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Long term prognostic benefit of complete revascularization in elderly non ST elevation myocardial infarction patients

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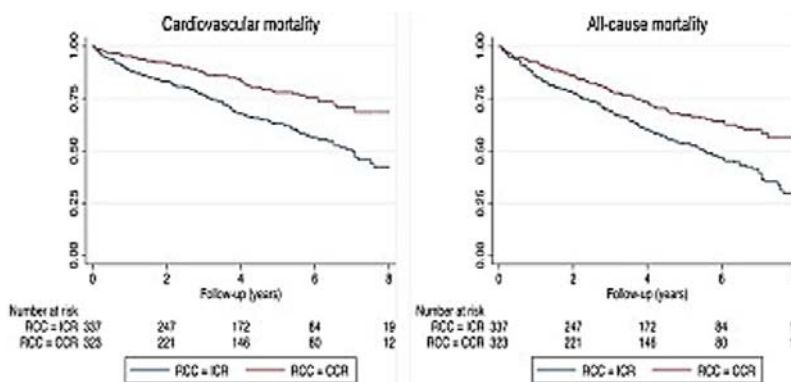
Background: The benefit of complete or culprit vessel revascularization in elderly patients (> 75 years) with Acute Coronary Syndrome without ST-segment elevation (NSTEMI), and multivessel disease (MVD) remains debated.

Purpose: We aimed to study the current long-term prognostic benefit of complete revascularization in an elderly population with NSTEMI and MVD.

Methods: We performed a retrospective cohort study of 1722 consecutive elderly NSTEMI patients. Baseline patient characteristics were examined and a follow-up period was established for the registry of death and first major cardiovascular event (MACE). We performed a propensity-matching analysis to draw up two groups of patients paired according to whether or not they had been completely revascularized. The prognostic value of the revascularization to predict events during follow-up was analyzed using Cox regression.

Results: Among the study participants, 30.4% (n=524) underwent complete revascularization and 69.6% (n=1198) had culprit vessel revascularization performed. Patients in these groups have different clinical and pharmacological profiles. After the propensity score analysis, the population was divided into two groups: complete revascularization (n=353) and culprit vessel revascularization (n=353). The median follow-up was 45.7 months. All cause mortality (52.1% vs 28.6%, p<0.001), cardiovascular mortality (39.1% vs 18.4%, p<0.001) and MACE rates were significantly higher in patients with incomplete revascularization compared with those with complete revascularization.

Conclusion: In our study, the long-term benefit of complete revascularization in an elderly population with NSTEMI and MVD was observed.



Kaplan-Meier curves for main endpoints