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Abstract: Abciximab reduced the combined endpoint of death, myocardial infarction (MI) and target vessel revascularization in patients with non-ST-segment elevation acute coronary syndromes (NSTE-ACS) undergoing percutaneous coronary intervention (PCI) with stent implantation after a 600-mg loading dose of clopidogrel. The aim of the present study was to investigate the impact of abciximab on the evolution of left ventricular ejection fraction (LVEF) in these patients. The current study included 1,158 patients enrolled in the randomized, double-blind ISAR-REACT 2 (the Intracoronary Stenting and Antithrombotic Regimen: Rapid Early Action for Coronary Treatment) trial who had paired angiograms obtained at baseline and 6-8 months after randomization. Of them, 586 patients received abciximab and 572 patients received placebo. The primary outcome analysis was LVEF at 6-8-month follow-up. Baseline LVEF was comparable in patients assigned to abciximab or placebo (53.2 ± 12.6 vs. 53.7 ± 12.1%; P = 0.393). At 6-8-month follow-up angiography, there was no difference in LVEF between the abciximab and placebo groups (55.4 ± 11.5 vs. 55.8 ± 11.2%; P = 0.743). Subgroup analysis of patients with elevated baseline troponin (>0.03 ?g/L) also
revealed comparable LVEF at follow-up in both treatment groups (P = 0.527). The multivariate analysis identified age, arterial hypertension, prior MI, prior coronary artery bypass graft surgery, baseline LVEF, MI at 30 days and repeat PCI as independent correlates of follow-up LVEF. Although abciximab reduced the 30-day and 1-year incidence of major adverse cardiac events in patients with NSTE-ACS undergoing primary PCI after pre-treatment with a 600-mg loading dose of clopidogrel, the agent did not improve or impact on the evolution of LVEF over 6-8 months of follow-up.