

Risk of adverse outcomes up with PCI in adults with diabetes

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Image courtesy of Blausen Medical

risk for stroke with CABG, clinical judgment is required when choosing a revascularization technique in patients with diabetes," the authors write.

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(HealthDay)—For adults with diabetes and multivessel or left main coronary artery disease, percutaneous coronary intervention (PCI) is associated with increased likelihood of a composite outcome compared with coronary artery bypass grafting (CABG), according to a review and meta-analysis published in the Nov. 18 issue of the *Annals of Internal Medicine*.

Benny Tu, M.B.B.S., from the University of Queensland in Brisbane, Australia, and colleagues compared long-term outcomes between the revascularization techniques of PCI and CABG in patients with diabetes. Data were obtained from 40 studies involving adults with diabetes with multivessel or left main [coronary artery disease](#).

The researchers found that the likelihood of the primary outcome (composite of all-cause mortality, nonfatal myocardial infarction, and stroke) increased with PCI (odds ratio, 1.33; 95 percent credible interval [CrI], 1.01 to 1.65). Mortality was increased significantly with PCI (odds ratio, 1.44; 95 percent CrI, 1.05 to 1.91), while there was no change in the number of myocardial infarctions (odds ratio, 1.33; 95 percent CrI, 0.86 to 1.95) and the likelihood of stroke decreased (odds ratio, 0.56; 95 percent CrI, 0.36 to 0.88).

"Because of residual uncertainties and increased

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