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Influence of peripheral arterial disease on prognosis in patients with left main coronary artery disease treated with percutaneous coronary intervention

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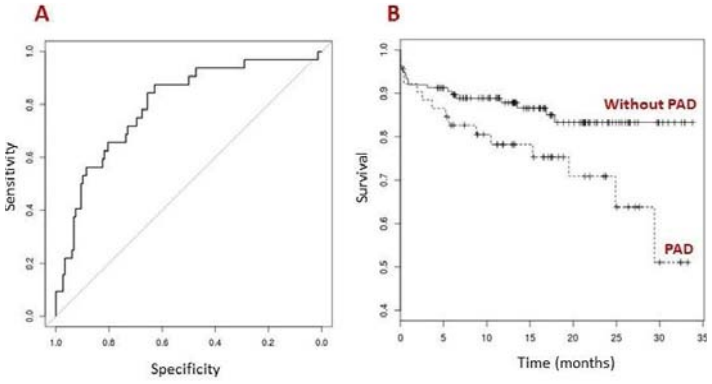
Introduction: Percutaneous coronary intervention (PCI) in patients with left main (LM) coronary artery disease is acquiring an important role in the last years as an alternative to coronary artery bypass grafting (CABG) in selected patients. The objective of the study was to evaluate predictors of mortality in patients with LM coronary artery disease treated with PCI.
Methods: Prospective and observational study of consecutive patients referred to our centre for coronary angiography, with LM coronary artery disease, whom PCI was decided in a "Heart team" as a strategy for revascularization between July 2015 and December 2017. Baseline clinical, analytical and coronary angiography data were collected. Follow-up was conducted in person or by telephone for a minimum of one year. We analysed the predictive variables of mortality by means of an uni and multivariate logistic regression model. In addition, a survival analysis was performed.
Results: A total of 191 patients were recruited. The average age was 72 years (±11.4), 79% males. 42% had previous documented coronary artery disease. PCI was performed in the context of acute coronary syndrome in 81% of them. The mean follow-up period was 17.9 months (± 8.3). After multivariate analysis, the following variables remained as independent predictors of mortality: the hemodynamic situation of the patient, assessed by the Killip-Kimball scale (OR 1.58, 95% CI 1.03–2.43; p=0.04) and the presence of peripheral arterial disease (PAD) (OR 2.61, 95% CI 1.03–6.67; p=0.04) (table 1). The ROC curve of the multivariate model showed an AUC of 0.796 (figure 1A). In the survival analysis, patients with PAD had a significantly lower survival, with a median survival of 6 months, compared to 13.9 months in those without PAD, with p=0.008 (figure 1B).
Conclusion: Although PCI revascularization of LM coronary artery disease is an attractive alternative to CABG in selected patients, a word of caution should be raised in patients with PAD, as in the present study this variable was an important predictor of short-medium term mortality.

Uni and multivariate analysis

	Univariate analysis		Multivariate analysis	
	OR (95% CI)	p	OR (95% CI)	p
Killip-Kimbal scale	1.94 (1.39–2.72)	0	1.58 (1.03–2.43)	0.04
LVEF	0.96 (0.93–0.99)	0.01	0.99 (0.95–1.03)	0.46
Mitral regurgitation	2.54 (1.12–5.63)	0.02	1.60 (0.55–4.56)	0.38
Number of affected vessels	1.96 (1.24–3.29)	0.01	1.78 (1.03–3.37)	0.05
PAD	2.54 (1.16–5.49)	0.02	2.61 (1.03–6.67)	0.,04



A. ROC curve of the multivariante model (AUC de 0.796).
B. Short-medium term survival in patients with and without PAD.

Figure 1