



A187.E1750  
JACC March 9, 2010  
Volume 55, issue 10A

## i2 SUMMIT

### SUSTAINED VENTRICULAR ARRHYTHMIAS ADD PROGNOSTIC VALUE INDEPENDENT OF UNDERLYING RISK IN STEMI PATIENTS UNDERGOING PRIMARY PERCUTANEOUS CORONARY INTERVENTION

i2 Poster Contributions

Georgia World Congress Center, Hall B5

Sunday, March 14, 2010, 9:30 a.m.-10:30 a.m.

Session Title: DES I and Acute Coronary Syndromes

Abstract Category: PCI - Acute MI

Presentation Number: 2501-453

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**Background:** The association of ventricular tachycardia/fibrillation (VT/VF) with mortality in STEMI patients (pts) undergoing primary PCI may vary with baseline pt risk. Thus, while VT/VF may be associated with higher mortality in pts that have high-risk baseline features, this arrhythmia may not impact outcomes in the low-risk cohort undergoing primary PCI.

**Methods:** We studied 5257 pts with STEMI presenting for primary PCI from the APEX-AMI trial. We evaluated the association of VT/VF with outcomes among pts with varying underlying risks for 90-day death estimated using baseline variables and Cox model.

**Results:** VT/VF occurred in 4.1% (74/1735), 5.1% (92/1788) and 7.2% (125/1734) pts in the low-, intermediate- and high-risk tertiles of 90-day predicted death, respectively. 90-day mortality was 2.8 fold higher in the high-risk pts compared with the low-risk group. Almost all outcomes were significantly worse in pts with VT/VF compared with no VT/VF in all risk categories. Mortality at 90-days was between 4.6 to 9.6 fold higher in pts with VT/VF compared with those without it in the 3 risk groups (Figure). Both early and late VT/VF were associated with increased risk of death in the various risk categories.

**Conclusions:** The incidence of VT/VF and pt mortality increased as their baseline risk increased. Nonetheless VT/VF remained an important prognostic marker for the increased risk of clinical adverse events and 90-day mortality irrespective underlying baseline risk in STEMI pts undergoing primary PCI.

