Acute coronary syndromes Extended Abstract

Percutaneous coronary intervention in acute myocardial infarction before and during the COVID-19 pandemic: first insights from a dedicated COVID-19 hospital

Irzal Hadžibegović*,
Ante Lisičić,
Mario Udovičić,
Miroslav Raguž,
Ilko Vuksanović,
Ognjen Čančarević,
Vanja Hulak-Karlak,
Ivana Jurin,
Aleksandar Blivajs,
Petra Vitlov,
Boris Starčević

University Hospital Dubrava, Zagreb, Croatia

RECEIVED: December 6, 2020 ACCEPTED: December 18, 2020



KEYWORDS: myocardial infarction, percutaneous coronary intervention, COVID-19.

CITATION: Cardiol Croat. 2021;16(1-2):7. | https://doi.org/10.15836/ccar2021.7

*ADDRESS FOR CORRESPONDENCE: Irzal Hadžibegović, Klinička bolnica Dubrava, Avenija Gojka Šuška 6, HR-10000 Zagreb, Croatia. / Phone: +385-91-5333091 / E-mail: irzalh@gmail.com

ORCID: Irzal Hadžibegović, https://orcid.org/0000-0002-3768-9134 • Ante Lisičić, https://orcid.org/0000-0002-4365-9652 Mario Udovičić, https://orcid.org/0000-0001-9912-2179 • Miroslav Raguž, https://orcid.org/0000-0003-1567-8503 Ilko Vuksanović, https://orcid.org/0000-0002-4462-8647 • Ognjen Čančarević, https://orcid.org/0000-0002-1285-8042 Vanja Hulak-Karlak, https://orcid.org/0000-0003-0614-215X • Ivana Jurin, https://orcid.org/0000-0002-2637-9691 Aleksandar Blivajs, https://orcid.org/0000-0003-3404-3837 • Petra Vitlov, https://orcid.org/0000-0001-6983-1409 Boris Starčević, https://orcid.org/0000-0002-3090-2772

Background: COVID-19 pandemic has caused a worldwide situation of "missing patients" with acute myocardial infarction (AMI) suitable for a timely percutaneous coronary intervention (PCI).¹ We aimed to investigate the impact of COVID-19 pandemic on PCI in AMI (ST elevation + non ST elevation MIs) in a hospital included in the national primary PCI network and dedicated for COVID-19 patients from Mar 2020.

Patients and Methods: We compared numbers, characteristics and outcomes of patients presenting with AMI and receiving timely percutaneous intervention in our hospital between two periods: Jan 2019 – Jan 2020 ("pre-COVID-19" era) and Mar 2020 – Dec 2020 ("COVID-19" era - 9 months period with mixed hospital organization: 4 months dedicated COVID-19 only hospital, and 5 months both non-COVID-19 and COVID-19 hospital).

Results: In the pre-COVID-19 era we performed 434 PCIs in 505 patients with AMI who received urgent/ early coronary angiography after admission (average monthly number of AMI suitable for revascularization: 42 patients), with in-hospital mortality of 3.7%. During the COVID-19 era there were 137 PCIs in 186 patients with AMI and urgent/early coronary angiography (average monthly number of AMI suitable for revascularization: 18 patients), with in-hospital mortality of 8%. During the COVID-19 era, there were 14 COVID-19 positive patients with acute AMI who underwent urgent angiography (8 received PCI and 6 were treated conservatively) and had in-hospital mortality of 28%.

Conclusion: We found an astonishing 40% reduction in monthly rates of patients with AMI suitable for revascularization presenting to our hospital during the COVID-19 pandemic. AMI patients that were treated with PCI during the pandemic era had significantly higher mortality, mostly influenced by a very high mortality rate of COVID-19 positive patients presenting with AMI. Comprehensive analysis of national primary PCI network organization and patient awareness of AMI during COVID-19 pandemic in Croatia is warranted.

1. Ruparelia N, Panoulas V. The missing acute coronary syndromes in the COVID-19 era. Ther Adv Cardiovasc Dis. 2020 Jan-Dec;14:1753944720977732. https://doi.org/10.1177/1753944720977732

> 13. kongres Hrvatskoga kardiološkog društva s međunarodnim sudjelovanjem Virtualni kongres 10. do 13. 12. 2020. / 21. do 24. 01. 2021.