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## Similar long-term clinical outcomes after percutaneous coronary intervention in grafts versus native vessels in prior coronary artery bypass grafting patients with diabetes mellitus

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**Background:** Atherosclerosis in diabetic patients with prior CABG progresses fastly. Data on how to choose target vessels of post-CABG PCI in diabetic patients is sparse.

**Methods:** 157 patients with diabetes and previous CABG, who underwent PCI of either a graft (n=44) or a native (n=113) vessel between January 1<sup>st</sup> 2009 and June 1<sup>st</sup> 2014 in the National Center for Cardiovascular Disease, China, were studied. In-hospital and long-term clinical outcomes were compared between the groups.

**Results & Conclusion:** Diabetic patients with prior CABG had more percutaneous interventions (PCI) to native arteries, but the proportion of grafts PCI increased as time went on. Both groups had similar baseline characteristics. Group graft vessel (GV) patients compared with group native vessel (NV) had more totally occluded native vessels, less totally occluded grafts and more in-stent restenosis. However, there was no difference in in-hospital mortality and long-term incidence of major adverse cardiac event, cardiac death, nonfatal myocardial infarction (MI), or revascularization. Multivariate logistic regression analysis showed that PCI success (OR=11.488, 95% CI=1.135-116.303, P<0.05) was independent predictor of MACE. It suggested similar long-term clinical outcomes after PCI in GV or NV in prior CABG patients with diabetes. Thus the vessel with higher estimated PCI success rate should be prioritized by operators.

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