**PREDICTIVE VARIABLES OF LONG TERM OUTCOME IN PATIENTS UNDERGOING COMPLEX PERCUTANEOUS CORONARY INTERVENTIONS.**

**THE ERACI RISK SCORE**

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**Objective:** To evaluate ERACI score (ES) as an outcome predictor compared to SYNTAX score (SS) in patients (pts) undergoing percutaneous coronary intervention (PCI) in a "real world" registry from Argentina.

**Method:** We evaluated 426 consecutive pts undergoing PCI in 15 centers between 2013 and 2016 and included in 2 prospective registries (ERACI IV and WALTZ). Primary endpoint was composite of death, myocardial infarction, stroke and repeat revascularization (MACCE). Stents implanted were a 2-generation eluting stent (firebird 2®) or a chromo cobalt bare metal stent (BMS) (Waltz®). Indication of revascularization in 2 or 3 major coronary arteries or unprotected left main was an inclusion criteria for ERACI IV but not for WALTZ, an all-comers registry. Exclusion were previous DES and contraindications for double antiplatelet therapy. Per protocol all lesions >70% with a diameter >2.0 mm were stented. SS and ES, baseline and after PCI (residual) were done by 2 independent researchers. An univariate and Cox regression analysis were done to identify predictors of MACCE, using an intention-to-treat principle.

**Results:** Mean SS was 19.5 and mean ES 14.8. We identify 6 variables from the univariate analysis that were included in Cox regression for MACCE at 509 days of follow-up (table).

**Conclusion:**Residual ES was a significant predictor of MACCE at long term follow-up. This findings support the recommendation from ERACI to not include neither intermediate lesions nor small vessels in revascularization strategy.

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| Table |
| Variable | P value | RR | 95% CI |
| Family history of CAD | 0.03 | 2.59 | 1.07-6.23 |
| High SS (>32) | 0.50 | 0.75 | 0.33-1.71 |
| High ERACI score (>32) | 0.84 | 1.12 | 0.34-3.64 |
| ACS | 0.49 | 0.79 | 0.41-1.54 |
| Low residual SS (<6) | 0.73 | 1.13 | 0.55-2.29 |
| Low residual ES (<6) | 0.01 | 0.36 | 0.15-0.82 |