Some Patients with Persistent Coronary Artery Occlusion After Acute Myocardial Infarction May Require Revascularization

C. Richard Conti, MD, MACC: *Clin Cardiol* 2007;30:371

To the Editor:

Dr. C. Richard Conti's analysis, in his August 2007 editorial,¹ of the limitations of Hochman J., et al., Occluded Artery Trial (OAT),² is very appropriate. Another potential limitation of the OAT trial may be brought to the attention of readers. To begin with, OAT included a higher absolute number of patients with low ejection fraction ($\leq 50\%$) in the percutaneous coronary intervention (PCI) group ($n = 597$) as compared with patients in the medical therapy group ($n = 554$). Still, as we can see, the odds of having New York Heart Association (NYHA) class III–IV heart failure was lower at 4 y in the PCI group (61 of 597) than in the medical therapy group (67 of 554), within that subpopulation (ejection fraction $\leq 50\%$). The long-term outcome, therefore, may be significantly better with PCI, and only a prolonged follow-up of these patients can answer the question. Poor left ventricular (LV) function patients

suffer the poorest long-term prognosis, with LV dysfunction being the most important predictor.^{3,4} One may conclude that PCI-induced revascularization improves the chances of regression to the mean (and hence the prognosis) seen in a population with low initial ejection fraction. I agree with Dr. Conti's words that revascularization therapy remains an option, especially for low ejection fraction patients who may need it the most.

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