



Sažetak sa skupa

Meeting abstract

Rezultati Hrvatske mreže urgentne perkutane kronarne intervencije

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Hrvatska mreža primarne perkutane kronarne intervencije (PCI) uvedena je u Hrvatskoj sredinom 2005. godine, nakon objave rezultata DANAMI, PRAGUE i drugih sličnih studija koje su dokazale superiornost primarne PCI u odnosu na fibrinolitičku terapiju. Osnovni cilj bio je ostvariti jednaku razinu kvalitete liječenja akutnog infarkta miokarda sa ST elevacijom (STEMI) u svim dijelovima naše zemlje. Do danas se u ovu mrežu uključilo 8 visokovolumnih centara intervencijske kardiologije iz svih dijelova Hrvatske.

Između 1. rujna 2005. i 31. kolovoza 2007. prospektivno je istraženo 1.161 bolesnika s akutnim STEMI koji su liječeni primarnom perkutanom kronarnom intervencijom (PCI, prema engl. *percutaneous coronary intervention*) u 8 visokovolumnih centara. Bolesnici su bili stanovnici velikih hrvatskih gradova (netransportirani, 671 bolesnik) ili su bili hitno doveženi iz okolnih regija (transportirani, 490 bolesnika).

Od svih uključenih njih 75% bilo je muškog spola, a prosječna životna dob bila je 60 godina. U netransportiranih bolesnika prosječno vrijeme od početka bolova do dolaska u prvu bolnicu, te od dolaska u prvu bolnicu do postizanja mehaničke reperfuzije bilo je 175 i 114 minuta, dok su kod transportiranih bolesnika ta vremena prosječno iznosila 184 i 142 minute. Prosječna vrijednost TIMI protoka postignutog u netransportiranih bolesnika iznosila je 2,68, a u skupini transportiranih 2,77. Učestalost kardiogenog šoka bila je 8,3% u netransportiranih i 5,9% u transportiranih bolesnika. Intrahospitalni mortalitet bio je 5,8% u netransportiranih i 3,0% u transportiranih bolesnika. Tijekom šestomjesečnog praćenja incidencija angine pektoris bila je viša u netransportiranih bolesnika (14,2% nasuprot 12,0%) kao i incidencija ostalih velikih neželjenih kardiovaskularnih incidenata (reinfarkt miokarda, moždani udar, revaskularizacija ciljne lezije) (8,9% nasuprot 6,0%) i kasna smrt (2,2% nasuprot 0,5%).

Hrvatska mreža primarne PCI osigurava jednaku razinu kvalitete liječenja akutnog STEMI u svim dijelovima naše zemlje. Nešto bolji rezultati u transportiranih bolesnika posljedica su njihove selekcije na razini županijskih bolnica što mora biti izbjegnuto u budućem radu.

Results of the Croatian Primary Percutaneous Coronary Intervention Network

Croatian Primary PCI Network was introduced in the middle of 2005 in the Republic of Croatia after results of DANAMI, PRAGUE and other similar studies which proved superiority of primary PCI over fibrinolytic therapy. The main goal was to achieve equal quality treatment of acute STEMI in all parts of our country. Until today, 8 high-volume centers all over Croatia are included in this network.

Between 1st Sep 2005 and 31st Aug 2007 authors prospectively investigated 1,161 patients with acute STEMI who were treated with primary PCI in 8 high-volume PCI centers. The investigated patients were either citizens of major Croatian cities (non-transported, 671 patients) or they were urgently transported from outside regions (transported, 490 patients).

Among all patients 75% were male, average age was 60. Among non-transported patients average pain-to-door and door-to-balloon times were 175 minutes and 114 minutes respectively, while among transported patients 184 minutes and 142 minutes respectively. Average TIMI flow achieved in non-transported patients was 2.68 and in transported patients 2.77. Incidence of cardiogenic shock in non-transported group and in transported group was 8.3% and 5.9% respectively. Intrahospital mortality was 5.8% in non-transported patients and 3.0% in transported patients. During the 6 months follow-up, the incidence of angina pectoris was higher in non-transported patients (14.2% vs. 12.0%), as well as incidences of other MACE (reinfarction, stroke, target lesion revascularization) (8.9% vs. 6.0%) and death (2.2% vs. 0.5%).

The Croatian Primary PCI Network provides an equal quality of care for acute STEMI patients in all parts of our country. Some better results of transported patients are the consequence of their selection on county hospital level which should be avoided in the future work.

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