**CORONARY COLLATERALS ARE NOT CARDIOPROTECTIVE IN MULTIETHNIC STEMI PATIENTS AFTER REVASCULARIZATION**

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*Objective:* The cardioprotective role of coronary collateralization is unknown in multiethnic patients with STEMI. The aim of our study was to examine the ethnic variations in collateralization and its cardioprotective role in multiethnic patients with STEMI who underwent successful revascularization.

*Methods:* STEMI patients who underwent successful PCI were included. The collateral flow was graded as per the Rentrop classification and patients were categorized as having either significant collateral flow or poor/absent collateral flow to the infarct-related artery. *Results*: 337 patients from 5 ethnic groups: Caucasian 55%, Asian 19%, Hispanic 12%, South Asian 10%, African American 4% were included who had a TIMI flow grade (less than or equal to symbol) 1 before PCI, and TIMI III flow afterwards. 50 patients had significant collateral flow (Group A), whereas 287 patients had either poor or absent collateral flow (Group B). Ethnic, gender and age distributions and prior CAD were similar between the groups. Initial serum CPK levels were significantly lower in Group A (676 +/-1392 ng/ml vs 1293+/-1987 ng/ml, P=0.03). However, peak serum CPK levels were similar between the groups. Presenting LVEF and discharge LVEF were similar between the groups. Incidence of cardiogenic shock, hemodynamic instability requiring IABP support and arrhythmias were similar between the groups.

*Conclusions*: This data shows no significant variability in collateralization amongst STEMI patients between ethnic groups. Contrary to prior data, the presence of prior CAD did not affect collateralization. Moreover, the presence of a well-developed collateral network does not appear to limit infarct size or early left ventricular function recovery.