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Acute and Stable Ischemic Heart Disease

THE LEVEL OF HYPERCOAGULABILITY AND ITS IMPACT ON CLINICAL OUTCOMES ACCORDING TO THE DISEASE ENTITY FOLLOWING PERCUTANEOUS CORONARY INTERVENTION

Poster Contributions
Posters Hall_Hall A
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Background: The recent studies have shown that adjunctive use of anticoagulant can reduce the risk of atherothrombotic event occurrence in patients with coronary artery disease (CAD). We performed this analysis to evaluate the level of hypercoagulability and its impact on clinical events according to the disease entity in high-risk CAD patients.

Methods: From the prospective PCI registry, patients were classified depending on their index disease entity (stable CAD [SCAD], NSTE-ACS, and STEMI). Of those, global hypercoagulability profiles were measured with thromboelastography (TEG®: Haemonetics Corp, BrainTree, MS, USA) (n = 1,814). During the follow-up, we evaluated the risk of MACE (composite of CV death, nonfatal MI, and nonfatal stroke).

Results: $MA_{thrombin}$ levels were 65.5 ± 8.0, 66.4 ± 8.2, and 67.8 ± 8.0, respectively ($p < 0.001$). The prevalence of elevated thrombin-induced clot strength ($MA_{thrombin} \geq 68$ mm) were 38.0%, 44.2%, and 51.6%, respectively ($p < 0.001$). In terms of prognosis, compared with low $MA_{thrombin}$, high $MA_{thrombin}$ showed the greater risk of ischemic events in SCAD (HR: 1.66, 95% CI: 0.74 to 3.70; p = 0.217), NSTE-ACS (HR: 1.67, 95% CI: 0.99 to 2.80; p = 0.051), and STEMI (HR: 1.58, 95% CI: 0.82 to 3.04; p = 0.168). No interaction was found for disease presentation.

Conclusion: Platelet-fibrin clot strength differed according to the disease entity and the level of its contribution on clinical event occurrence appeared similar across the disease entity.