

10070

Is door to balloon(D2B) time still important in ST Elevation Myocardial Infarction (STEMI) patients?

Background: D2B time is important in STEMI patients. However, it is not well known whether there are further differences present within D2B time <90 minutes. Methods: From the Korean Registry of Regional Cardiocerebrovascular Center for Acute Myocardial Infarction (July 2016 - Sept 2018), patients over 18 years old who were performed primary PCI in STEMI patients were selected. We compared in-hospital event (all-cause death, cardiac arrest, CVA, bleeding) according to D2B time <90 minutes. Results: Compared to D2B time <60 minutes, D2B time >60 minutes was associated with increased risk of mortality (9.9% vs. 4.2%; OR: 2.292, p<0.001), cardiac arrest (12.3% vs. 5.9%; OR: 2.087 p<0.001), CVA (1.6% vs. 0.4%; OR: 3.502 p=0.002) and in-hospital bleeding (4.9% vs. 3.2%; OR: 1.472, p=0.037). Conclusions: In patients who had ST-segment Elevation Myocardial Infarction, the balloon time <60 minutes is associated with favorable outcomes. These data suggest that additional strategies are needed to reduce in-hospital mortality in this population. Keywords: D2B time, STEMI, In-hospital events

	Balloon time <60 min (N=1157)	Balloon time ≥60 min (N=3242)	OR(95% CI)	p-value
In-hospital mortality	88(4.2)	115(9.9)	2.292(1.710-3.072)	<.001
In-hospital cardiac arrest	123(5.9)	142(12.3)	2.087(1.616-2.697)	<.001
In-hospital CVA	9(0.4)	18(1.6)	3.502(1.565-7.839)	0.002
In-hospital bleeding	67(3.2)	57(4.9)	1.472(1.024-2.117)	0.037