**COMPARISON OF BASELINE CHARACTERISTICS AND OUTCOMES BETWEEN EARLY AND LATE STAGED PERCUTANEOUS CORONARY INTERVENTION FOR ACUTE CORONARY SYNDROME**

N. Balasubramaniyam, W.S. Aronow, C. Palaniswamy, H.M. Lai, J. Doshi,

L.J. Cuomo, **S. Khera**, S. Sule, S.J. Peterson

New York Medical College, Valhalla, NY, USA

Background: In patients presenting with acute coronary syndrome (ACS) and multivessel disease staged percutaneous coronary intervention (PCI) is an acceptable strategy. The demographics and long-term outcomes comparing early versus late staged PCI in these patients have not been adequately studied.

Methods: A total of 99 consecutive patients who presented to our institution with ACS and underwent staged PCI were studied retrospectively. Based on the interval between index and staged PCI, patients were classified into early PCI group (<30 days) and late PCI group (>30 days).

Results: Of 99 patients, mean age 62 + 13.5 years, 75% men, early PCI was performed in 40 (40%),and late PCI in 59 (60%) patients. The mean intervals between index PCI and staged PCI between both the groups were 10.32 ± 9.83 versus 65.71 ± 38.25 days (p= 0.0001).A higher percentage stenosis of the vessel intervened during second PCI was seen in the early PCI group (86.47±7.98% vs. 81.91±9.80%; p=0.01). Early PCI group also had a higher use of bare metal stents during the index procedure compared to the late PCI group (19 (48%) vs. 13 (22%); p=0.009). More patients required the second procedure as emergent/urgent in the early PCI group than the late PCI group (10(25%) vs. 4(6.7%); p=0.017). Incidences of new renal failure, vascular complications and one year mortality (0% vs. 2%) were similar between the groups.

Conclusions: For patients with ACS who undergo staged PCI, peri-procedural adverse events and long-term outcomes were similar between early versus late revascularization