

Review Article

Results of the Syntax Trial from the Viewpoint of the Cardiac Surgeon

Friedrich Mohr

The SYNTAX trial (SYNergy between Percutaneous Coronary Intervention with TAXus and Cardiac Surgery) was performed on previously untreated patients with three-vessel or left main coronary artery disease. A total of 1800 patients with three-vessel or left main coronary artery disease were randomly assigned to coronary artery bypass graft surgery (CABGS) or percutaneous coronary intervention (PCI) in a 1:1 ratio. The combined primary end point included death, cardiac or cerebrovascular events, or repeat revascularization (MACCE=major adverse cardiac and cerebrovascular event). Coronary artery bypass graft surgery was superior to PCI. Rate of MACCE at 12 months was 17.8% in the PCI group versus 12.1% for CABGS ($p=0.0015$). This figures increased at 2 years in the groups of higher risk. In high-risk patients, the rate of MACCE was 15.4% versus 28.2% in the PCI group ($p<0.001$). In this setting, death of any cause was 5.9% in the PCI group and 3.3% in the CABGS group ($p<0.008$). Patients undergoing PCI had a greater incidence of cardiovascular events. It is important to wait for the conclusions after 5 years of follow-up.