**COMPARISON OF LONG-TERM AND SHORT-TERM MORTALITY AFTER PRIMARY PERCUTANEOUS CORONARY INTERVENTION FOR STEMI VERSUS THOSE WITH NON-STEMI**

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**Objective:**We have limited data of the comparative long-term and short-term mortality in patients with different indications for percutaneous coronary intervention (PCI) using drug-eluting stent (DES). We evaluated association between time and cause of death in patients with ST-segment elevation myocardial infarction (STEMI) treated with primary PCI compared with patients undergoing PCI for unstable angina (UA)/ non-STEMI (NSTEMI) and stable angina.

**Method:** A web-based registration system with an accurate record linkage was used to investigate time and death of cause in STEMI, UA/NSTEMI and stable angina. A total of 8,878 consecutive patients undergoing PCI from 2005 to 2010 at eight institutions were followed up prospectively (median 3.3 years, interquartile range 1.1 to 4.2).

**Results:** The indication for PCI was STEMI in 22%, UA/NSTEMI in 37%, and stable angina in 41%. The all death (cardiac death) rate at 5 years was 8.5% (6.2%) in patients with STEMI, 6.5% (4.1%) in patients with UA/NSTEMI, and 3.6% (1.9%) in those with stable angina (respectively p<0.001, p<0.001). First 6 month all death (cardiac death) rates in STEMI, UA/NSTEMI, and stable angina are respectively 5.8% (5.2%) , 3.3% (2.3%) and 1.5% (1.1%). During the initial 6 months, patients with STEMI had an increased risk of death compared to patients with UA/NSTEMI (R] 1.84, 95% CI 1.40 to 2.41) and stable angina (RR 4.08, 95% CI 2.92 to 5.68). However, between 6 months and 5 years, mortality occurred at an almost similar rate among patients with STEMI and those with UA/NSTEMI and stable angina and (RR 0.82, 95% CI 0.59 to 1.13; RR 1.28, 95% CI 0.91 to 1.81). After 6 months, there was no difference in mortality between UA/NSTEMI and stable angina (RR 1.28, 95% CI 0.91 to 1.81).

**Conclusion:**The low survival rates in patients with STEMI after primary PCI are mainly attributed to greater mortality in the first 6 months after the event. But, after 6 months, STEMI, UA/NSTEMI, and stable angina have similar survival rates in DES era.