



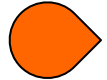
Déclaration de liens d'intérêt avec les industries de santé en rapport avec le thème de la présentation (loi du 04/03/2002) :

Intervenant : Hugues LEFORT

Titre : Admission to cath-lab beyond 120 minutes: in hospital mortality for prehospital ST elevation myocardial infarction.



L'orateur ne souhaite pas répondre.

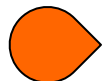


Consultant ou membre d'un conseil scientifique

OUI



NON

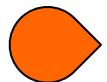


Conférencier ou auteur/rédacteur rémunéré d'articles ou documents

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NON

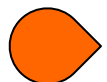


Prise en charge de frais de voyage, d'hébergement ou d'inscription à des congrès ou autres manifestations

OUI



NON



Investigateur principal d'une recherche ou d'une étude clinique

OUI



NON



Admission to cath-lab beyond 120 minutes: in hospital mortality for prehospital ST elevation myocardial infarction

**Lambert Y¹, Bataille S², Laurent R³, Danchin N⁴, Loyeau A², Lamhaut L⁵, Juliard JM⁶, Dupas F⁷, Lapostolle F⁸, Lefort H^{*9},
for the e-Must register.**

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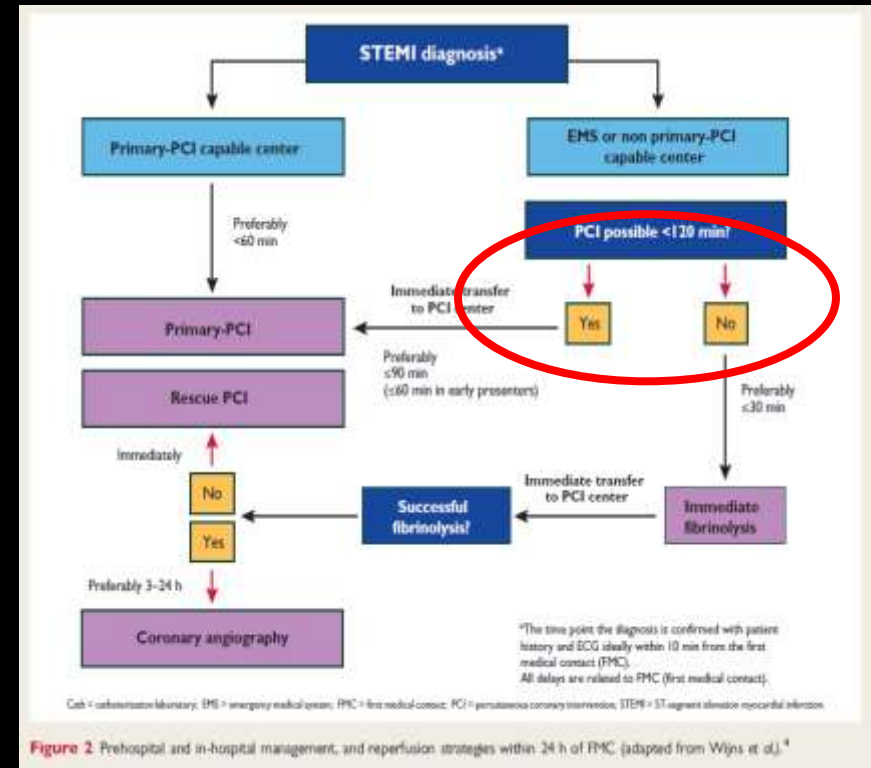
Improving timely access to life saving reperfusion therapy is a major goal of STEMI care



EUROPEAN
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CARDIOLOGY®

European Heart Journal (2012) 33, 2569–2619
doi:10.1093/eurheartj/ehs215

pPCI = reperfusion therapy if performed within 120 minutes after first medical care.



Objectives: to assess the impact of delay on in-hospital mortality of STEMI patients transported for pPCI to the catheterization laboratory (cath-lab)



Registre
e-MUST



www.cardio-arsif.org



e-Must register

Ile-de-France, prospectif, 41 MICUs, 8 SAMU

STEMI < 24 h - **2 000 inclusions a year**

Inclusion Criteria for a patient in MICU:

STEMI < 24 hours

Decision of prehospital reperfusion → primary PCI

No transport between hospitals

Group 1: FMC to Cath-lab < 120 min.

Group 2: FMC to Cath-lab ≥ 120 min.

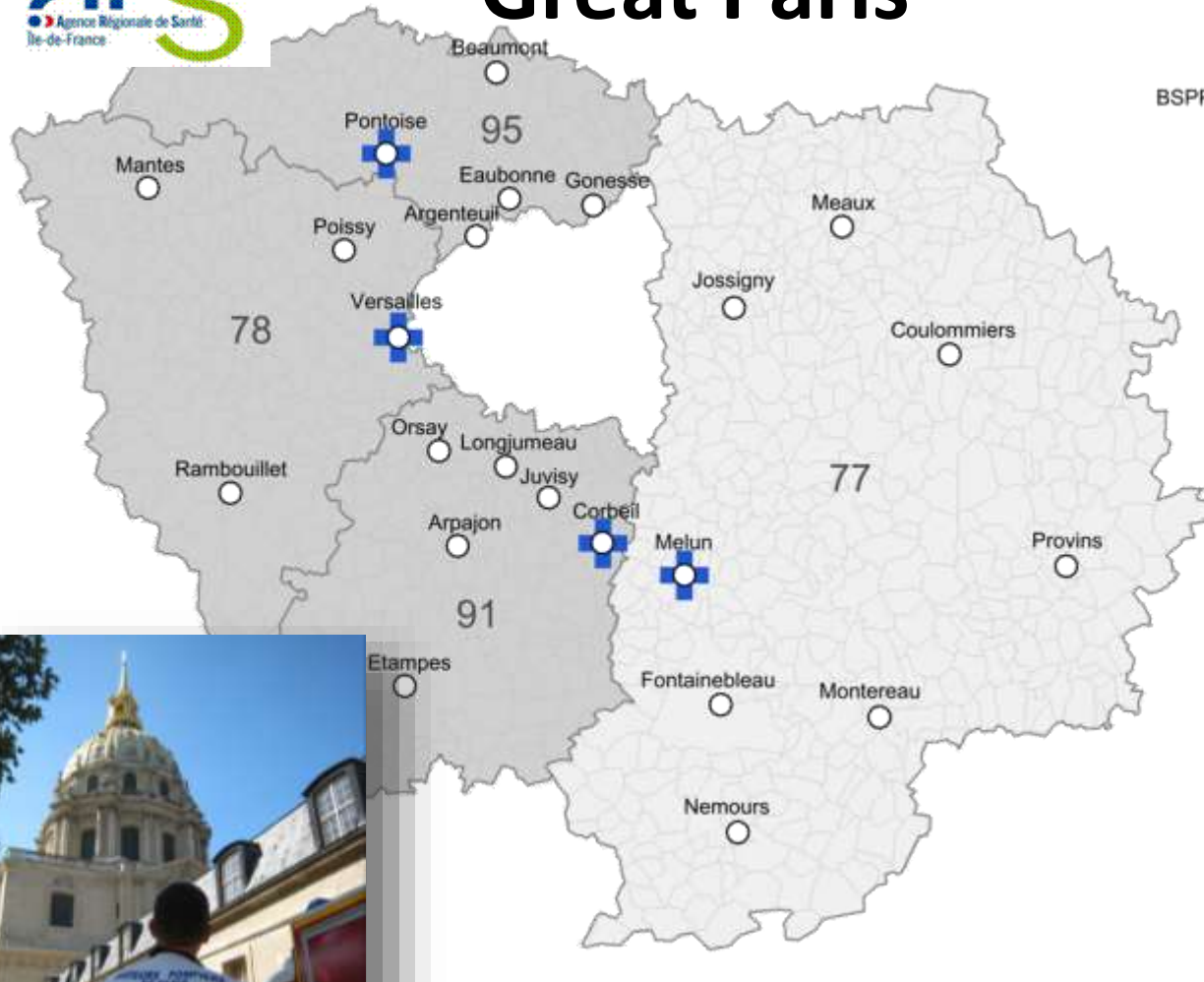
Khi-2 test: significance $p < 0.05$



Repartition of Cath-Lab in Great Paris area



Great Paris



Paris



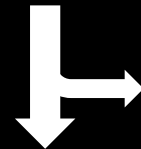
- SAMU
- SMUR

Densité de population par département
Nombre d'habitants par km²

- Moins de 500
- Entre 500 et 5 000
- Entre 5 000 et 10 000
- Plus de 10 000



2003 to 2013 – 10,210 patients included



2,452 (24%) = fibrinolysis

7,756 (76%) = pPCI



**In-hospital
Mortality**

N patients

p

Group 1 < 120 minutes

1.8 %

122/6,645

< 0,0001

Group 2 ≥ 120 minutes

4.1 %

46/1,111

< 0,0001

Increase of in-hospital **mortality**
from scene to cath-lab
strongly correlated to time to pPCI
beyond recommended delay.

- A system delay of less than **120 minutes**
↔ a goal to achieve in pre-hospital
- Thrombolysis remains an alternative.

