Critical Care Department experience and long term follow-up of patients undergoing **Percutaneous Coronary Intervention**

Thesis Submitted for Partial Fulfillment of Master Degree in Critical Care Medicine

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Wasid Kames

Critical Care Department experience and long term followup of patients undergoing Percutaneous Coronary Intervention

Abstract

Objective: We aimed at registering our elective PCI procedures, with respect to their procedure details, outcome, in-hospital complications and long term follow-up. We tried to determine our performance in comparison to other registries and to find out risk factors associated with poor outcomes during the period from January 2003 to December 2007.

Design, setting and participants: Retrospective analysis of data, retrieved through reviewing written paper and electronic database. The material of the study included 1897 patients (1567 male and 333 females) who proceeded to PCI at the Critical Care department, Cairo University (between January 2003 to December 2007), with follow-up 1-5 years.

Main outcome measures: Clinical events including death, myocardial infarction (MI), need for revascularization and major adverse cardiac events (MACE) (a composite of death, MI and need for revascularization), during the in-hospital stay and every 12 months of follow-up till the end of 2008.

Results: The cohort was predominantly male (82.2%), with a mean age of 55 years (SD, 9 years). We had a wide variety of PCI procedures outcome in our registry. BMS stenting shared up to 75.1% of our patients,

while DES shared up to 9.8% and PTCA shared up to 4.1%. Failed PCI contributed to 4.4% of total patients' interventions. There were 1425 patients (75.1%) who received 1813 BMS and 186 patients (9.8%) who received 210 DES

In the overall cohort, rates of clinical events were low during the hospital stay: mortality (0.3%), MI (0.5%) with no reported cases of urgent revascularization. Angiographic complications, irrelevant to post-PCI TIMI flow pattern, occurred in 6.8% of cases in our registry. Clinical success was achieved in 92.8% of cases. Year 2003 had complication rate of 16.8% and it declined till it reached 4.5% in 2006 & 7.4% in 2007.

At 12 months, event rates were: death rate was 3.2% at first year, 5.4% at second year, 7.4% at third year, and 9.9% at fourth year and increased up to 24.2% at 5 years follow-up durations. Myocardial infarction rate was 2.1% at first year, 4.2% at second year, 6.8% at third year, and 8.6% at fourth year and increased up to 17.2% at 5 years followup durations. Need for revascularization rate was 8.5% at first year, 10.8% at second year, 12.4% at third year, and 14.7% at fourth year and increased up to 35.9% at 5 years follow-up durations. MACE rate was 10.2% at first year, 15.5% at second year, 19.8% at third year, and 25.2% at fourth year and increased up to 62.5% at 5 years follow-up durations. Through reviewing our patients' database, we could affirm a significant relationship between renal impairment and occurrence of PCI procedure complications. Also Chronic Total occlusion (CTO), long lesions i.e. >20mm, bifurcational lesions, predilatation versus direct stenting, post-dilatation, & number of stents implanted in the same setting were significantly related to poor outcomes in our patients.

Our study concluded that there was no difference between BMS and

DES, regarding death, MI events & MACE rates. DES outperformed BMS

in need for revascularization which was consistent with results of many

results published worldwide.

Conclusion: Our clinical event rates were comparable with other

international registries outcomes. Through reviewing and comparing our

data, we concluded that our experience is comparable to other registries.

We differed in our demographic features which affected our patients'

characteristics. This confirmed our need to establish our own registries,

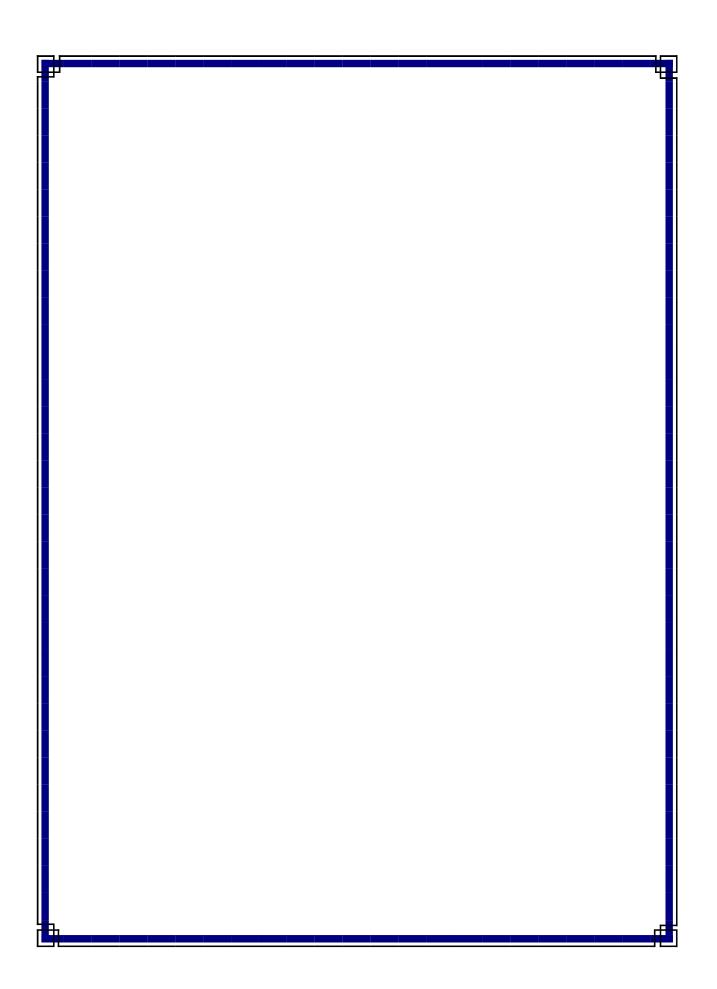
based on our real-life scenarios in developing countries where patients'

demographics differ significantly, despite close results which might not be

true on larger scale studies.

Keywords: PCI registry, PTCA, BMS, DES, MACE, failed PCI

Item	Page
Introduction Aim of Work	1-3
o Chapter I: Percutaneous Coronary Intervention	5-37
o Chapter II: Choice of Treatment Strategy in	38-63
Ischemic Heart Disease • Chapter III: Risk Assessment for Percutaneous	64-78
Coronary Intervention	
Patients & Methods	79-81
Results	82-139
Discussion	140-176
Summary & Conclusion	177-183
Master table	184-239
References	240-267
Arabic Summary	۸_۱



List Of Abbreviations

ACC: American College of Cardiology

ACC-NCDR: The American College of Cardiology- National Cardiovascular

Data Registry

ACIP: Asymptomatic cardiac ischaemia pilot study

ACS: Acute coronary syndrome

ACT: Activated clotting time

ADVANCE: Additional Value of NIR Stents for Treatment of Long

Coronary Lesions

APPROACH: Alberta Provincial Project for Outcomes Assessment in

Coronary Heart Disease

ARC: The Academic Research Consortium

ARMYDA-2: Antiplatelet Therapy for Reduction of Myocardial Damage

During Angioplasty Study

ARTS: Arterial revascularization therapies study

AVERT: Atorvastatin Versus Revascularization Treatment study

AWESOME: Angina With Extremely Serious Operative Mortality Evaluation

BENESTENT: Belgium Netherlands Stent study

BMS: Bare metal stent

CABG: Coronary artery bypass grafting

CAD: Coronary artery disease

CASS: Coronary artery surgery study

COMMIT/CCS-2: Clopidogrel and Metoprolol in Myocardial Infarction

Trial/Second Chinese Cardiac Study -- The Metoprolol Arm-2

trial

COURAGE: Clinical Outcomes Utilization Revascularization and

Aggressive Drug Evaluation

CREDO: Clopidogrel for reduction of events during observation

CRT: Crush stent technique

CTO: Chronic total occlusions

CVS: Cerebrovascular stroke

D: Diagonal branch

DCA: Directional Coronary Atherectomy

DES: Drug eluting stent

ECDAR: Egyptian Critical care Department Angioplasty registry

EES: Everolimus eluting stent

ELCA: The excimer laser catheter

EPISTENT: Evaluation of Platelet IIb/IIIa Inhibitor for Stenting

ERACI-2: Argentine Randomized Study: Coronary Angioplasty with

Stenting Versus Coronary Bypass Surgery in Multi-Vessel

Disease

ESC: European Society of Cardiology

FDA: Food and Drug Administration

FREEDOM: Future Revascularization Evaluation in patients with. Diabetes

mellitus optimal management of Multivessel disease

FRISC-2: Fast Revascularization during Instability in Coronary Artery

Disease study

GP: glycoprotein

ICTUS: Invasive versus Conservative Treatment in Unstable Coronary

Syndromes study

ISAR-DIABETES: Paclitaxel-Eluting Stent Versus Sirolimus-Eluting Stent

for the Prevention of Restenosis in Diabetic Patients With

Coronary Artery Disease

ISAR-REACT: Intracoronary Stenting and Antithrombotic Regimen: Rapid

Early Action for Coronary Treatment trial

ISR: Instent restenosis

IVUS: Intra-vascular ultrasound

KST: Kissing stent technique

LAD: Left anterior descending artery

LCx : Left circumflex

LM: Left main

LMWH: Low molecular weight heparin

LVEF: Left ventricular ejection fraction

MACE: Major Adverse Cardiovascular Event

MASS-2: The medicine, angioplasty, or surgery study-II study

MI: Myocardial infarction

MIG: Melbourne Interventional Group

MOH: Ministry of health

MVD: Multivessel disease

NCVD: National Cardiovascular Disease Database

NHLBI: National heart, lung and blood institute

Need for Revasc: Need for Revascularization

NR_Th: National registry of Thailand

NSTEMI: Non- ST segment elevation MI

OM: Obtuse marginal

PCI: Percutaneous coronary intervention

PCI-CURE: Clopidogrel in unstable angina to prevent recurrent ischemic

events in patients undergoing percutaneous coronary

intervention trial

PDA: Posterior descending artery

PES: Paclitaxel eluting stent

PL: Postero-lateral branch

PTCA: Percutaneous transluminal coronary angioplasty

PTFE: polytetrafluoroethylene

RA: Rotational atherectomy

RAVEL: Randomized study with the sirolimus-eluting Bx Velocity

balloon-expandable stent

RCA: Right coronary artery

RITA-3: Randomized Intervention Trial of Unstable Angina-3 trial

RVD: Reference vessel diameter

SCAAR: Swedish Coronary Angiography and Angioplasty Registry

SES: Sirolimus eluting stent

SES-SMART: Sirolimus-Eluting Stent in the Prevention of Restenosis in

Small Coronary Arteries

SIRTAX: Randomized Comparison of a Sirolimus- vs a Paclitaxel-

Eluting Stent for Coronary Revascularization

SoS: Stent or surgery study

STEMI: ST segment elevation MI

STRESS: The North American Stem Restenosis study

SVG: Saphenous vein graft

SYNTAX : Synergy between PCI with taxus and cardiac surgery

TACTICS-TIMI 18: Treat Angina with aggrastat and determine Cost of

Therapy with Invasive or Conservative Strategy –

Thrombolysis In Myocardial Infarction-18 study

TIMI: Thrombolysis In Myocardial Infarction

TIMI 28-CLARITY: Clopidogrel as Adjunctive Reperfusion Therapy --

Thrombolysis in Myocardial Infarction 28

TLR: Target lesion revascularization

Tn : Troponin

TRITON-TIMI 38 : Trial to assess Improvement in Therapeutic Outcomes by

optimizing platelet Inhibition with prasugrel Thrombolysis In

Myocardial Infarction 38

TTP: Thrombotic thrombocytopenic purpura

TULIP: Final Results of a Randomized Comparison With Angiographic

Guidance

TVR: Target Vessel Revascularization rate

UA: Unstable angina

UFH: Unfractionated heparin

VLST: Very late stent thrombosis

WDRH: Western Denmark heart registry

ZES: Zotarolimus eluting stent