

Octogenarians in the catheterization laboratory

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The number of octogenarians undergoing percutaneous procedures has increased in the past years as a consequence of demographic changes. According to data 25% of all percutaneous coronary interventions (PCI) are performed in patients over the age of 75 and 12% in those aged over 80 years. There is not only a higher incidence of acute coronary syndrome (ACS), but also an increase of patients with stable angina and transcatheter aortic valve implantation (TAVI) procedures. The elderly have more comorbidities, multivessel disease, complex lesions and therefore a higher incidence of post procedural complications.^{1,2}

We present an overview of percutaneous interventions in octogenarians performed in our catheterization laboratory from 2011 until 2015. The aim was to investigate indications, procedure success, periprocedural complications, intrahospital mortality and 1 year survival rate.

There were 762 patients, 417 (55%) male and 345 (45%) female. The majority of patients 448 (58.8%) had an ACS; ST-segment elevation myocardial infarction (149 or 19.5%); non ST-segment elevation myocardial infarction + unstable angina pectoris (275 or 36 %) and cardiogenic shock or arrest (24 or 3.1%). Stable angina was the indication in 143 (18.7%) patients and elective PCI in 40 (5.2%) patients. There is an increase for valvular disease evaluation from 5.6% in 2011 to 16.5% in 2015. The majority of patients had 3-vessel disease 255 (33.0%) and 170 (22.3%) had previous PCI or coronary artery bypass grafting. Overall 380 (49.8%) patients were treated (362 PCI, 18 TAVI). The success rate was 87% and the complication rate 5.1%. Intrahospital mortality was 13.7% in the PCI group and 5.2% in the non-PCI group. A total of 495 (65%) patients had a follow-up period of one year, 386 (50.6%) were alive (171 PCI, 251 non-PCI).

In conclusion, the number of octogenarians in our catheterization laboratory is increasing. Although data from registries suggest that they appear to benefit in terms of quality of life after PCI, a careful approach to patient selection is essential to get the best outcomes.

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LITERATURE

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