OBJECTIVES

University Hospital of the Third Afiliated Hospital of Sun Yat-sen University is an important predictor for emergency delays. According to different methods, the Third Afiliated Hospital of Sun Yat-sen University reported that 151 STEMI patients sent by ambulance in the 306th hospital of PLA from 2011 to 2015, and all accept primary percutaneous coronary intervention (PCI) within 12 h after symptom onset. According to different onset time, patients were divided into three groups: A (45 patients) sleep time: 0:00-8:00; B (47 patients) working time: 08:01-16:00; C (59 patients) leisure time: 16:01-24:00, recording the time of SO-FMC time, D2B time.

RESULTS

We found that compared with group A, significantly more patients got first medical contact within 60 min in group B and C [B (31/47) vs A (18/45), P < 0.05; C (36/59) vs A (18/45), P < 0.05]. Compared with group A, significantly more patients’ D2B time reached the standard in group B and C [B (7/47) vs A (7/45), P < 0.05; C (20/59) vs A (7/45), P < 0.05]. There were no significantly difference between group B and C in SO-FMC time [B (31/47) vs C (36/59), P = 0.600] or D2B time [B (18/47) vs C (20/59), P = 0.638].

CONCLUSIONS

The studies described above demonstrated that: compared with sleep time group, patients of work or leisure time group could seek medical help as soon as possible, and then reducing D2B time. There was no significantly difference between working time and leisure time group. Different onset time o could be an important predictor for emergency delays. According to different onset time, Emergency personnel could analyze the reasons for the delay to develop appropriate emergency measures as soon as possible.

GW26-e1303

Correlation between serum cholesterol and PCI-related myocardial infarction: Is HDL-C good or bad?

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OBJECTIVES

PCI-related myocardial infarction is a common complication after percutaneous coronary intervention (PCI). Risk or protective factors of PCI-related myocardial infarction are complex. Serum cholesterol includes total cholesterol (TC), low density lipoprotein cholesterol (LDL-C), high density lipoprotein cholesterol (HDL-C), non-high density lipoprotein cholesterol (non-HDL-C) and so on. The aims of our study are to explore the correlation between serum cholesterol and PCI-related myocardial infarction.

METHODS

Our study retrospectively analyzed 249 coronary atherosclerotic heart disease patients accepting coronary angiography (CAG) and PCI during 2013 to 2014. The association between serum cholesterol and PCI-related myocardial infarction were explored using univariate and multivariate Logistic regression analysis, demonstrating results with odds ratio (OR).

RESULTS

Forty three patients suffered PCI-related myocardial infarction, with PCI-related myocardial infarction patients and those without at 6 months (14.7% vs 3.4%, P < 0.023) and 12 months (39.1% vs 6.2%, P < 0.001) after PCI while 3 months was not statistically different. Making MACE as the endpoint during the time after PCI to March, 2015, the event-free survival rate of the patients with PCI-related myocardial infarction is lower than the ones without (P < 0.001), while the occurrence of MACE is significantly higher in the multivariable Cox proportional hazards regression model [RR 3.397 (95%CI 1.103-10.259)] compared with those without PCI-related myocardial infarction patients.

CONCLUSIONS

The prognosis of the patients suffering PCI-related myocardial infarction and its postoperative elevation of cTnl is lower than the ones without PCI-related myocardial infarction. Other risk factors of PCI-related myocardial infarction accorded with Third Universal Definition of Myocardial Infarction [cTnl > 5× upper limit of normal value (ULN)] within 48h of the procedure plus ischemic symptom, angiographic or imaging findings].

GW26-e0798

Duration of Dual Antiplatelet Therapy Following Drug-Eliciting Stent Implantation: An update Meta-Analysis of Current Randomized Controlled Trials

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OBJECTIVES

The optimal duration of dual antiplatelet therapy (DAPT) after drug-eluting stent implantation is unclear. With inclusion of several recent large randomized clinical trials (RCTs) including PEGASUS-TIMI54, the present meta-analysis has enhanced statistical power.

METHODS

We conducted a search for RCTs from 2012 to 2015. Long term DAPT was compared with short term DAPT. Efficacy endpoints included stent thrombosis, myocardial infarction and all cause mortality. Safety endpoint was major bleeding. Odds ratios (OR) and 95% confidence intervals (CI) were computed using the Mantel-Haenszel (MH) method. Fixed-effect model was used.

RESULTS

Six RCTs were included and yielded 3502 patients (17477 short term DAPT; 17556 long term DAPT). We found a significant benefit favoring long term DAPT for stent thrombosis (odds ratio [OR]; 2.31; 95% confidence interval [CI]; 1.61-3.32; p < 0.00001). Compared...