Factors predictive of survival after out-of-hospital cardiac arrest
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Background: The incidence of acute coronary occlusion in the patients admitted to hospital after out-of-hospital cardiac arrest is high. Several therapeutic elements such as early reperfusion developed in recent years to reduce the high morbidity and mortality observed in this situation. The objective of this study was to evaluate the prognostic factors of survival in a series of patients who underwent coronary angiography in the immediate after out-of-hospital cardiac arrest.

Methods: All patients admitted following an out-of-hospital cardiac arrest from January 2012 to June 2013 were included. The circumstances related to the taking pre-hospital care. We found also that an immediate PCI improves the survival rate of these patients, independently of other usual prognostic factors.

Results: 54 patients were successfully resuscitated, admitted to hospital and taken directly to the coronary angiography unit, the in-hospital survival rate was 48 %. According to multivariate analysis, the factors predictive of survival in general population were ventricular fibrillation or ventricular tachycardia as initial rhythm (p=0.001), troponin level <16ng/ml (p=0.055) and the presence of a professional among bystander. In coronary patients, predictors of mortality were: troponin levels> 16ng / ml (p=0.02), the presence of one bystander (p=0.02) and the absence of therapeutic hypothermia (p=0.03) and revascularization (p=0.006).

Conclusions: In this cohort study, the survival rate is influenced by factors related to the taking pre-hospital care. We found also that an immediate PCI improves the survival rate of these patients, independently of other usual prognostic factors.

Thrombolyis of myocardial infarction with ST segment elevation: Moroccan experience of Military Hospital of Instruction Mohammed V
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Introduction: Management of STEMI is based on early myocardial revascularization alone guarantees a better prognosis of patients. The aim of our study was to evaluate the management of patients with STEMI undergoing intra-hospital thrombolysis in a center where the thrombolysis is made by cardiologist while the first contact with the patients is done by the emergency doctor.

Patients and Methods: Prospective study conducted over a period of 2 years including 55 patients with undergoing intra-hospital thrombolysis, clinical and therapeutic patient’s data and the results of coronary angiography were collected and analyzed, our results were compared to those in the literature.

Results: The mean age of patients was 59.5 ± 13.69 years with a sex ratio M / F = 3, smoking and diabetes have been at the forefront of cardiovascular risk factors, 67% of patients arrived to the hospital on their own, and 33% by ambulance. The average time of presentation of patients to the emergency room from the beginning of the pain was 3.2h [45 min-8h], the average arrival to the emergency / thrombolysis was 40 minutes [10- 90 min]. Coronary angiography was performed within an average of 25H [2-75 H] after thrombolysis. Success judged on clinical and electrical criteria was achieved in 75% of cases, 15% of patients had clinical successes with the coronary flow TIMI less than 2. 52% of patients had single-vessel lesion, 27% double-vessel and 21% multi-vessel or left main artery disease. Rescue angioplasty was performed in 18% of patients. The total number of stent used was 72 (1.3 stent / patient).

Conclusion: The management of STEMI in our climate still suffers from a delay attributable to patient consultation delay but also a significant delay between first medical contact and pharmacological revascularization, all public health policy efforts should be deployed to reduce this delay which affects the prognosis of patients.