

 MYOCARDIAL ISCHEMIA AND INFARCTION

INFARCT-RELATED ARTERY PATENCY AFTER EARLY ABCIXIMAB ADMINISTRATION INFLUENCES 1-YEAR MORTALITY IN PATIENTS WITH ST-SEGMENT ELEVATION MYOCARDIAL INFARCTION TRANSFERRED FOR PRIMARY PCI (DATA FROM EUROTRANSFER REGISTRY)

ACC Poster Contributions

Ernest N. Morial Convention Center, Hall F

Sunday, April 03, 2011, 3:30 p.m.-4:45 p.m.

Session Title: Acute Myocardial Infarction -- Pharmacological, Stem Cell and other Adjunctive Therapies

Abstract Category: 3. Acute Myocardial Infarction—Therapy

Session-Poster Board Number: 1037-313

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Background: Spontaneous infarct-related artery (IRA) recanalization before primary percutaneous coronary intervention (PCI) favorably impacts outcome. However, the role of IRA patency after early abciximab administration in patients with ST-segment elevation myocardial infarction (STEMI) transferred for primary PCI is still a matter of debate.

Methods: Data were gathered for 1,650 consecutive STEMI patients transferred for primary PCI from hospital networks in 7 countries in Europe. We identified 691 patients who were pretreated with abciximab before transportation to cathlab hospital and underwent PCI. Angiography showed early IRA patency (TIMI flow 2 or 3) in 233 patients (33.7%) and occluded IRA (TIMI flow 0 or 1) in 458 patients (66.3%).

Results: Higher rate of TIMI 3 flow after PCI and ECG ST-segment resolution >50% after PCI was found in patients with patent IRA in baseline angiography (TIMI 3: 96.6% vs 92.1% $p=0.024$; STR: 89.3% vs 79.9% $p=0.002$). One-year mortality was significantly lower in patients with patent IRA (Figure). In multivariable Cox regression analysis IRA patency at baseline was identified as an independent predictor of 1-year mortality.

Conclusions: In STEMI patients, early IRA recanalization after abciximab administration before transfer for primary PCI is associated with better postprocedural myocardial perfusion and lower 1-year mortality.

