PHARMACO INVASIVE THERAPY IN STEMI PATIENTS IN EMERGING COUNTRIES, DIFFERENT FROM THE DEVELOPED WORLD, COULD DECREASE MORTALITY COMPARED TO USUAL TREATMENT

Poster Contributions
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Background: Pharmaco invasive therapy (PIT), in a recent metanalysis by Savio et al (Eur Heart J 2011;32:972-82), analysing developed world data, was shown to decrease re-ischemia and re-infarction but not mortality. In emerging countries, with not well organized ST elevation myocardial infarction (STEMI) networks and low rates of reperfusion, hospital mortality is still high. Recent 2010 data from the public health system showed average mortality of 15% in Sao Paulo and Brazil.

Aims: To show that PIT strategy in peripheral areas of a large city could lead to decrease STEMI hospital mortality.

Methods: A public system STEMI network was developed in a two million people area of Sao Paulo involving nine peripheral hospital, SAMU ambulances and referral cardiology hub. Primary percutaneous coronary intervention (PCI) was performed if it could be done within 60 minutes or a PIT strategy with tenecteplase (TNK) was employed with routine cath thereafter within 3-24 hours or as rescue. All cases that called the hub were included without exception and none was refused.

Results: A total of 553 consecutive STEMI's were treated within a 32 month period; 78 (14,1%) underwent primary PCI and 475 followed the PIT pathway. Rescue was necessary in 27,7% of PIT cases and 6,5% didn’t have cath performed. Serious complication during transfer ocorred in only 2/553 cases. Hospital mortality was 6,5% for PIT and 6,4% for PCI patients.

Conclusions: In a large city with serious traffic and transfer problems, development of a STEMI network increased use of lytics. In this cohort, different from developed countries, there was a significant decrease in hospital mortality with the use of PIT when comparing with recent health authorities historic control data.