

# PCI for concurrent chronic total occlusions safe in STEMI

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(HealthDay)—For patients with ST-segment elevation myocardial

infarction (STEMI), additional percutaneous coronary intervention (PCI) for concurrent coronary chronic total occlusion (CTO) in a non-infarct-related artery is safe, according to a study published in the Oct. 11 issue of the *Journal of the American College of Cardiology*.

José P.S. Henriques, M.D., Ph.D., from the University of Amsterdam, and colleagues enrolled 304 patients with acute STEMI who underwent primary PCI and had concurrent CTO in a non-infarct-related artery. Patients were randomized to either early PCI of the CTO (CTO PCI; 150 patients) or to conservative treatment without PCI of the CTO (no-CTO PCI, 154 patients).

The researchers observed no difference between the groups in the mean left ventricular ejection fraction (LVEF) at four months ( $P = 0.60$ ). The mean left ventricular end diastolic volume (LVEDV) did not differ between the two groups at four months ( $P = 0.70$ ). Among patients with CTO located in the left anterior descending [coronary artery](#), LVEF was significantly higher for those randomized to the CTO PCI strategy versus the no-CTO PCI strategy ( $P = 0.02$ ). There were no between-group differences in four-month major adverse coronary events ( $P = 0.25$ ).

"Additional CTO PCI within one week after primary PCI for STEMI was feasible and safe," the authors write. "In patients with STEMI and concurrent CTO, we did not find an overall benefit for CTO PCI in terms of LVEF or LVEDV."

Several authors disclosed financial ties to biotechnology companies, including Abbott Vascular, which partially funded the study.

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