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Effect of smoking in the outcome of patients with acute myocardial infarction

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Unlike the effects of smoking and coronary artery disease, the effects of smoking on peri-procedural complications in patients receiving emergent Percutaneous Coronary Intervention (PCI) for ST-Segment Elevated Myocardial Infarction (STEMI) are unclear. This retrospective review aims to assess the complications attributable to smoking during PCI in patients with STEMI. A retrospective chart analysis was performed on 140 patients who met the criteria of current tobacco use and emergent PCI for STEMI. Medical records were reviewed for peri-procedural complications and outcomes. This study did not control for medical therapy and PCI technique which was operator dependent. Of 140 patients reviewed, only 4 (2.8%) had peri-procedural complications presumed to be due to smoking. Complications to note include: one patient required Impella ventricular assist device insertion during procedure and a temporary pacemaker for cardiogenic shock, one patient had an initial angiogram showing no lesion, but developed ST-elevated electrocardiogram changes likely due to thrombus, one patient had hemodynamic compromise requiring intra-aortic balloon pump and subsequently developed acute renal failure, and one patient had residual thrombus within the stented segment requiring IABP. Our average fluoroscopy time was 16.25 minutes, which compares well with published averages. 24 patients (17%) required thrombectomy. Our study did not find any excess peri-procedural complications in smokers with STEMI requiring intervention. Our patients did not exceed the standard fluoroscopy time for PCI or have complications previously unknown to PCI in STEMI. If confirmed in a larger study, patients' smoking status should not delay early invasive procedure and thereby avoid prolonged hospitalization.

Biography

Anjali Om is a junior at Virginia Commonwealth University in the Guaranteed Admissions BS/MD program.

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