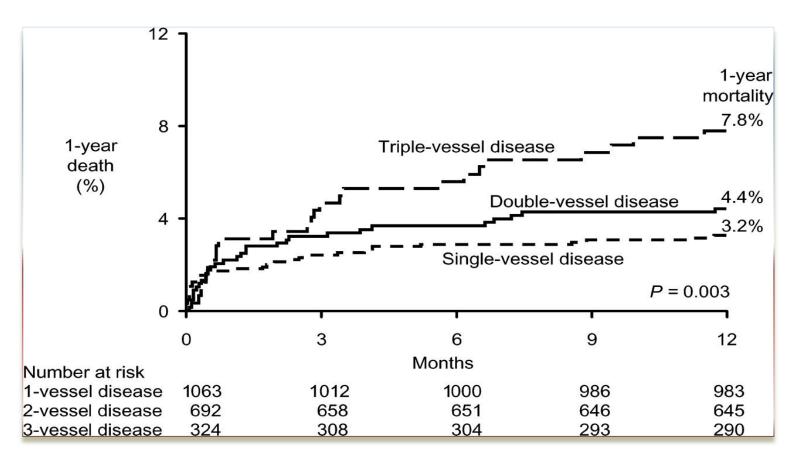
Inna Kim, Hae Chang Jeong, Youngkeun Ahn, Myung Ho Jeong, Ki-Yuk Jang, Ju Han Kim, Young Joon Hong, Doo Sun Sim, Keun Ho Park, Jeong Gwan Cho, Jong Chun Park



Chonnam National University Hospital

Background (1)

1-year incidence of death according to 1-2-3- vessel disease



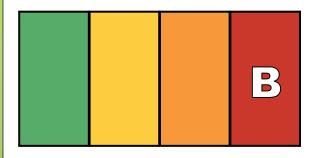


Background (2)

2013 ACCF/AHA and ESC guideline for the management of STEMI

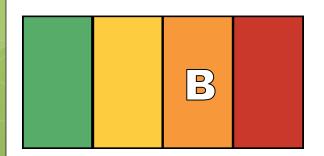
ACCF/AHA

I IIa IIb III



PCI should not be performed in a non infarct artery at the time of primary PCI in patients with STEMI without hemodynamic compromise.



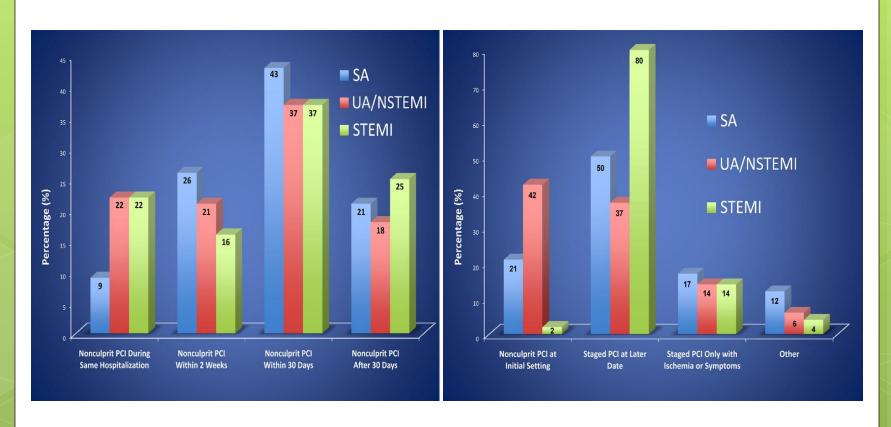




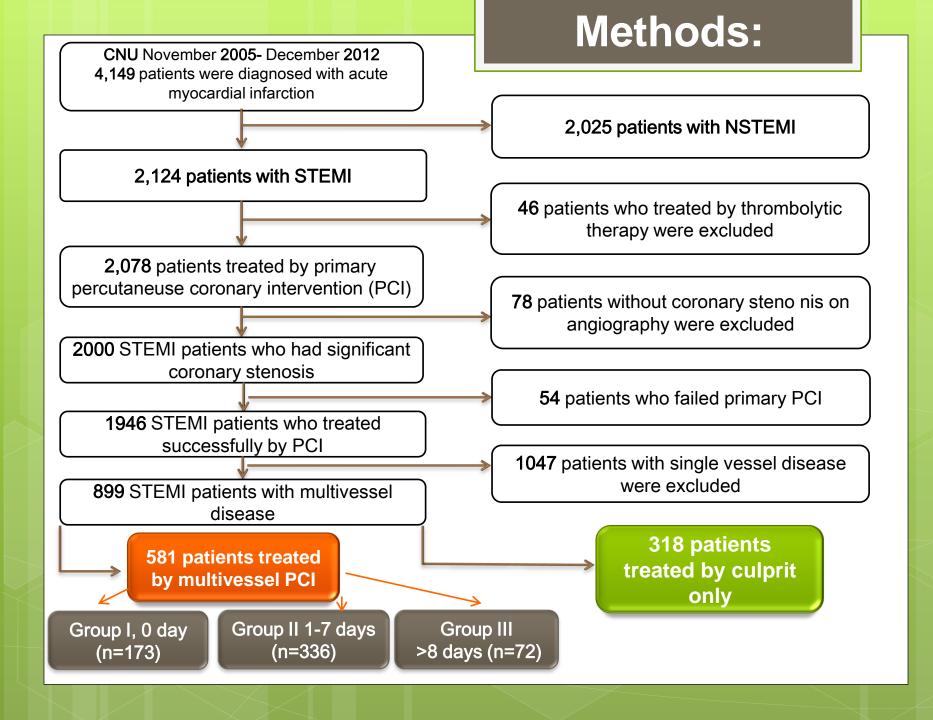
Primary PCI should be <u>limited to</u>
<u>the culprit vessel</u> with the
exception of cardiogenic shock
and persistent ischemia after PCI of th
e supposed culprit lesion.

Background (3)

Timing of Staging in Patient Subsets



George D. Dangas et.al. J Am Coll Cardiol Intv. 2010



Result(1)

Baseline clinical characteristics

Baseline clinical characteristics	Group I (0 day) (n = 173)	Group II (1-7 days) (n = 336)	Group III (≥ 8 days) (n = 72)	p value
Age, year	65.8 ± 11.3	65.3 ± 13.0	68.7 ± 10.9	0.102
Male, n (%)	128 (74.0)	249 (74.1)	49 (68.1)	0.558
Killip class III-IV	45 (26.0)	35 (10.4)	9 (12.5)	<0.001
Hypertension	92 (54.8)	158 (49.4)	37 (51.4)	0.527
Diabetes mellitus	63 (37.5)	107 (33.4)	19 (26.4)	0.245
Smoking	105 (60.7)	211 (62.8)	45 (62.5)	0.896
Dyslipidemia	9 (5.4)	19 (5.9)	2 (2.8)	0.561
Left ventricular ejection fraction, %	54.5 ± 11.5	54.6 ± 13.2	54.6 ± 11.0	0.614

Result(2)

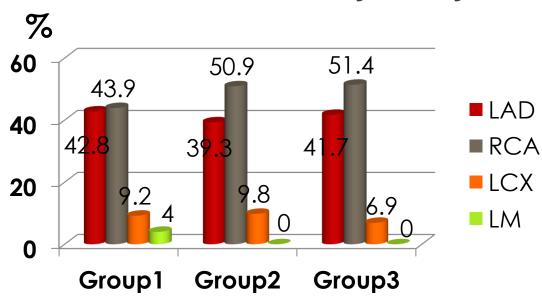
Laboratory findings	Group I (0 day) (n = 173)	Group II (1-7 days) (n = 336)	Group III (≥ 8 days) (n = 72)	p value
Toponin I, ng/L	6.7 ± 7.5	6.8 ± 10.1	7.5 ± 7.3	0.752
CK-MB, IU/L	11.4 ± 12.9	10.2 ± 11.7	9.7 ± 9.7	0.366
creatine mg/dL	1.0 ± 0.8	1.1 ± 0.7	1.2 ± 1.2	0.216
Hs-CRP, mg/L	1.8 ± 3.1	2.3 ± 3.3	2.4 ± 3.5	0.114
Total cholesterol, mg/dl	186.2 ± 42.3	182.7 ± 42.8	178.0 ± 45.5	0.295
Triglyceride, mg/dl	128.7 ± 109.9	128.9 ± 88.6	122.3 ± 76.8	0.431
LDL cholesterol, mg/dl	123.9 ± 36.2	120.8 ± 38.3	116.2 ± 40.4	0.249
HDL, mg/dl	44.1 ± 12.4	44.4 ± 11.8	43.1 ± 15.8	0.781
NT-pro BNP, pg/ml	1874.3 ± 3845.1	3554.7 ± 6696.4	2976.2 ± 4323.3	0.002

Result(3)

Medical treatment, n(%)	Group I (0 day) (n = 173)	Group II (1-7 days) (n = 336)	Group III (≥ 8 days) (n = 72)	p value
Aspirin	170 (98.3)	336 (100.0)	72 (100.0)	0.148
Clopidogrel	167 (96.5)	331 (98.5)	72 (100.0)	0.136
ß-Blocker	139 (80.3)	271 (80.7)	60 (83.3)	0.147
RAS blocker	160 (92.7)	319 (94.9)	68 (94.4)	0.789
Statin	134 (77.5)	266 (79.2)	57 (79.2)	0.847

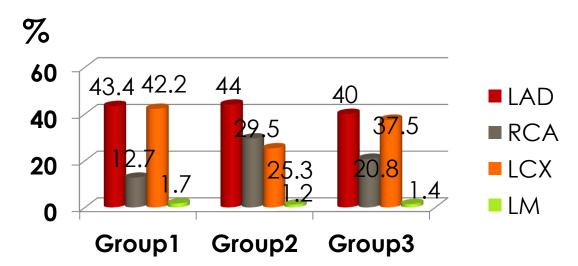
Result(4)

Distribution of coronary artery



Infarct-related coronary artery

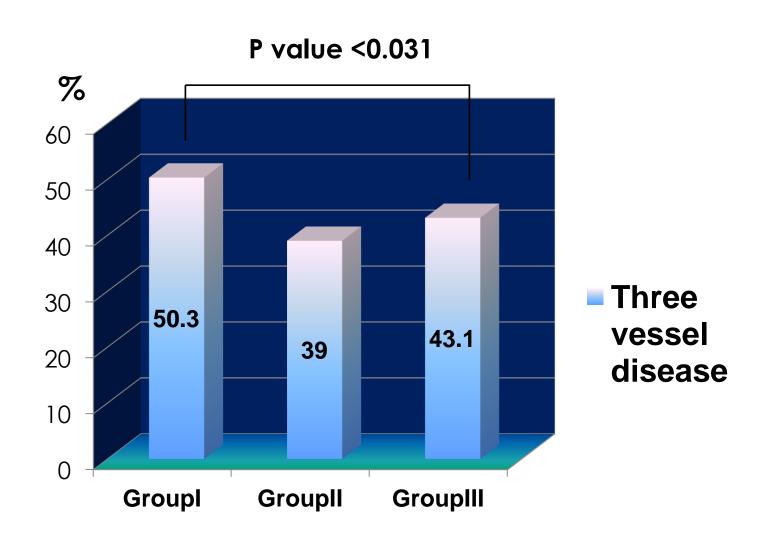
P value= 0.467



Non infarctrelated coronary artery

P value < 0.001

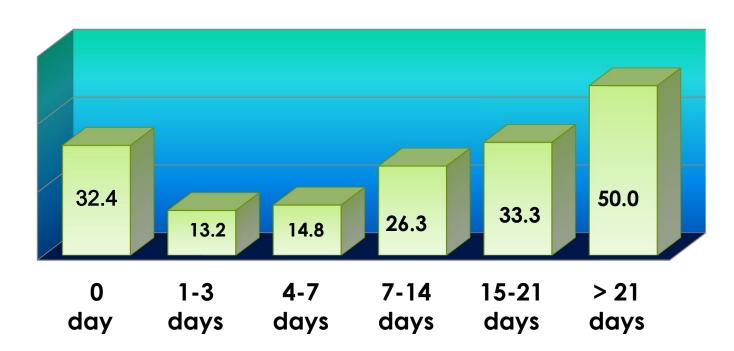
Result(5)



Result(6)

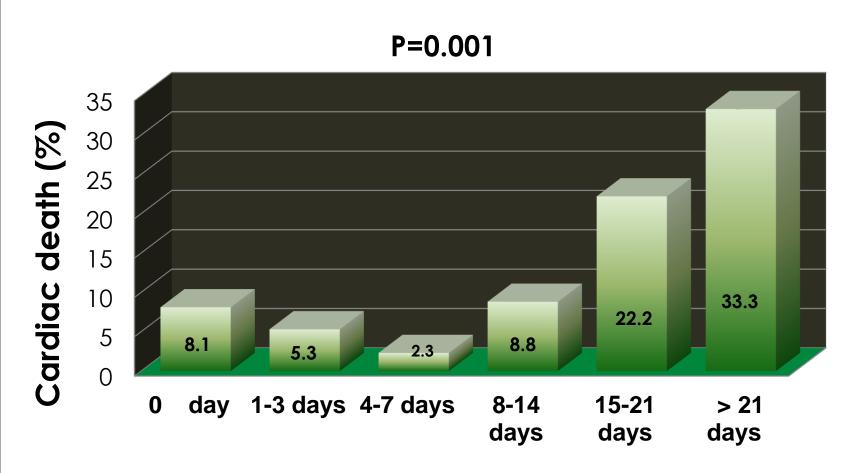
Composites of MACEs during 1-year of clinical follow-up





Time interval from initial to secondary staged PCI

Result (7)



Time interval from initial to secondary staged PCI

Result(8):

Clinical outcomes at 1 year of follow-up

Clinical outcomes	Group I (0 day)	Group II (1-7 days)	Group III (≥ 8 days)	p value
<u>Composite</u>	(n = 173)	(n = 336)	(n = 72)	
MACE at 1 year, n (%)	56 (32.4)	49 (14.6)	21 (29.2)	<0.001
Cardiac death, n (%)	14 (8.1)	9 (2.7)	9 (12.5)	0.001
Myocardial infarction, n (%)	2 (1.2)	3 (0.9)	1 (1.4)	0.914
Re-PCI, n (%)	19 (11.0)	34 (10.1)	10 (13.9)	0.645
TLR, n (%)	13 (7.5)	16 (4.8)	6 (8.3)	0.316
CABG, n (%)	2 (1.2)	0 (0.0)	0 (0.0)	0.094
Stent thrombosis,	2 (1.2)	5 (1.5)	1 (1.4)	0.204

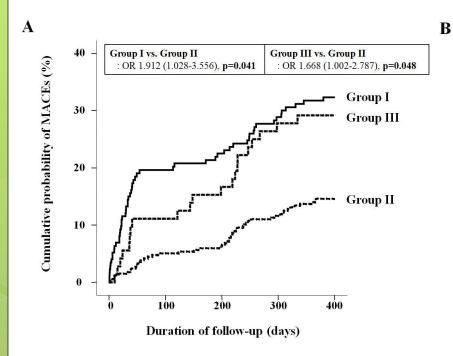
Result(9)

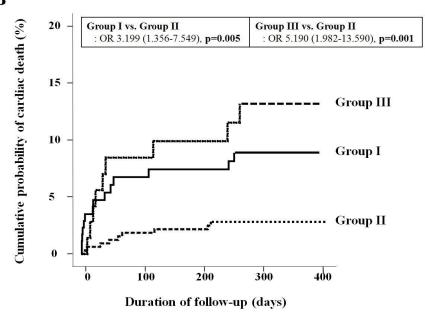
Multivariable analysis of predictors of 1-year MACE

Variables	Unadjusted 1	Model	Adjusted Model	
Variables	OR (95% CI)	p	OR (95% CI)	p
Group I	2.412 (1.335-4.358)	0.017	1.912 (1.028-3.556)	0.041
Group III	1.163 (0.638-2.118)	0.623	1.668 (1.002-2.787)	0.048
Killip class ≥ III	3.180 (1.874-5.393)	0.018	2.330 (1.264-4.297)	0.007
LVEF ≤ 45%	1.471 (1.121-1.932)	0.021	1.116 (1.021-1.620)	0.012
Age ≥ 65 years	1.406 (1.121-1.741)	0.034	1.028 (1.005-1.051)	0.014
Non RAS blocker treatment	1.434 (0.862-2.234)	0.246	1.353 (0.717-1.899)	0.184
Hypertension	1.158 (0.905-1.483)	0.243	1.334 (0.843-2.109)	0.218
Cr Cl ≤ 60ml/min	1.152 (0.898-1.477)	0.267	1.214 (0.655-1.941)	0.424
Diabetes mellitus	1.226 (0.789-1.832)	0.261	1.176 (0.736-1.879)	0.497
Left main disease	1.612 (0.841-2.334)	0.468	1.451 (0.578-2.227)	0.512
Three vessel disease	1.002 (0.782-1.284)	0.986	1.129 (0.714-1.419)	0.741
Hs-CRP≥2mg/L	1.091 (0.430-1.935)	0.831	1.035 (0.821-1.405)	0.759

Result(10)

Cox regression analysis of predictors of 1-year MACE





Group I vs. Group II:
OR 1.912 (1.028-3.556),
p=0.041
Group II vs. Group III:
OR 1.668 (1.002-2.787),
p=0.048



Group I vs. Group II: OR 3.199 (1.356-7.549), p=0.005

Group II vs. Group III: OR 5.190 (1.982-13.590), p=0.001

Conclusions



- The optimal timing of PCI for non-culprit vessel in acute STEMI patients with MVD is 1 to 7 days after initial PCI for culprit vessel.
- ➤ Delayed staged PCI more than 8 days after initial primary PCI and multivessel PCI during index procedure were significantly increased the risk of 1 year composite MACE in STEMI patients with MVD.



Thank you for attention!