

PCI IN OCTO AND NANOGENERIANS

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With increasing aging population in India and throughout the world we have to pay attention to treatment strategies for coronary artery disease patients who were above 80 years. Important and difficult concerns in this age group are presence of more extensive CAD with calcific lesions. Way back in 1992 itself there was a Scientific Session on the management of heart disease in the octogenarian by American College of Cardiology in Dallas [1]. According to Glen J. Kowalchuk et al the frequency of 0-, 1-, 2-, and 3-vessel and left the main CAD was 7, 14, 21, 57 and 13%, respectively. Based on angiographic criteria, only 31% had coronary anatomy amenable to PTCA with a clinical success rate of 83% [2].

Other challenges with Octogenarians are significantly higher rates of co-morbidities like hypertension, CAD, peripheral vascular disease, atrial fibrillation (AF), chronic kidney disease, cerebrovascular disease, chronic obstructive pulmonary disease (COPD), arthritis, dyslipidemia, diabetes, and cardiomyopathy. They also have much higher rates of dementia, lower tolerances to sedation, and high risks for procedural and post-procedural complications. Bleeding risks are a major concern for octogenarians, and procedural anticoagulation and long-term antiplatelet therapy need to be carefully managed [3].

In this issue, an article by Anil et al on "Acute Results of PCI For CAD In Octo And Nonagenarian Patients", discussed the difficulties and acute results following the PCI in 174 octo and Nonagenarian CAD population with max age of 99 years. In this study multivessel disease is not frequent. 69% had single vessel disease. This is mainly analysis done in patients already referred for PCI, but on the angiographic analysis of all octo and Nonagenarian. As expected 88% of lesions required Predilatation due to the presence of tight narrowing or calcification.

Surprisingly procedural success was seen in 95.4% patients which are comparable to younger age group

patients and only 4% patients had procedural complications. These statistics are very favorable to do PCI in this age group then when compared to previous studies [2,4]. This may be due to improvement in stent technology with overall PCI technology improvement. But we have to accept this improvement of acute PCI success with pin of salt as there is no detail description about the complexity of the lesion and/or patient.

Any why, this article gives us hope of using PCI as primary modality of management in octo and Nonagenarian, in contrast to previous studies concentrating on CABG [5,6].

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