40
80
SO

The culprit lesion in acute coronary syndromes

The use of cardiac catheterization and coronary angioplasty post myocardial infarction in Europe: observations from the GUSTO I trial

K.J. Beatt, F. van de Werf, M.L. Simoons, A. Vahanian, R. Califf, E. Topol for the GUSTO investigators. Cardiac Department, Charing Cross Hospital, London, UK

The need for invasive investigation post myocardial infarction (MI) has been the subject of considerable controversy in recent years. A strategy of "wait and see" has been broadly adopted by many units. To obtain a view of current practice in Europe the data from the GUSTO I trial was reviewed and the rate of coronary angiography and coronary angioplasty in the first thirty days were compared by country.

The countries with a catheterisation rate below 20% showed a small non significance increase in overall mortality (8.3% v 7.2%) and a modest but highly significant increase in mortality between hospital discharge and 30 days (1.3% v 0.2%; p < 0.001). There are surprisingly large differences in the use of invasive investigation post MI which have considerable financial implications. Perhaps most pertinent will be the long term follow-up as recent data has suggested that the true magnitude of benefit of revascularisation after MI may not become evident until 2–3 years. This data will be presented.

Conclusion: Complex morphology of the infarct-related artery early after successful thrombolysis for AMI is not associated with an adverse early and long-term outcome

G. Veen, C.C. de Cock, F.W.A. Verheugt. Department of Cardiology, Free University Hospital, Amsterdam; St. Radboud Hospital, Nijmegen, The Netherlands

In the APRICOT-study we performed coronary angiography within 48 hours (mean 23 h) after successful thrombolysis for acute myocardial infarction (AMI) in 284 patients (pts). Culprit lesion morphology was scored as complex or smooth. Follow-up was done up to three years after the AMI.

At baseline 161 pts had a smooth and 123 a complex lesion. There were no differences between age, male/female ratio and quantitative angiographic parameters. Complex lesions were more present in the right coronary artery (55% v 33%; p < 0.005), with a higher incidence of multivessel disease (50% v 37%; p < 0.05). Reclosure rate of complex lesions was lower at three months (second angiogram in 248 pts.): 23% v 34% (p < 0.05).

The figure shows the 3-years follow-up for the combined endpoint of death and recurrent MI. It shows, that pts. with complex lesions have a slightly better early and long-term outcome (NS).