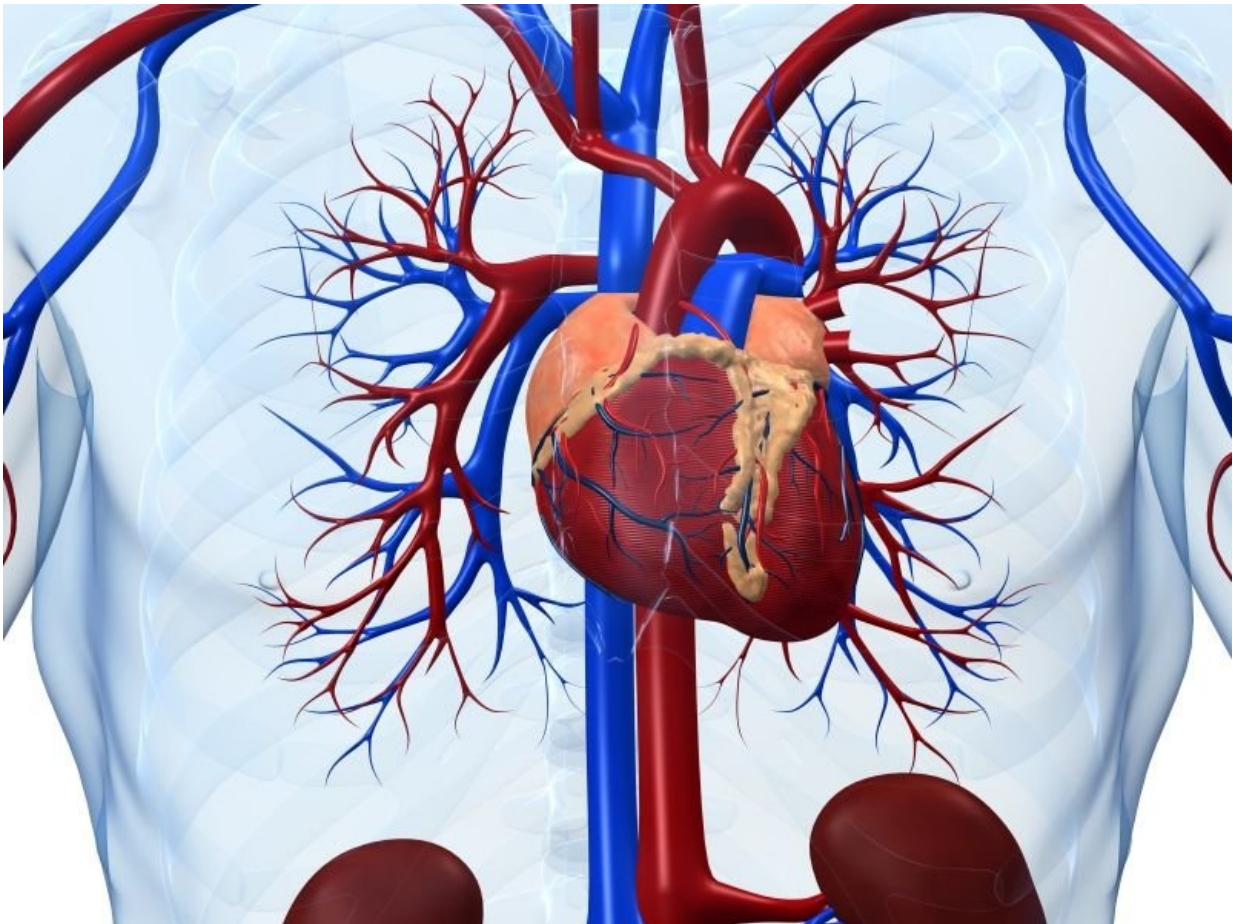


CABG may be better than PCI for 3-vessel Dz in younger adults

January 30 2018



(HealthDay)—For young patients (≤ 50 years) with three-vessel coronary

artery disease, percutaneous coronary intervention (PCI) is associated with increased rates of adverse outcomes compared with coronary artery bypass grafting (CABG), according to a study presented at the annual meeting of The Society of Thoracic Surgeons, held from Jan. 27 to 31 in Fort Lauderdale, Fla.

Wael Awad, M.D., of St. Bartholomew's Hospital in London, and colleagues retrospectively studied 200 young patients (age ≤ 50 years): 100 undergoing PCI and 100 undergoing CABG between January and December 2004. Data were obtained from patients or their general practitioners in 2009 and 2016 for five- and 12-year follow-up.

The researchers found that, compared with the CABG group, the PCI group had significantly increased rates of myocardial infarction (MI; 9 versus 1 percent), repeat revascularization (31 versus 7 percent), and total major adverse cardiac or cerebrovascular events (MACCE; 44 versus 11) at five years. The results were similar at 12-year follow-up. Patients with one- or two-vessel [coronary artery disease](#) had no between-group differences in the rates of death, MI, stroke, repeat revascularization, or MACCE at follow-up. Patients with three-vessel disease undergoing PCI had significantly higher rates of MI, revascularization, and MACCE only.

"PCI is reasonable and as safe as CABG in young patients, but this should be reserved for [patients](#) with single or two-vessel disease," Awad said in a statement.

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Citation: CABG may be better than PCI for 3-vessel Dz in younger adults (2018, January 30)
retrieved 5 May 2024 from

<https://medicalxpress.com/news/2018-01-cabg-pci-vessel-dz-younger.html>

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