A679 - Cardiogenic shock complicating ST segment elevation myocardial infarction: prognosis in the emergency department.

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Introduction:
Cardiogenic shock (CS) continues to be the most common cause of death in patients hospitalized with ST-segment elevation myocardial infarction (STEMI). Immediate diagnosis and early reperfusion were required to improve the prognosis.

Objective: To identify prognostic factors related to mortality in CS complicating STEMI admitted in Emergency department (ED).

Methods:
Prospective observational study (2009-2016). Inclusion: STEMI with CS. Criteria for CS: systolic blood pressure less than 90 mm Hg for longer than 30 minutes and signs of impaired organ perfusion. The prognostic factors related to mortality in ED were identified by a multivariate comparative study.

Results:
Among the 902 patients presented with STEMI, the overall incidence of CS was 8% (n=75). Mean age was 64 +/-10 years, sex ratio was 3. The median delay of consultation was 180 min. Fibrinolytic drug was administered in 42 patients with a success rate of 20%. Mortality in ED was 21%. The univariate comparative study between dead (N=16) and living patients (N=59) identified the following mortality-related factors: onset of chest pain - first medical contact (352+/280 vs 295+/290 min), respiratory rate (27+/6 vs 20+/8 cycles/min), Killip score of III or IV (69% vs 34%, p<0.001), extensive anterior infarction (69% vs 37%, p=0.02), right ventricular infarction (44% vs 17%, p=0.02). In Multivariate analysis, mortality-related factors were: anterior infarction, Odds ratio(OR): 2.83; 95% confidence interval CI (1.24-6.71), the right ventricle infarction OR: 3.80; 95% CI (1.49-9.70) and Killip score III or IV OR: 2.61; 95% CI (1.22-5.56).

Conclusion:
Among patients who had CS complicating STEMI, extensive anterior infarction, right ventricle infarction and Killip score of III or IV at the admission are independent factors of poor prognosis that require early transfer to Percutaneous Coronary Intervention capable center without delay.