ABSTRACT

Background: The presence of multi-vessel disease has been found to be associated with worse prognosis in patients with STEMI. ⁽¹⁴⁾ Identification of optimal strategies for treating these patients is the subject of considerable interest and controversy.

Objective: To compare in-hospital, long-term outcomes and LV EF (6 months) between complete revascularization (CR) and culprit - only revascularization (COR) in STEMI patients with MVD undergoing p-PCI.

Methods: A total of 40 patients with recent STEMI and MVD undergoing p-PCI were alternatively randomized to CR (group A) or COR (group B) during p-PCI and followed for 6 months for completion of PCI in group B after 1 month. Patients were followed for incidence of MACE (in-hospital, at 1&6 months), CIN and EF improvement at 6 months.

Results: Forty pts (mean age 55.2 ± 9.1 years, 33 Males, 7 Females) with comparable risk factors between both groups.

- In gp. A, LV EF improved significantly after 6 months [54.3 ± 9.1 to 58.4 ± 6.2 (P value 0.002)] compared to gp. B [54.9 ± 5.2 to 55.7 ± 6.7 (P value 0.55)]. This improvement was more observed in patients with anterior wall myocardial infarctions.
- Incidence of MACE in both groups was comparable during hospital stay and at 1and 6 months follow up. Two cases in group B, while no MACE in group A at 1 and 6 months follow up (P value 0.14).
- Safety of aggressive strategy for complete revascularization is comparable for culprit- only strategy as regard incidence of CIN [2 cases in gp. A, while 1 case in gp. B (P value 0.54)] and Vascular complications [no cases in gp. B, while only one case in gp. A (P value 0. 31)].
- Patients with Door to baloon time less than 90 minutes are associated with better EF in comparison to more than 90 minutes (57.1 ± 6.3 versus 50.5 ± 7.3 P value 0.005)

Conclusion: complete revascularization is safe during p-PCI and associated with better LV EF at 6 months especially in anterior MI.

Key words: Complete revascularization, Culprit-only revascularization, Primary PCI, MACE