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THE LONG-TERM PROGNOSIS AND INFLUENCING FACTORS ANALYSIS IN CORONARY HEART DISEASE PATIENTS AFTER DIFFERENT REVASCULARISATION

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Objective To evaluate and compare the long-term prognosis results of two different operation therapies between PCI and CABG for coronary heart disease patients in our centre in DES era by means of following up.

Methods This is a single-centre and retrospective study. 387 patients who underwent revascularisation (percutaneous coronary intervention or coronary artery bypass graft) from January 2004 to March 2006 were selected in the study. They were group according to operation means into DES-implantation group (287 patients) and CABG operation group (102 patients). All patient were followed-up by telephone, rehospitalisation and mail. The patients' clinical characteristics, examination results, operation information, SYNTAX score and the long-term prognosis results between the two groups were compared and analysed. The major end point was MACCE (including all-caused death re-myocardial infarction, target vessel revascularisation/target lesion revascularisation); the secondary end point were Re-angina pectoris and non-target vessel revascularisation.

Results Three hundred and fifty two finished successfully over 5 years following-up. The follow-up rate was 90.9%, including 90.2% (259/287) in DES group and 91.2% (93/102) in CABG group. The average time of follow-up was 60.59±6.15 months and the mean time of 60 months. The DES group patients accounted for the majority of the cohort and the proportion was 73.6%. By comparing between the two groups, the basic clinic characteristics, disease change features and checking results in CABG group were more complicate and severe than those in DES group, the SYNTAX score in CABG was higher than that in the DES group. But the long-term prognosis results

showed that the total MACCE and Re-myocardial infarction incidence in CABG group were lower than those in DES group (MACCE: 9.7% vs 21.2%, p=0.013, Re-MI: 0 vs 9.3%, p=0.001). All-cause death and TVR/TLR were also lower in CABG group than those in DES group but did not attain significant difference between two (death: 3.2% vs 3.9%, p=1; TVR/TLR: 6.5% vs 11.6.3%, p=0.161); Re-angina pectoris incidence in CABG group was significantly lower than that in DES group (17.2% vs 31.4%, p=0.000). Survival analysis indicated that free-MACCE events, free-ReMI events survival curve in CABG group was higher than that in DES (Log-Rank p=0.005 and Log-Rank p=0.002). Free-TVR/TLR events and death events survival curve did not have significant difference between two groups ((Log-Rank p=0.072 and p=0.520, respectively).

Conclusion The long prognosis showed that relieving symptom in CABG revascularisation was more complete and lasting. The long-term free-MACCE survival rate were higher than DES implantation according to recent ESC and AHA/ACC guidelines for coronary revascularisation criteria, For MVD, complex 3-VD, unobtainable complete revascularisation, LM disease with co-existing proximal LAD, higher SYNTAX score, CABG may be more advisable and reasonable operation selection. Complete revascularisation for disease coronary vessels as possible will make the prognosis of CHD cohort better.