

Surgical Myocardial Revascularization versus Drug-Eluting Stents in Octogenarian Patients

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Objective: Higher proportions of older patients are referred for surgical or percutaneous coronary revascularization. We studied these two strategies in octogenarian patients.

Methods: We retrospectively compared outcomes of all patients 80yr or older who underwent CABG with an Internal mammary artery or PCI with Sirolimus-eluting stent to the left anterior descending artery in our center between May 2002 and December 2006.

Results: Of a total of 301 patients, hundred and twenty underwent PCI and 181 underwent CABG. Surgical patients had higher rates of left-main disease, triple-vessel disease, peripheral vascular disease, emergencies and previous MI's (39.7% vs. 3.3% p= 0.001, 76.1% vs. 28.3% p=0.0001, 19.6% vs. 7.5% p= 0.004, 15.8% vs. 2.5% p= 0.0001, 35.9% vs. 25% p= 0.04, respectively). CABG patients had higher early mortality (9.9% vs. 2.5%, p=0.01). There was no difference in one and four years actuarial survival with 90% and 68% for the PCI, and 85% and 71% for the CABG group, (p=0.85). Actuarial freedom from MACE was 83% and 75% for the PCI, and 86% and 78% for the CABG group (p=0.33). Freedom from reintervention was 87% and 83% for the PCI, vs 99% and 97% for the CABG group, (p<0.001). 4 years freedom from reangina was 58% for PCI vs 88% for CABG patients (p<0.001). In multivariable analysis, revascularization strategy was not found as a predictor for adverse outcome.

Conclusion: Octogenarian CABG patients were sicker and suffered higher early mortality. Both strategies had similar late mortality and MACE, with less reinterventions and reangina following surgery.