

Angioplasty reporting channels for acute coronary syndromes with ST segment (STEMI) within 24 hours



alexandre.allonneau@gmail.com

Hugues Lefort¹, Alexandre Allonneau¹, Olivier Yavari-Sartakhti¹, Hakim Benamer², Aurélie Loyeau³, Lionel Lamhaut⁴, Sophie Bataille³, Frédéric Lapostolle⁵, Christophe Caussin⁶, Gaëtan Karillon⁷, Christian Spaulding⁸, Yves Lambert⁹

1. Emergency Medical Service, Fire Brigade of Paris, Paris, France ; 2. Cardiology department, La Roseraie Hospital, Aubervilliers, France ; 3. Registry Department, Regional Health Agency in Great Paris Area, France ; 4. SAMU 75, Necker Hospital, Paris, France ; 5. SAMU 93, Avicenne Hospital, Bobigny, France ; 6. Cardiology department, Monsouris Mutualiste Institute, Paris, France ; 7. Cardiology department, Simon Veil Hospital, Montmorency, France ; 8. Cardiology department, Georges Pompidou European Hospital, Paris, France ; 9. SAMU 78, Versailles Hospital, Le Chesnay, France ;

Introduction : Regional health care agencies' preventive campaigns are urging patients and healthworkers to call the 112 prehospital Emergency Medical Services center for any suspicious chest pain. In the event of a STEMI, access to a technical platform for angioplasty within 24 hours is recommended by the European Society of Cardiology, regulated by the prehospital Emergency Medical Services through optimal primary patient handling, or a secondary transfer. Some STEMI do not seem to benefit from this system.

Objective: Changes in the proportions of patients in each of these channels.

Methods: Comparative study of two interdepartmental observational prospective registers, for prehospital handling and interventional cardiology, including those STEMI undergoing an angioplasty within 24 hours between 2003 and 2014.

Evaluation criteria : Changes in the percentage of patients not benefitting from the prehospital Emergency Medical Services arrangements.

Results: For 11 years in the region, 46,303 STEMI patients have received angioplasty within 24 hours, 55% of which (25,850) were dealt with by the prehospital Emergency Medical Services ; 43% in primary care (19,965) and 12.7% in secondary care (5,885). On average, each year 1,704 (± 212) STEMI were not dealt cared for.

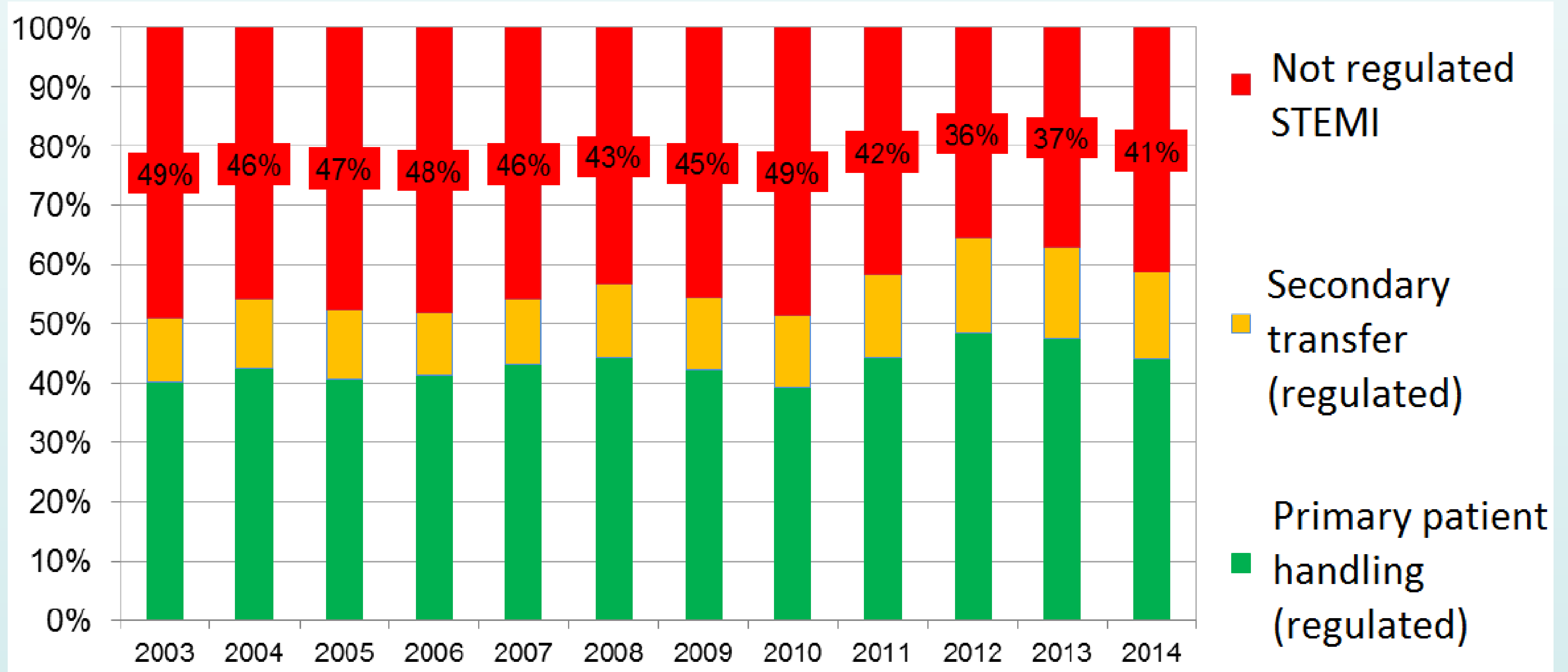


Figure 1 : Distribution per year

The number of STEMI not benefitting from the prehospital Emergency Medical Services is significant, even if it tends to decline. There is an urgent need to identify and learn more about the epidemiological characteristics of these patients, so they can benefit from more efficient care.