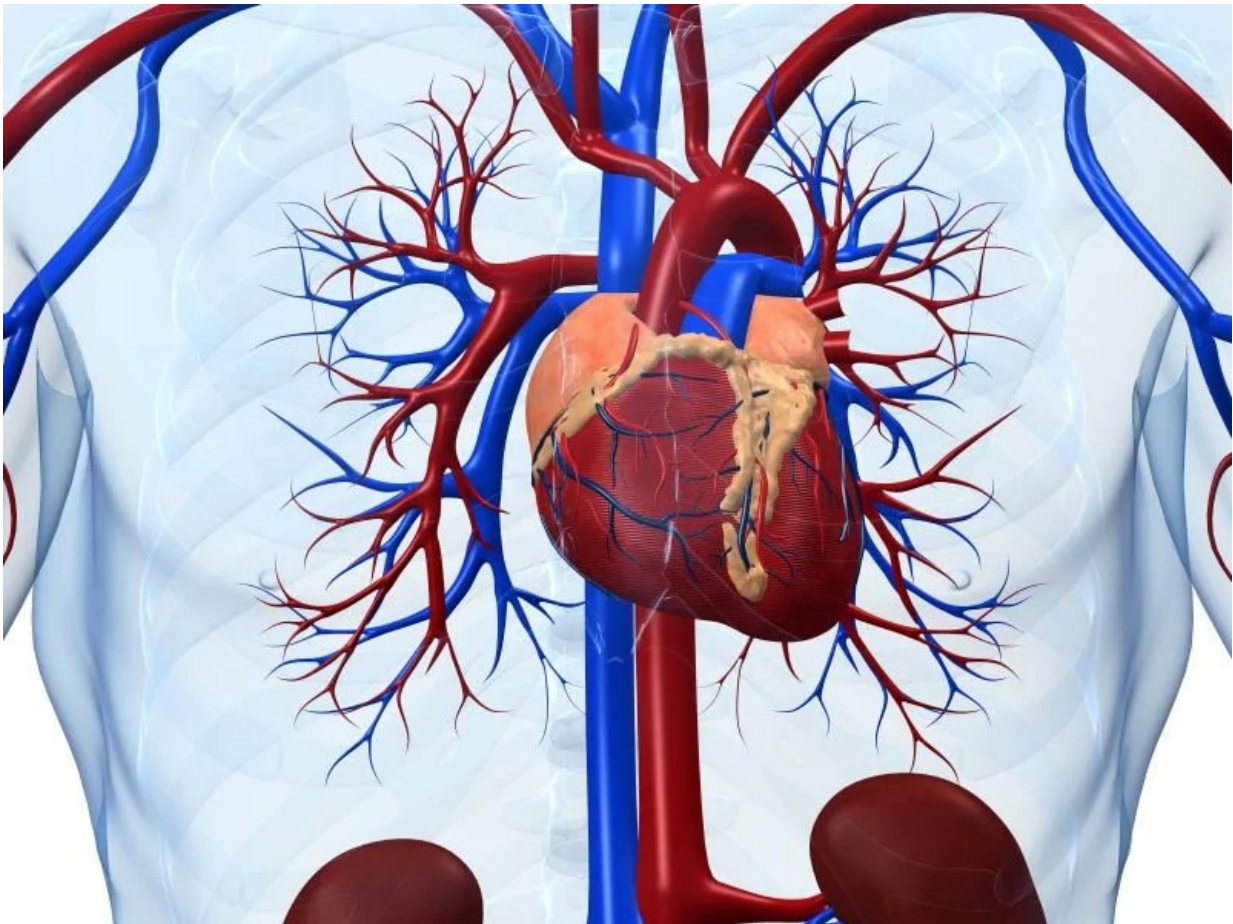


PCI, CABG both acceptable for CKD patients with LMCAD

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(HealthDay)—For patients with left main coronary artery disease

(LMCAD), those with and without chronic kidney disease (CKD) undergoing revascularization have similar long-term outcomes with percutaneous coronary intervention (PCI) and coronary artery bypass grafting (CABG), according to a study published in the Aug. 14 issue of the *Journal of the American College of Cardiology*.

Gennaro Giustino, M.D., from the Icahn School of Medicine at Mount Sinai in New York City, and colleagues examined the comparative effectiveness of PCI versus CABG surgery in 1,869 patients with LMCAD and low or intermediate anatomical complexity according to baseline renal function.

The researchers found that 19.3 percent of patients had CKD. Compared to patients without CKD, those with CKD had higher three-year rates of the primary end point (composite of death, myocardial infarction, or stroke [20.8 versus 13.5 percent; hazard ratio, 1.60]). Patients with CKD more commonly had [acute renal failure](#) (ARF) within 30 days compared to those without CKD (5.0 versus 0.8 percent); ARF was strongly linked to the three-year risk of death, stroke, or MI (50.7 versus 14.4 percent; hazard ratio, 4.59). In patients with and without CKD, ARF occurred less commonly after revascularization with PCI versus CABG (hazard ratios, 0.28 and 0.20, respectively). Patients with and without CKD had no significant differences in the rates of the primary composite end point after PCI and CABG.

"Both PCI and CABG are thus acceptable revascularization approaches in selected high-risk patients with LMCAD and CKD," the authors write.

Several authors disclosed financial ties to the biopharmaceutical industry.

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