

Cabg clinical syntax score and euroscore as predictors of long term clinical outcomes in patients with previous coronary artery bypass grafting undergoing percutaneous coronary intervention

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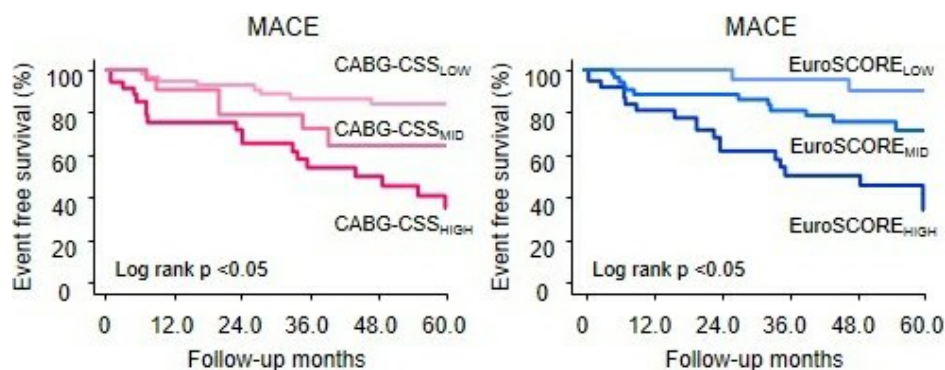
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Purpose: SYNTAX Score based on lesion-based scoring system was developed among previous CABG patients (CABG SYNTAX Score). The Clinical SYNTAX Score (CSS), combining the SYNTAX Score with a simple clinical risk score, has established itself as an important prognostic tool in patients undergoing percutaneous coronary intervention (PCI). However, few data exist regarding scoring system for predicting long-term outcome in patients with previous CABG undergoing PCI. Therefore, the aim of this study was to assess whether the CSS in patients with previous CABG undergoing PCI (CABG-CSS) would predict long-term outcome after PCI.

Methods: Between April 2005 and March 2012, 129 patients previous CABG with successful drug eluting stent implantation were retrospectively analyzed. The CABG-CSS was calculated by multiplying the CABG SYNTAX Score to (age/left ventricular ejection fraction +1 for each 10mL the estimated glomerular filtration rate <60 ml/min per 1.73m²). Major adverse cardiac events (MACE) were defined as the occurrence of cardiac death, myocardial infarction and target lesion revascularization (TLR).

Results: Median interval from CABG to PCI was 5 years. Native coronary artery accounted for nearly all of target (native coronary PCI; n=118). During follow up, the overall cardiac death, myocardial infarction, and TLR were occurred in 7.0, 1.6 and 15.5%, respectively. In multivariate analysis, CABG-CSS and EuroSCORE were identified as predictor of MACE, but the CABG SYNTAX score was not. Stratifying outcomes across CABG-CSS and EuroSCORE tertiles showed similar results for the comparisons between high and low score tertiles (Figure).

Conclusion: Measurement of the CABG-CSS and EuroSCORE could provide an important insight to predict long outcome among previous CABG patients undergoing PCI.



MACE-free survival stratified by score.

