

## Coronary revascularisation in stable patients after an acute coronary syndrome: Early invasive versus conservative management

**Raffaele Bugiardini**

University of Bologna, Section of Cardiology, Italy

Within the field of clinical practice, it is common knowledge that patients with acute coronary syndromes (ACS) presenting with recurrent ischaemic episodes despite aggressive medical therapy, haemodynamic instability, overt congestive heart failure or serious ventricular arrhythmias may benefit from early in-hospital coronary revascularisation. In contrast, it remains uncertain whether patients whose condition can safely be stabilised in the coronary care unit should routinely receive an interventional approach before hospital discharge. Previous studies lumped together patients with such markedly different clinical characteristics. As a result, they were unable to evaluate whether patients who met stabilisation criteria also derived substantial benefit from coronary revascularisation therapy. The research question is relevant, as in a substantial number of patients control of anginal symptoms, ECG changes and haemodynamics are achieved with medical treatment within the first 24 h. The principal finding is that outcomes in the great majority of patients appear to be unaffected by treatment with in-hospital coronary intervention. The objective of our study was to formally test the impact of medical therapy versus coronary revascularisation added to medical therapy on the management of patients with recent ACS who were stable for 48 h after an ACS.

In summary, we observed a strong and robust heterogeneity in the treatment effects of an invasive strategy, which was associated with a significant reduction in cardiovascular events at 6 months among patients with the oldest age, high-risk clinical features (prior myocardial infarction and renal failure) and biochemical evidence of a strong inflammatory activity (high C reactive protein levels). Conversely, a routine in-hospital elective revascularisation was not associated with reduced risk over medical therapy in the majority of patients. There was evidence of an increased hazard with an invasive strategy in younger male patients with STEMI and a family history of coronary disease. If corroborated by other studies, these findings may have profound clinical implications on the contemporary management of patients whose condition can safely be stabilised after an ACS.

### Biography

Raffaele Bugiardini graduated from Bologna University Medical School with full honors and passed the Postgraduate Boards in both Internal Medicine and Cardiology, again with full honors, at Bologna University Medical School. Presently he is Professor of Cardiology at the University of Bologna. He is Fellow of the American College of Cardiology, of the American Heart Association and of the European Society of Cardiology. He is the Principal Investigator of the International Survey of Acute Coronary Syndromes in Transitional Countries (ISACS-TC/ NCT0128776). He was Chairperson of the Working Group on Coronary Pathophysiology and Microcirculation of the European Society of Cardiology and Board Councillor of the European Society of Cardiology. His research activities focus mainly on the pathophysiology and secondary prevention of ischemic heart disease. A specific area of interest is the study of sex disparities in cardiovascular outcomes and possible determinants of such differences. He is author of over 400 publications in reputed journals.

raffaele.bugiardini@unibo.it