

POSTER PRESENTATION

Open Access

Evaluation of EuroSCORE II for elective isolated first time CABG patients

A Khan^{1*}, V Srivastava¹, F Mourad², R Richards¹, A Bose¹

From 23rd World Congress of the World Society of Cardio-Thoracic Surgeons
Split, Croatia. 12-15 September 2013

Background

EuroSCORE II is proposed to be a better predictor than EuroSCORE I of operative mortality in the current cohort of cardiac surgical patients. The aim of this study was to compare the performance of EuroSCORE II with the original EuroSCORE model for isolated CABG patients.

Methods

Prospectively collected data from institutional computerised database was interrogated for elective patients undergoing isolated first time CABG between May and Dec. 2013. EuroSCORE II and EuroSCORE I (additive and logistic) were calculated. The performance of each was tested using the Receiving Operating Curve analysis.

Results

Of a total of 341 patients, 286 (83.9%) were males. The mean age was 65.85 ± 9.9 years. The overall 30 day mortality was 1.47% (5 deaths). The mean EuroSCORE II was 1.3 whereas the mean additive and logistic EuroSCORE I were 3.29 and 3.22 respectively. The area under curve (AUC) for ROC analysis were (in brackets) - for EuroSCORE II ($0.68 \pm .12$), additive EuroSCORE I (0.77 ± 0.08) and logistic EuroSCORE I (0.76 ± 0.09).

Conclusion

All 3 scores showed moderate predictive ability as demonstrated by the AUC. Mean EuroSCORE II was however closest to the actual observed 30 day mortality.

Authors' details

¹Dept of Cardiothoracic surgery, Blackpool Victoria Hospital, Blackpool, UK.
²Dept. of Cardiothoracic Surgery, Faculty of Medicine, Ain Shams University, Cairo, Egypt.

* Correspondence: aamirikhana@yahoo.com

¹Dept of Cardiothoracic surgery, Blackpool Victoria Hospital, Blackpool, UK
Full list of author information is available at the end of the article

Published: 11 September 2013

doi:10.1186/1749-8090-8-S1-P72

Cite this article as: Khan et al.: Evaluation of EuroSCORE II for elective isolated first time CABG patients. *Journal of Cardiothoracic Surgery* 2013 8(Suppl 1):P72.

Submit your next manuscript to BioMed Central
and take full advantage of:

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at
www.biomedcentral.com/submit

