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Abstract Information

Abstract Submitter: Professor Danchin Nicolas - nicolasdanchin@yahoo.fr

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Title: Combined pre-hospital thrombolysis and high use of early PCI in STEMI patients is associated with mortality outcomes comparing favourably with those of primary PCI: data from the French FAST-MI regist

Evaluation Topic: 04.06 - Infarction acute phase STEMI

Acronym Abbreviation: FAST-MI

Acronym: French registry of Acute ST-elevation and non ST-elevation Myocardial Infarction

On Behalf of: FAST-MI investigators

Category: Bedside

Options: None

Abstract Authors

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Abstract Content

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Background: "real world" registries have reported conflicting results on the compared results of pre-hospital lysis (PHT) and primary PCI (PPCI). Aim: To assess 30-day and 6-month mortality according to type of reperfusion therapy in patients admitted for AMI in a nationwide French registry. Methods: The FAST-MI registry included 1714 consecutive patients (mean age 65 ± .15 years, 70% men) with STEMI or LBBB <48 hours of symptom onset, in 223 French intensive care units in November 2005 (60% of all French ICUs). 30-day and 6-month outcomes were assessed according to reperfusion therapy (Gr0: no reperfusion, n=684; Gr1: PHT, n=301, Gr2: in-hospital lysis, n=165; Gr3: PPCI, n=564). Follow-up was 99% complete. Results: Patients w/o reperfusion therapy represented an older population, with more frequent history of CV events prior to the index MI. Among pts with reperfusion therapy, patients with PPCI were at slightly increased risk compared with those with PHT (GUSTO score 37 ± 21 v. 33 ± 18, p=0.02; GRACE score: 170 ± 37 v. 167 ± 31, p=NS). Though time from symptom onset to first medical contact was similar in all 3 groups with reperfusion therapy, median time to reperfusion was 110 minutes for PHT, 300 minutes for PPCI and 195 minutes for in-hospital lysis. Unadjusted 30-day mortality was 11.5%, 3.3%, 7.3% and 5.0% for groups 0, 1, 2 and 3, respectively (p<0.001). 67% of patients with PHT had PCI within 24 hours of lysis, and 87% during the index hospital stay. 30-day mortality was 3.7% in patients with PCI ≤3 hours of PHT, 1.4% in those with PCI 3-24 hours of PHT, 1.6% in those with PCI after 24 hours and 10.8% in those without PCI after PHT. Mortality was comparable in the PHT group with early (≤3 hours) rescue PCI (3.1%) or with early PCI as routine practice (4.3%). Six-month survival was 95% for PHT, 93% for either PPCI or in-hospital lysis, and 82% for those without reperfusion therapy (p<0.001). Multivariate Cox regression analysis did not evidence statistically different outcomes for PPCI and PHT patients. Conclusion: In a real world setting, PHT combined with a high use of subsequent PCI is associated with excellent early and mid-term outcomes, at least comparable with that of patients treated with PPCI. Patients with PCI within 3 hours of the beginning of thrombolysis, however, appeared at increased risk compared with those in whom PCI was performed later.

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