Conclusions. In NSTE-ACS patients, a more accurate initial assessment of risk can be made by accounting for the number of ECG leads showing ischemic ST depression or T wave inversion.

Methods: The Portuguese Registry of Acute Coronary Syndromes collected data from 3447 consecutive patients (Pts) since January 2002, in all the 53 Cardiology Departments available in Portugal. We calculated the relative risk (RR) of in-hospital mortality between the presence or absence of AMI using different definitions: 1) Typical symptoms and persistent ST elevation (ST Elev); 2) Typical symptoms/ECG pattern and CK-MB rise >2x ULN (Old Def); 3) Typical symptoms/ECG pattern and elevated troponin level (more 410 Pts; total 2967 Pts). The incidences of in-hospital mortality for Pts with and without AMI and persistent ST elevation (ST Elev), typical symptoms/ECG pattern and elevated troponin level (Old Def), typical symptoms/ECG pattern and elevated troponin level (New Def).

Results: ST Elev was present in 1598 Pts. The Old Def increased the number of AMI by 10% (ST Elev vs Old Def, p<0.001) and 56.8% vs 3.4%, p=0.008). Severity of ST segment elevation showed no significant association with in-hospital mortality between the populations with and without AMI.

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