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Revascularization in Ischaemic Heart Failure: CABG, PCI or medical treatment?

Authors:
LL Buttigieg¹, NG Grech¹, PC Cassar¹, MLB Buttigieg¹, AMM Moore¹, RGX Xuereb¹, ¹MaterDei Hospital of Malta - Msida - Malta,

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Aim: Revascularization with CABG has been shown to be superior to PCI in ischaemic cardiomyopathy*. The aim of this study is to compare the effects of revascularization (CABG vs PCI) and medical treatment in ischaemic cardiomyopathy on survival.

Method: CVIS and ECS were used for data collection. The population study included patients admitted with STEMI or NSTEMI from 2014 till mid-2017, with an EF on echo less than 40%, who had multivessel or left main stem disease on coronary angiogram.

Results: Ninety-seven patients (79% male, mean age 67yrs) were found to have an ischaemic cardiomyopathy (defined as EF less than 40%). 50.5% presented with STEMI and 49.5% presented with NSTEMI. In patients with multivessel disease (n=90), 10% underwent CABG, 53% underwent PCI and 37% were treated medically.

In patients with left main stem disease (n=7), 14% had a PCI and 86% were given medical treatment. 89% of CABG subcohort, 83% of PCI subcohort, and 61% of patients who were treated medically, remained alive up to 5 years of follow-up. Revascularization with CABG or PCI was noted to be superior to medical treatment using the chi-squared test (p=0.01). A further analysis to compare CABG vs PCI, using the chi-squared test, did not show any statistical significance (p=0.69).

Discussion: Revascularization with CABG or PCI is superior to medical treatment in patients with ischaemic cardiomyopathy with multivessel or left main stem disease.

Conclusion: Importance to favour CABG or PCI in such conditions must be emphasised.

*Swedish Coronary Angiography and Angioplasty registry