

13TH EUROPEAN CARDIOLOGY CONFERENCE

December 05-06, 2016 Madrid, Spain

Multi-district atherosclerotic disease: Mid-term outcome of hybrid or totally endovascular coronary and carotid revascularization

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Background: The socio-economic impact of multi-district atherosclerotic disease is elevated for frequent hospitalizations and morbidity/mortality.

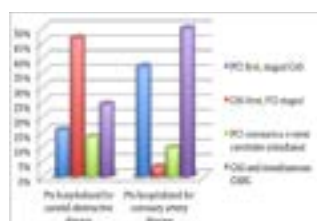
Aim: Assess clinical characteristics, angiographic findings, therapeutic strategy and outcome of patients hospitalized with a concomitant diagnosis of coronary artery and carotid obstructive diseases.

Methods: We evaluated all patients hospitalized from 2006 to 2012. Revascularization strategies were hybrid (carotid stenting CAS and cardiac surgery CABG) or totally endovascular (coronary angioplasty PCI and CAS).

Results: 107 patients were enrolled, 42.1% were hospitalized for carotid obstructive disease (groupA), and 57.9% for coronary artery disease (groupB). Patients were treated with PCI and staged CAS in 28% of cases (15.6% in groupA, 37.1% in groupB), with CAS and staged PCI in 21.5% of cases (46.7% in groupA, 3.2% in groupB), with CAS and simultaneous CABG in 39.3% of cases (24.4% in groupA, 50% in groupB) and with PCI and simultaneous CAS in 11.2% of cases (13.3% in groupA, 9.7% in groupB). 30-days results: Mortality 0%, major/minor stroke 3.7% (2.2% in groupA, 4.8% in groupB), myocardial infarction 2.8% (0% in groupA, 4.8% in groupB), major bleeding 5.6% (2.2% in groupA, 8.1% in groupB). Major bleeding affected only patients with acute symptoms and 11.9% of patients following CABG. Follow-up results: Cardiovascular mortality 4.7% (2.2% in groupA, 6.5% in groupB), all-cause mortality 2.8% (4.4% in groupA, 1.6% in groupB), stroke 0.9% (2.2% in groupA, 0% in groupB), myocardial infarction 2.8% (4.4% in groupA, 1.6% in groupB). The only predictor of mortality at follow-up was the in-hospital stroke (HR 7.6 for all-cause mortality, 16.5 for cardiovascular mortality).

Conclusions: Patients with concomitant coronary artery disease and carotid obstructive disease were treated with a high procedural success, following a hybrid or totally endovascular revascularization. Patients hospitalized in an acute setting have more strokes and bleedings at 30 days; these patients need therefore most careful assessment and treatment.

Image



Biography

Riccardo Turri graduated with the best ratings at Padua University in Italy; he was always engaged in studying and applying into invasive cardiology and acute cardiologic care. His competences include coronary angioplasty, bifurcation lesions, coronary imaging and functional assessment, limb and BTK angioplasty. In the last 3 years, he worked as an interventional cardiologist at Mirano General Hospital, near Venice, Italy.

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