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## **Prognostic significance of the Medina classification in bifurcation lesion PCI**

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**THEME:** Coronary Interventions

**TOPIC(S):** Bifurcation lesion

### **AIMS**

The Medina classification is the most widespread method to describe bifurcation lesions. Little is known regarding the prognostic significance of the classification following percutaneous coronary intervention (PCI).

### **METHODS AND RESULTS**

The study included 738 consecutive patients from a prospective bifurcation registry. There were 609 patients (82.5%) with "true bifurcation" (TB) lesions (Medina class 1.0.1, 1.1.1, 0.1.1) and 129 (17.5%) in all other categories ("non-true bifurcation"=NTB). We compared rates of death and major adverse cardiac events (MACE: cardiac death, myocardial infarction, or target vessel revascularization). Patients with TB had lower rates of previous bypass surgery (9.4% vs. 12.2%,  $p=0.03$ ) and hyperlipidemia (75.2% vs. 79.0%,  $p=0.04$ ). TB lesions were more likely to be calcified (33.8% vs. 28.2%,  $p=0.03$ ) and ulcerated (8.9% vs. 3.4%,  $p<0.01$ ). All cause death rates at 3 years were higher for TB PCI (10.1% vs. 4.9%,  $p=0.002$ ), as were rates of MACE (27.2% vs. 11.6%,  $p<0.001$ ). After performing regression analysis, TB remained an independent predictor for poor outcomes (OR-3.93 at 12 months, CI 1.45-10.66,  $p=0.007$ , OR-3.26 at 3 years, CI 1.47-7.25,  $p=0.004$ ).

### **CONCLUSIONS**

TB lesions, according to the Medina classification, portend worse prognosis for patients undergoing bifurcation PCI. This may guide prognostication and decision making in treatment.