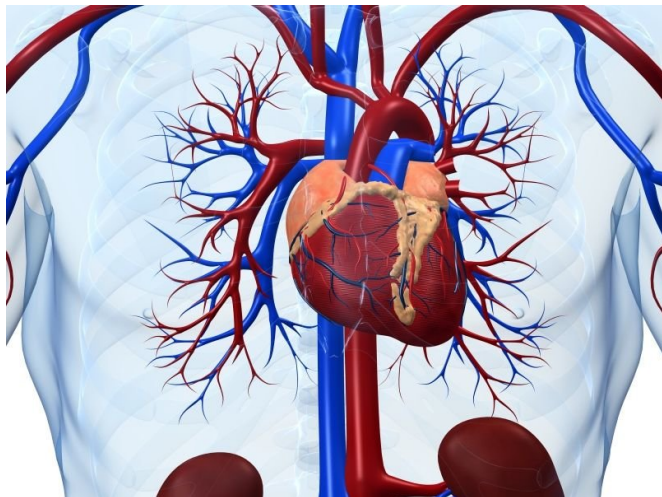


# Incomplete revascularization in PCI linked to higher mortality

5 January 2018



higher mortality than patients with complete revascularization and compared to other patients with IR (adjusted hazard ratio, 1.35 and 1.17 for patients with and without STEMI, respectively). Mortality was also higher for patients with proximal left anterior descending artery [vessel](#) IR versus other patients with IR (adjusted hazard ratios, 1.31 and 1.11 for patients with and without STEMI, respectively).

"Patients with IR are at higher risk of mortality if they have IR with at least 90 percent stenosis, IR in two or more vessels, or proximal left anterior descending IR," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)  
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(HealthDay)—The risk of mortality is increased for certain patients undergoing percutaneous coronary intervention (PCI) with incomplete revascularization (IR), according to a study published online Dec. 27 in *JAMA Cardiology*.

Edward L. Hannan, Ph.D., from the University at Albany in New York, and colleagues examined the correlation between coronary vessel characteristics and outcomes in [patients](#) with PCI with IR. Data were included for 41,639 New York residents with multivessel coronary artery disease undergoing PCI from 2010 through 2012.

The researchers found that incomplete revascularization was common (78 percent among patients with ST-elevation myocardial infarction and 71 percent among other patients). Risk of [mortality](#) was higher for patients with IR in a vessel with at least 90 percent stenosis than in other patients with IR; this was significant only among patients without STEMI (adjusted hazard ratio, 1.15). Patients with IR in two or more vessels had

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