



ACC.i2 Interventional Cardiology

CORONARY ARTERY REVASCULARIZATION AFTER ACUTE MYOCARDIAL INFARCTION IN PATIENTS WITH LIVER CIRRHOSIS

Poster Contributions

Poster Area, South Hall A1

Saturday, April 02, 2016, 10:00 a.m.-10:45 a.m.

Session Title: Acute Myocardial Infarction

Abstract Category: 1. ACC.i2 Interventional Cardiology: ACS/AMI/Hemodynamics and Pharmacology

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Authors: *Mohammed Salim Al-Damluji, Abdulla Damluji, Tony Zhang, Raul Mitrani, Robert Myerburg, Mauricio Cohen, Mauro Moscucci, University of Connecticut - Internal Medicine Program, Farmington, CT, USA*

Background: Cirrhotic patients are considered a high risk group for coronary revascularization. We assessed in-hospital mortality in these patients with myocardial infarction (MI) undergoing coronary revascularization.

Methods: We used the National Inpatient Sample from 2003-2012 to identify cirrhotic patients with MI. We fitted two hierarchical logistic regression models to examine in-hospital mortality by MI type.

Results: Of 63501 cirrhotic patients with MI, 9610 (15.1%) had STEMI. Revascularization was attempted in 30.5% of STEMI admissions and 11.2% of NSTEMI patients. From 2003-2012, there was a significant trend toward increased utilization of coronary revascularization for STEMI ($p < 0.01$) but not for NSTEMI ($p = 0.08$) (Figure). After adjustment, both STEMI and NSTEMI patients showed decreased mortality following revascularization (STEMI: OR: 0.40, CI: 0.30-0.53, $p < 0.01$; NSTEMI: OR: 0.23, CI: 0.18 -0.29, $p < 0.01$). Mortality time trend following revascularization remained constant for STEMI ($p = 0.16$) but significantly decreased in NSTEMI patients ($p < 0.01$).

Conclusions: While we found increased revascularization use among only cirrhotic patients presenting with STEMI, mortality trend significantly decreased only in NSTEMI patients from 2003-2012. Our findings suggest the beneficial effects in the evolution of MI management over the study period were more pronounced in NSTEMI patients. Future research is required to identify why these MI type differences emerge.

