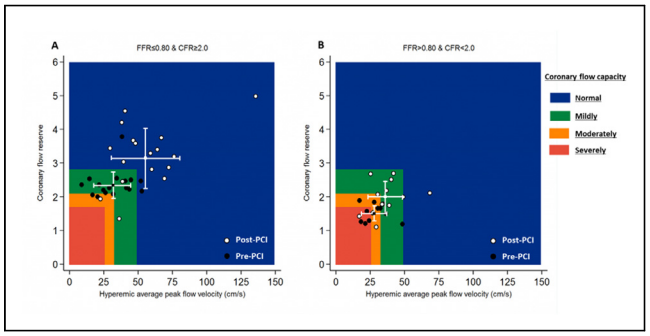

CONCLUSION In vessels with FFR>0.80 and CFR<2.0, myocardial ischemia is frequent and PCI can improve flow parameters to non-ischemic levels, whereas in vessels with FFR≤0.80 and CFR≥2.0, myocardial ischemia is infrequent and PCI did not significantly improve the ischemic status.

CATEGORIES IMAGING: FFR and Physiologic Lesion Assessment

UNUSUAL PRESENTATIONS AND CAUSES OF CAD - I

Abstract nos: 338 - 342

TCT-338

Cardiovascular Symptoms during 5-year Follow-up After Index Event in Patients with Spontaneous Coronary Artery Dissection

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BACKGROUND Spontaneous coronary artery dissection (SCAD) is an underdiagnosed cause of myocardial infarction, especially in young women. A recent surge in recognition and diagnosis, coupled with increasing number of publications of large case series, have advanced our understanding of the early natural history, presenting characteristics, management and outcomes in this condition. However, a paucity of data exists regarding nature of symptoms reported by patients following the index SCAD event.

METHODS Patients with non-atherosclerotic SCAD prospectively followed at Vancouver General Hospital were included. Angiographic SCAD diagnosis was confirmed by 2 experienced cardiologists and categorized as type 1, 2 or 3. Characteristics including nature and frequency of cardiovascular symptoms reported during clinic visits throughout a 5-year follow-up period were recorded.

RESULTS We prospectively evaluated 300 patients and reported their symptoms at 1 and 6 months post index event, and annually thereafter for up to 5 years. Average age was 52.7 ± 9.7 years and 90.3% were women. Median follow-up time was 3.0 (1.4 - 5.1) years. The most frequently reported chief symptom throughout follow-up period was atypical chest pain: 50.8% at 1 month, 42.5% at 6 months, 42.6% at 1 year, 39.6% at 2 years, 34.2% at 3 years, 34.8% at 4 years and 38.5% at 5 years. As expected, there is a slight reduction of symptoms overtime following the index event. There was also a change in the frequency of symptoms over time (Figure 1). Other less frequently reported symptoms were typical angina, dyspnea, and palpitations. The number of asymptomatic patients during the follow-up period were 38.4% at 1 month, 47.7% at 2 months, 50.6% at 1 year, 52.3% at 2 years, 58.6% at 3 years, 56.2% at 4 years, and 53.8% at 5 years.

CONCLUSION Atypical chest pain is frequent after a SCAD event, with reduction in burden of symptoms over time. This is the first report outlining patient symptoms following their initial SCAD event.

CATEGORIES CORONARY: Acute Coronary Syndromes

TCT-339

Types of Myocardial Infarction in Patients with Peripheral Artery Disease: Insights From EUCLID

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BACKGROUND Patients with peripheral artery disease (PAD) are at high risk for myocardial infarction (MI). The characterization of types of MI has not been reported. This analysis aims to characterize types of MI in patients with PAD and the clinical and demographic features of patients with and without MI.

METHODS Data of patients enrolled in the EUCLID trial (NCT01732822) were included. Eligible participants had an ankle-brachial index (ABI) of 0.80 or less or had undergone revascularization of the lower limbs. MI type was characterized by a central adjudication committee: by type (Type 1 spontaneous, Type 2 secondary, Type 3 sudden cardiac death, Type 4a <48h post-PCI, Type 4b definite stent thrombosis, Type 5 <72h post-CABG) or by ECG changes (STEMI, NSTEMI).

RESULTS 13,885 patients were randomized and followed for a median of 30 months. MI occurred in 683 patients (4.9%; 2.4 MIs per 100 patient-years). Patients experiencing MI were older (median 69 vs 66 years; p<0.001), more likely to have diabetes mellitus (51 vs 38%; p<0.001) or a previous revascularization (68 vs 56%; p<0.001) and had a lower ABI (if included by ABI: mean [SD] 0.60 [0.13] vs 0.63 [0.15]; p<0.01) compared with patients without MI. MI types are shown in Figure 1. Of MIs, 9.2% were STEMI, 76.4% were NSTEMI, and 14.4% unknown.

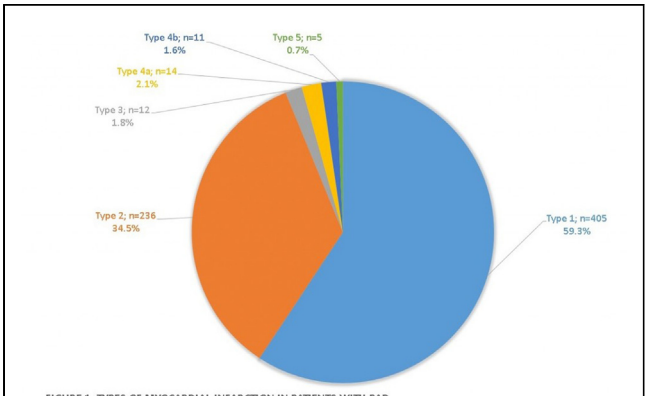

FIGURE 1. TYPES OF MYOCARDIAL INFARCTION IN PATIENTS WITH PAD.

CONCLUSION One out of 20 patients with symptomatic PAD suffered MI during follow-up. Type 1 (spontaneous) was the most common MI type; however, one-third of MIs were Type 2 (secondary). NSTEMI occurred more frequently than STEMI. More work is necessary to understand independent predictors of MI and MI types in this population.

CATEGORIES ENDOVASCULAR: Peripheral Vascular Disease and Intervention

TCT-340

Anomalous connection of the right coronary artery with interarterial course: preliminary prospective experience of stenting in a selected adult population

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