**LONG-TERM PROGNOSTIC VALUE OF CORONARY ANGIOGRAPHY IN MEDICALLY TREATED PATIENTS**

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**Introduction**: Non-invasive anatomical and functional testing are often used for diagnostic and prognostic purposes in patients with established or suspected coronary artery disease (CAD). However, few studies have evaluated the long-term prognostic value of coronary angiography (CA) in medically treated patients with stable CAD.

**Methods**: Among consecutive stable patients referred for a first CA at a federal university hospital in Rio de Janeiro between January 2007 and December 2009, those not submitted to angioplasty or bypass surgery were analyzed. Clinical and angiographic characteristics were retrospectively evaluated by chart review and correlated to long-term survival.

**Results**: Out of 151 patients who underwent CA during the study period, 118 were not submitted to any revascularization procedure and followed for a mean duration of 7.1 years (±2.5). Baseline characteristics are shown in table 1. Obstructive CAD, male gender, and heart failure were significantly associated with mortality. The combination of obstructive CAD and heart failure (HF) predicted the highest annual death rate (7.5%). There was no difference in survival between the cohort that initially underwent angioplasty (33 patients) or was treated medically (logrank: p=0.39).

**Conclusion**: Any obstructive lesion identified on CA, especially in male patients with HF, is associated with a worse long-term prognosis in stable CAD and should be followed by aggressive medical therapy and appropriate revascularization.

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