Prehospital Thrombolysis Accelerates Myocardial Reperfusion Compared to Percutaneous Coronary Intervention for ST-Segment Elevation Myocardial Infarction: Results of the START in Berlin Pilot Study

Roleand Diensa, Stefan Hufnagel, Dietrich Ankerseam, Rolf Dörfler, Wiesentrau Mahlmann am Berlin, Berlin, Germany

Purpose: Randomized trials had proven superiority of PCI over thrombolytic (TL) in AMI when performed with similar time delays. However, prehospital (p)TL (eg, fibrinolytic injection) saves critical time compared to in-hospital administration. START is the first prospective, randomized study measuring the extent of earliest possible myocardial reperfusion by pTL compared to PCI.

Methods: Patients (Pts) with STEMI less than 6 hours, enrolled from October 2000 to March 2002, 88 Pts were enrolled (44-pTL, 44-PCI). There were no differences between the two groups regarding baseline characteristics. Outcome measures were time to first balloon, time to first bolus TL, time to any TL, door-to-balloon time, door-to-MICU time, and rates of complete ST resolution (~70%) 90min and 180min after the first balloon.

Results: From October 2000 to March 2002, 88 Pts were enrolled (44-pTL, 44-PCI). There were no differences between the two groups regarding baseline characteristics. Outcome measures were time to first balloon, time to first bolus TL, time to any TL, door-to-balloon time, door-to-MICU time, and rates of complete ST resolution (~70%) 90min and 180min after the first balloon.

Conclusion: PTL for AMI related to salvage myocardium at risk can be salvaged with mechanical reperfusion in AMI pts not eligible for PCI. These innovative findings support the concept of active coronary lesions not only occurring simultaneously in more than one vessel but also attest to their functional and clinical significance emphasizing the need for intense secondary prevention in such pts.

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