

Letter to the Editor

Letter by Garcia-Moll Regarding Article, “Glycemic Control Status After Percutaneous Coronary Intervention and Long-Term Clinical Outcomes in Patients With Type 2 Diabetes Mellitus”

To the Editor:

I read with interest the article by Hwang et al¹ regarding glycemic control and outcomes after percutaneous coronary intervention. The authors have shown that there is an association between glycemic control after percutaneous coronary intervention and clinical outcomes in diabetic patients with a propensity score statistical design. Patients with HbA1c $\geq 7.0\%$ had a higher rate of major adverse cardiac and cerebrovascular event than patients with HbA1c $< 7.0\%$. Major adverse cardiac and cerebrovascular event was defined as a composite of cardiac death, myocardial infarction, any repeat revascularization, or stroke during the follow-up period. Interestingly, the effect was mainly because of a reduction in repeat revascularization. Propensity score has been carefully performed, with no significant differences in the treatment of patients at discharge. However, as patients in the high HbA1c needed more drugs to control glycemia, there was a significant increase in the insulin prescription among this group at follow-up (24 months). In the propensity-matched cohort, only 4.1% of patients with HbA1c $< 7.0\%$ were treated with insulin, for 14.3% in the HbA1c $\geq 7.0\%$ ($P < 0.001$). This variable was not introduced in the multiple regression analysis of the major adverse cardiac and cerebrovascular event incidence. Insulin is a growth factor that has been associated with higher rates of restenosis after coronary interventions.²⁻⁴ It is, therefore, plausible that insulin rather than (or in addition to) poor glycemic control may be associated with

the higher restenosis rate (both TLR and non-TLR) observed by the authors. It would be interesting to see results after adjustment with insulin treatment throughout follow-up in both groups.

Disclosures

None.

Xavier Garcia-Moll, MD, MSc, FESC
Cardiology Department
Santa Creu i Sant Pau University Hospital
Barcelona, Spain

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