**ACUTE VERSUS CHRONIC CORONARY DISEASE OUTCOMES IN OCTOGENARIANS WITH CHRONIC KIDNEY DISEASE**

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Background: Octogenarians (people >80 years of age) have been excluded from studies looking at long term outcomes of Percutaneous Coronary Intervention (PCI). The aim of this study was to evaluate outcomes of PCI in octogenarians with chronic kidney disease (CKD) (eGFR < 60mL/min/1.73m2) presenting with Acute Coronary Syndrome (ACS) compared to chronic coronary artery disease (CCAD)

Methods: Retrospective data was collected for 334 consecutive patients who underwent PCI during January 2003 to December 2009 at Carle Foundation Hospital. Of these 143 patients with CKD were selected for this study

Results: The patients were stratified based on clinical Presentation: ACS (n=99) or CCAD (n=44). Both groups had identical baseline risk characteristics except ACS patients had high prevalence of chronic kidney disease. A total of 30 patients developed in-stent restenosis: 18.2% with ACS and 27.3% with CCAD (p=0.21). There was no significant relationship between type of stent placed and either recurrent MI, Target Vessel Revascularization (TVR) or death due to all causes. However, patients with CCAD had higher bleeding events (27.3% vs 10.1%, p=0.009). Conclusion: This study revealed that PCI outcomes were similar in octogenarians who presented with ACS versus CCAD. There was significant higher rate of bleeding in CCAD patient who underwent PCI. The patients with CCAD received more DES and were on dual antiplatelet therapy for longer duration (12 months). Hence, we would recommend BMS in patients with CKD. Further larger studies are required to confirm this hypothesis.

Table: Outcomes of ACS vs CCAD

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| Variable | ACS | CCAD | P Value |
| Instent Restenosis | 18.3% | 27.3% | 0.21 |
| TVR | 9.4% | 6.4% | 0.34 |
| Death | 36.4% | 26.9% | 0.10 |
| Recurrent MI | 9.6% | 6.4% | 0.31 |
| Bleeding | 48.9% | 51.1% | 0.009 |