divided into 2 groups according to GRACE risk score (group I ≤ 140) and (group II > 140) and the angiographic severity of CAD was described as follows: presence of coronary artery obstruction (> 70% or > 50% when affecting left main coronary artery); number of vessel affected, culprit vessel distribution (LAD,LCX RCA), SYNTAX score and finally amenability for PCI.
Results: 44 patients had GRACE risk score ≤ 140 and 56 pts >140 .There was no statistically significant difference between the two groups as regard number of vessel affected {single vessel 28 (63.64%)Versus 27 (48.21%), More than 1 vessel 16 (36.36%) versus 29 (51.78%) P value 1.025} also the culprit vessel identification, distribution or presence of totally occluded culprit vessel did not show any significant difference {P value 0.333, P value 0.101, P value 0.780 respectively} SYNTAX score showed a statistically significant difference between both group (10.7 ±4.78 versus 13.3 ± 5.86, P value 0.017) and GRACE risk score significantly Correlated with syntax score (r=0.24, p=0.013) Finally patients with GRACE risk score ≤ 140 were more amenable for PCI{41 (93.18%) versus 38 (67.85) P value 0.002}.
Conclusions: GRACE risk score significantly Correlated with Syntax score and patients with GRACE risk score ≤ 140 were more amenable for PCI.

CORONARY

Acute Myocardial Infarction

CRT-105

ABSTRACT WITHDRAWN

CRT-106

Gender Influence on the Immediate and Medium-Term Follow-Up After Primary Percutaneous Coronary Intervention, Independent Risk Factors for Death or Events

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Background: Coronary heart disease is the leading cause of mortality and morbidity. A higher mortality risk for women with acute ST-elevation myocardial infarction has been a common finding in the past, even after acute percutaneous transluminal coronary angioplasty (PTCA). Prior studies have reported worse results after PTCA in women than in men. However, recent data suggest that this difference is less marked.
Objectives: To determine gender-related differences and risk factors for death and major events, both in-hospital and at six-month follow-up, of patients that have been admitted within the first twelve hours of ST-segment elevation acute myocardial infarction (AMI) and primary PTCA in other to set out whether there are gender differences in a real-world contemporary treatment and outcome.
Methods: For two consecutive years, 199 consecutive patients were enrolled in the study, with ST-segment elevation AMI and primary PTCA without cardiogenic shock. The immediate outcome, in-hospital and six-month follow-up were studied. Multivariate Cox analysis were performed to identify independent predictors of death and major events.
Results: Clinical characteristics were similar in both groups, except that women were older than men (67.04 +/- 11.53 x 59.70 +/- 10.88, p < 0.0001). In-hospital mortality was higher among women (9.1% x 1.5%, p = 0.0171), as was the incidence of major events (12.1% x 3.0%, p = 0.0026). The difference in mortality rates remained the same at six months (12.1% x 1.5%, p = 0.0026). The independent predictors of death in multivariate analysis: were: female gender and age >80 years old. Independent predictors of major events and/or angina were: multives-sel disease and severe ventricular dysfunction.
Conclusion: After ST-segment elevation AMI and primary PTCA, the independent predictors of mortality throughout the follow-up were female gender and age >80 years, in both in-hospital and six months follow-up.

CRT-107

Neutrophil to Lymphocyte Ratio Predicts Short Term Mortality (30 Days) in Patients Undergoing Primary Percutaneous Coronary Intervention Due to Acute ST Segment Elevation Myocardial Infarction

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Background: The elevated neutrophil to lymphocyte (N/L) ratio is believed to be an inflammatory marker that has been shown to be an independent predictor of mortality in patients with CAD, including patients undergoing percutaneous coronary intervention (PCI).
Methods: We analyzed 246 consecutive patients, who underwent primary PCI at our Institution, due to acute STEMI, between October 03, 2007 and June 23, 2012. In 6 patients, only the first PCI was included. Mortality was obtained from the Social Security Mortality Index. Previous studies have suggested N/L ratio>3.5 as a marker for inflammation. Chi-square test was used to compare categorical variables and the independent T test was used to compare continuous variables. A $p<0.05$ was considered to be statistically significant. Univariate logistic regression analysis was used to estimate the independent effect in mortality at 30 days. All significant covariates with a $p<0.25$, were entered in a stepwise multivariate logistic regression analysis to assess the predictive impact of the independent variables in mortality at 30 days. Statistic analysis was performed using SPSS 17. Hospital IRB approved the study.
Results: Within 30 days there were 14 deaths (11.9%) in the group with higher N/L ratio (p=0.012) (Table 1A). Univariate analysis determined age, LV systolic dysfunction, DTB time, hemoglobin, WBC, CPK, creatinine, troponin I and N/L ratio as predictors of mortality at 30 days ($p<0.25$) (Table 1B). Multivariate logistic regression analysis identified left ventricular systolic dysfunction, WBC and N/L ratio on admission as independent predictors of mortality at 30 days ($p<0.05$) (Table 1C).
Conclusion: An increase in N/L ratio by 1unit has a 17.4% (95%, CI 5% to 31.3%) increase in odds of dying at 30 days in patients undergoing primary percutaneous coronary intervention because of acute STEMI.