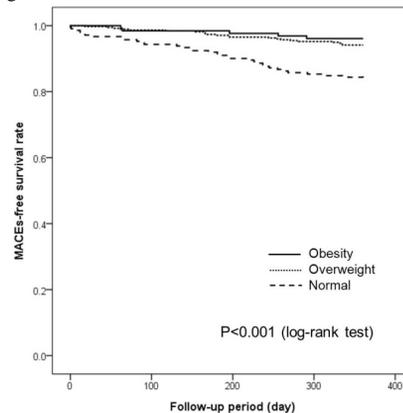


Impact of obesity on cardiovascular events in Korean patients with coronary artery disease

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Objectives: The aim of the study was to investigate the association between obesity and cardiovascular events in patients with coronary artery disease undergoing percutaneous coronary intervention. **Methods:** We studied 714 consecutive patients who underwent PCI between May 2010 and April 2011. A total of 714 patients were divided into three groups according to BMI: normal, (BMI <23.0 kg/m², n=211); overweight (23.0 ≤ BMI <27.5 kg/m², n=375; and obese (BMI ≥ 27.5 kg/m², n=128). During 1-year follow-up, major adverse cardiovascular events (MACEs), defined as the composite of all-cause death, non-fatal myocardial infarction (MI), stroke, revascularization, or readmission for heart failure, were compared between those groups. **Results:** The overweight or obese groups had a higher incidence of hypertension, diabetes, and hyperlipidemia than the normal group. Left ventricular systolic dysfunction (ejection fraction <40%) was more frequent in the normal group compared to the overweight or obese groups (14.1% vs. 7.3% vs. 8.6%, *p*=0.026, respectively). The cumulative incidence of MACEs rate was 15.6% for the normal group, 5.9% for the overweight group, and 3.9% for the obese group (*p*<0.001). By multivariate logistic regression analysis, BMI was independent predictor of 1-year MACEs (OR, 0.892; 95% CI, 0.813-0.979; *p*=0.016). **Conclusions:** In patients with coronary artery disease undergoing PCI, overweight or obesity is associated with lower risk for cardiovascular events, compared to normal weight.



Clinical Impact of Myocardial Infarction due to Coronary Spasm and 2 Year Follow up

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Backgrounds: Coronary artery spasm has been identified as an alternative cause for myocardial infarction (AMI) in patients (pts). It has been shown about 50% of ACS pts without obstructive lesion had coronary spasm. However there is few data on the prognosis in these pts. Therefore we aimed to compare prognosis between pts with AMI due to coronary spasm without culprit lesion and AMI due to culprit lesion during 2 year of follow up. **Methods:** A total of 36,797 pts with AMI in the KAMIR (Korea Acute Myocardial Infarction Registry) were grouped according to AMI due to coronary spasm without culprit lesion (CAS MI; N=484) and AMI due to culprit lesion (Stenotic MI; N=36,313). We compared MACE defined as composite of cardiac death (CD), any myocardial infarction (MI), repeat revascularization (RR) at 2 year between the two groups. **Results:** The incidence of MACE in pts with CAS MI at 2 follow up was significantly lower than in pts with Stenotic MI (10.8% vs 7.1%; log rank *p*=0.006). The pts with CAS MI had significantly lower incidence of RR (4.2% vs 0.4%; log rank *p*<0.001). However the incidence of MI (1.5% vs 0.9%; log rank *p*=0.594) and CD (5.4% vs 4.6%; log rank *p*=0.456) were similar between the two groups. **Conclusions:** In overall population with AMI, clinical outcomes of CAS MI was significantly lower than those of Stenotic MI upto 2 years, which is attributable to relatively low rate of RR. However the incidence of CD and MI in the pts with CAS MI could not be so small as compared with those of Stenotic MI.

