Dokumenttyp: journal article

Autor(en) des Beitrags:
Montalescot, G; Antoniucci, D; Kastrati, A; Neumann, FJ; Borentain, M; Migliorini, A; Boutron, C; Collet, JP; Vicaut, E

Titel des Beitrags:
Abciximab in primary coronary stenting of ST-elevation myocardial infarction: a European meta-analysis on individual patients' data with long-term follow-up.

Abstract:
AIMS: Varying results have been reported in studies evaluating glycoprotein (GP) IIb/IIIa inhibition in primary coronary stenting of acute ST-elevation myocardial infarction (STEMI), usually with limited clinical follow-up. We performed a meta-analysis on case specific data of primary stenting in STEMI with a long-term evaluation. METHODS AND RESULTS: For this meta-analysis, studies of rescue percutaneous coronary intervention (PCI) after failed lytic therapy, plain balloon angioplasty studies and studies with an angiographic selection of patients were excluded. The ISAR-2, ADMIRAL, and ACE studies fulfilled inclusion criteria and all individual data were analysed together. The primary endpoint was the composite of death or re-infarction up to 3 years of follow-up. A total of 1101 patients, presenting for primary PCI and stenting of STEMI were randomized to abciximab (n=550) or placebo (n=551). This population had high-risk characteristics with 41% of anterior MI, 30% with a prior history of MI, 8.4% of cardiogenic shock, and 3.1% of previous coronary artery bypass graft (CABG). The primary endpoint of death or re-infarction was significantly reduced from an estimated cumulative hazard rate of 19.0% with placebo to 12.9% with abciximab [RR(95% IC): 0.633 (0.452; 0.887), P=0.008]. The
mortality rate was reduced from an estimated cumulative hazard rate of 14.3% in the placebo arm to 10.9% in the abciximab arm [0.695 (0.482; 1.003), P=0.052]. Re-infarction was reduced from an estimated cumulative hazard rate of 5.5% with placebo to 2.3% with abciximab [0.41 (0.203; 0.831), P=0.013]. Major bleedings were 2.5 and 2% with and without abciximab, respectively (NS). In the control arm, both the death or MI cumulative hazard rate (54 vs. 13.5%) and mortality rate (39.7 vs. 10.1%) were four-fold higher in diabetics when compared with non-diabetics. Abciximab provided a significant benefit on the primary endpoint for diabetics [0.525 (0.303; 0.911), P=0.022].

CONCLUSION: Abciximab has a strong and persistent impact on hard clinical endpoints in patients undergoing primary stenting for STEMI.

Zeitschriftentitel / Abkürzung:
Eur Heart J

Jahr:
2007

Band:
28

Heft / Issue:
4

Seiten:
443-9

Sprache:
eng

Pubmed:

Print-ISSN:
0195-668X

TUM Einrichtung:
I. Medizinische Klinik und Poliklinik

Occurences:
- Einrichtungen > Fakultäten > Fakultät für Medizin > Kliniken und Institute > I. Medizinische Klinik und Poliklinik (Kardiologie) > 2007

entries: