Impact of inhospital stent thrombosis and cerebrovascular accidents on long-term prognosis after percutaneous coronary intervention.

Abstract:
Inhospital stent thrombosis (ST) and cerebrovascular accidents (CVA) are rare but serious adverse events after percutaneous coronary intervention (PCI). The association of ST or CVA with long-term outcome after PCI remains poorly investigated. The study included 18,334 consecutive patients who underwent PCI. Patients were divided into 3 groups: the group with ST, the group with CVA, and the group without these events. The primary outcome was all-cause mortality at 3-year follow-up. Inhospital ST or CVA occurred in 59 patients (0.32%) and in 90 patients (0.49%), respectively. There were 2,149 deaths (11.7%) during the follow-up: 26 deaths among patients with ST, 32 deaths among patients with CVA, and 2,091 deaths among patients without ST or CVA (Kaplan-Meier estimates of 3-year mortality 45.3%, 38.0%, and 12.9%, odds ratio 6.1, 95% CI 3.6-10.2, $P<.001$ for ST group vs the group without ST or CVA and odds ratio 4.2 [2.7-6.6], $P<.001$ for CVA group vs the group without ST or CVA). There was no significant difference in the 3-year mortality between CVA and ST groups ($P = .29$). The Cox proportional hazards model showed that ST (adjusted hazard ratio 4.97, 95% CI 2.58-9.56, $P<.001$) and CVA (adjusted hazard ratio 2.25...
[1.25-4.04], P = .006) were independently associated with the increased risk of 3-year mortality. Inhospital ST and CVA after PCI are associated with the increased risk of 3-year mortality. Both events seem to have a similar impact on long-term survival.

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