

LONG-TERM CARDIOVASCULAR OUTCOME IN PATIENTS AFTER PPCI FOR STEMI. WHAT IS THE RISK PROFILE FOR CARDIOVASCULAR MORTALITY?**Topic:** field**Type:** Presentation - doctors

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Background: Long-term cardiovascular mortality (CM) after primary percutaneous coronary intervention (pPCI) for ST-elevation myocardial infarction (STEMI) is poorly evaluated.

Methods: Retrospective, academic, two-centre analysis of all consecutive patients presenting with acute STEMI from March 2008 to December 2019. 5263 patients were evaluated. Cardiovascular risk factors and comorbidities were evaluated using medical histories obtained at the initial presentation. Patients were followed-up up to 12 years after STEMI. Mortality data was acquired from the State Institute of Health Information and Statistics of the Czech Republic.

Results: The mean follow-up duration was 5.1 years and the mean age at presentation was 63.9 years. Men were presented in 70.7%. The mortality associated with cardiovascular diseases was approx. 65%. Myocardial infarction (MI) was the cause of death in 27.2% of cases. Patients with CM were significantly older (73.7 years) opposite to remaining patients (61.9 years). CM was significantly higher in women opposite to men (24.3% to 14.3%) and women were significantly older (77.2 to 71.2 years). The most often cause of death was coronary heart disease and heart failure, strokes and pulmonary embolism were in the minority. According to the univariate analysis of CM, risk factors for adverse cardiovascular outcome were identified as age, sex, arterial hypertension, stroke, renal insufficiency, diabetes mellitus, MI, heart failure, active smoking, Killip class, STEMI localization, single-or multi-vessel disease, pPCI success and left ventricle ejection fraction. The strongest predictors were renal insufficiency and stroke.

Conclusion: CM was the leading cause of death in the 5-year outcome after pPCI. Focus on the compensation of identified risk factors could be a suitable way to reduce cardiovascular morbidity and mortality.

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