Abstract: P5523

Impact of early coronary angiography in contemporary non-ST segment elevation myocardial infarction patients.

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Topic(s):
Coronary Artery Disease: Treatment, Revascularization

Citation:

BACKGROUND: An early invasive strategy in non-ST segment elevation myocardial infarction is recommended.

OBJECTIVE: This study sought to analyse association of early coronary angiography with all-cause mortality and cardiovascular mortality in patients with non-ST segment elevation myocardial infarction (NSTEMI) using a large contemporary cohort of patients with NSTEMI from two Spanish tertiary hospitals.

METHODS: This retrospective observational study included 5673 consecutive NSTEMI patients from two Spanish hospitals between the years 2005 and 2016. A propensity score matching analysis was applied to obtain a well-balanced subset of patients with the same probability of early revascularization strategy (first 24-hours after hospital admission), resulting in 3780 patients. Cox regression models performed survival analyses once proportional risk test were verified.

RESULTS: Among the study participants, 2087 patients (40.9%) underwent early invasive coronary angiography. The median follow-up was 59.0 months (interquartile range 25.0-80.0 months). All-cause mortality was 19.0%, cardiovascular mortality was 12.8%, and 51.1% patients experienced at least one MACE in the follow-up. After propensity score matching, an early strategy was associated with a significantly lower mortality (HR: 0.79; 95%CI 0.62-0.98) in high-risk (GRACE>140) NSTEMI patients. An early strategy showed a non-significant inverse tendency in patients with GRACE score <140.

CONCLUSION: In high-risk NSTEMI patients in a contemporary real-world registry, early coronary angiography may be associated with reduced all-cause mortality and cardiovascular mortality in the long-term follow-up.
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