**INTRODUCTION**

The proportion of patients with acute coronary syndrome (ACS) who are very old is increasing. The care of the elderly patients is more complex than that of younger. The older patients are a therapeutic challenge because they are rarely included in randomized clinical trials.

**PURPOSE**

Determine clinical presentation, therapeutic approach and prognosis in a population of octogenarians (Oct) with ACS

**METHODS**

- Retrospective study of 2064 patients admitted for ACS in a coronary unit over a period of 4 years
- 2 groups were defined according to age: younger (age < 80 years) and Oct (age ≥ 80 years)
- Analysis of Oct according to therapeutic approach: percutaneous/surgical (n = 177) vs medical (n = 92)
- Minimal follow-up of six months

**RESULTS**

In a sub-analysis of Oct there were no significant differences in the demographic characteristics. Myocardial infarction without ST segment elevation is more common in Oct non revascularized (73.6% vs 39.3%, p < 0.001).

The Oct non revascularized had the highest prevalence of Killip class ≥ 2 on admission (52.7% vs 40.1%, p = 0.049) and moderate to severe left ventricular dysfunction (56.1% vs 42%, p = 0.034).

The in-hospital mortality (22% vs 10.2%) and at 6 months (37.1% vs 25.1%) were higher in the non revascularized Oct.

**CONCLUSION**

In this review, the elderly had worse prognosis and were less likely to receive evidence-based therapy. Although mortality was higher in octogenarians patients under medical treatment, the absence of revascularization was not an independent predictor of mortality in this population.