Incidence, type and prognostic impact of bleeding complications with radial primary PCI of STEMI: The Pitié-Salpêtrière experience

Olivier Barthelemy (1), J. Silvain, Anne Bellemain-Appaix (1), F. Beygui, J.P. Collet (1), R. Choussat (1), Nicolas Vignonnes(1), G. Montalescot (1), Anne Mercadier (2)

(1) CHU Pitié-Salpêtrière, Département de Cardiologie Médicale, Paris Cedex 13, France
(2) CHU Pitié-Salpêtrière, Etablissement Français du Sang (Paris)

Aim: We evaluated the rates, types and prognosis impact of bleeding complications in all-comers presenting with STEMI treated with aggressive anti-thrombotic treatment and radial access for primary PCI.

Methods: Consecutive STEMI patients (n=695) were evaluated for bleeding complications using a web-based registry (e-PARIS). In-hospital bleeding complications were adjudicated using various definitions (TIMI, GUSTO, STEEPLE).

In-hospital ischemic events were the composite of MI, stroke and recurrent ischemia leading to urgent revascularization.

Results: Mean age was 63±14 years, 531 (76.4%) were male, 142 (20.4%) diabetic, 141 (20.3%) had known coronary disease and in 45.2% the left anterior descending artery or left main was the culprit artery. Radial primary PCI was achieved in 88% of patients, as often as possible as well as abciximab (82%).

The mean patient’s TIMI score was 3.8±0.2 (10% were in cardio-respiratory arrest). Cardiac assist devices (IABP, ECMO, Tandem Heart) requiring a femoral access, were used in 7.5% of patients. In-hospital death in-hospital, 30 days and 12-month later.

Immediate and 12 month outcomes of interventional reperfusion strategy in acute ST elevation myocardial infarction at a developing country hospital.Compared to the west, can good results be achieved?

Salem Abdessalem, Rim Ben Rejeb, Sami Mourali, Rachid Mechmèche

Hospital la Rabta, cardiology, Tunis, Tunisia

Background: Percutaneous coronary intervention (PCI) has been proven to be the treatment of choice in acute ST-elevation myocardial infarction (STEMI) in the world. There is limited adoption and a paucity of data on outcomes following PCI in developing countries.

The objective of this study was to describe the procedural and clinical outcomes of patients undergoing PCI for STEMI at a university hospital in Tunisia and make a comparison with outcomes from the West.

Methods: We conducted a retrospective cohort study at a tertiary care university hospital in Tunis, Tunisia. A total of 209 consecutive patients undergoing PCI between January 2005 and June 2007 were reviewed.

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Conclusions: In this large contemporary non-selected cohort of MI patients, NT-proBNP levels were dramatically reduced in obese patients even matched for age, renal function and gender. Moreover, in obese patients with acute MI, the significance of the propeptide level as an independent prognostic factor remains to be determined.