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Results of reperfusion therapy for acute ST-segment elevation myocardial infarction with thrombolytic agent

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Aim: To study clinical outcomes of using thrombolytic agent (alteplase) as primary reperfusion in patients with acute ST-segment elevation myocardial infarction in Ha Tinh General Hospital.

Methods: Data on demographics, medications, in-hospital outcomes were collected from a prospective registry of acute ST-segment elevation myocardial infarction patients (age \leq 75) admitted from August, 2013 to February, 2016.

Results: During the 2.5-year period, 32 consecutive patients with acute ST-segment elevation myocardial infarction who received alteplase were enrolled. The mean age was 62.4 year and 84.3% were male. There were 12 patients (37.5%) which the time from symptom onset to hospital presentation \leq 180 minutes and 20 others (62.5%) from >180 to 360 minutes. Median time door to needle was 50 minutes. ST-segment resolution was found in 93.7% of patients [10 of them (31.2%) had ST-segment renormalization]. In the earlier hospital presentation patient group, the ST-segment renormalization was better than the other group. There was no bleeding complication in this study. In-hospital mortality was 3.1%. Revascularization was performed in 62.5% at Hanoi hospitals.

Conclusion: Our data, alteplase in acute STEMI provided very good clinical reperfusion with no bleeding complication in 32 patients. Most of our patients needed secondary angioplasty intervention to fix their coronary artery disease.

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