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Revascularization of Chronic Total Occlusions: What is important?

[Purpose] CTO PCI has been widely undergone in recent years, fueled by advances in techniques, equipment, and underpinning clinical evidence. However, it is little known what kind of factors included the PCI affect the outcome in patients with CTO. Moreover, this study also assessed whether the PCI to the CTO affected the outcome.[Methods] We performed a retrospective study in patients with CTOs. Logistic stepwise regression analysis was performed to the factors such as patient or lesion characteristics, coronary risk factors, concomitant disease, laboratory data and medications for evaluate to the clinical outcome such as MACEs or TLRs.[Results] Twenty-six patient (mean 58.9 ± 12.6 years of age, 84.6% men) enrolled in this study. For average follow-up period of 3.6 years, MACE was observed 7 (26.9%) which was included 6 in TLR. Logistic analysis revealed that chronic kidney disease (CKD) (Odd: 9.71, $p=0.003$), LVEF (Odd: 5.34, $p=0.021$) and successful PCI to CTO (Odd:5.14, $p=0.023$) was significantly associated with MACE during follow-up of patients with CTOs.[Conclusion] PCI of CTOs subtending viable myocardial territory which LVEF was maintained might reduce adverse remodeling resulting in positive clinical consequence, particularly in absence of re-occlusion which would be induced by CKD.