**PRAMI: Preventive Angioplasty in Myocardial Infarction Trial**

**Background:** While angioplasty (PCI) is routinely used in myocardial infarction to restore blood supply through a blocked artery, additional stenosed arteries are often present, but not considered to be the cause of the MI. These arteries are not always dilated during the angioplasty procedure.

**Questions to answer:** Does preventive angioplasty - dilation of these stenosed arteries - prevent future MI’s and adverse cardiovascular events?

**Presented by:** D. Wald, ESC Congress 2013, Amsterdam © 2013, American Heart Association. All rights reserved.

**Trial Design:**

| N-465. Patients with acute STEMI randomized to receive therapeutic angioplasty (PCI) vs. therapeutic angioplasty plus angioplasty of the narrowed arteries for prevention (preventive angioplasty). Mean f/u: 23 months. |

**Primary Endpoints**

Cardiac death, nonfatal MI and refractory angina

**Trial Results:**

<table>
<thead>
<tr>
<th>Preventive PCI</th>
<th>No Preventative PCI</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 events per 100 patients</td>
<td>23 events per 100 patients</td>
</tr>
</tbody>
</table>

**Trial stopped early**

P< 0.001

65% reduction in Cardiac death, nonfatal MI and refractory angina with preventive PCI

**Take Away:** There was a significant reduction in the risk for adverse cardiovascular events with preventive PCI vs. non-preventive PCI in coronary arteries with major stenosis that were not involved with the infarct.