FIBRINOLISIS Y ATCp EN SCACEST EN LATAM

¿Debemos regresar al origen?

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DECLARACIÓN DE CONFLICTOS DE INTERÉS

- Sin conflictos de interés.

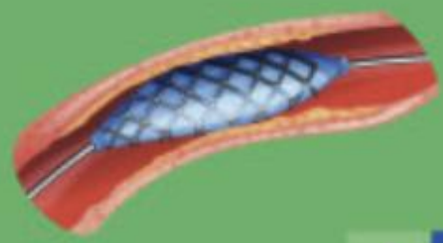
¿QUÉ NOS DICEN LAS GUÍAS CLÍNICAS?

Symptoms onset 0

Early phase of STEMI

3 hours

12 hours

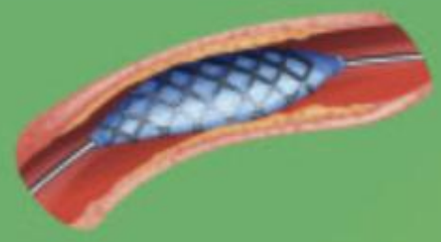


Primary PCI

I A

I A

Fibrinolysis
(only if PCI cannot be performed within 120 min from STEMI diagnosis)



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2. Eur Heart J. 2018 Jan 7;39(2):119-177. doi: 10.1093/eurheartj/ehx393.

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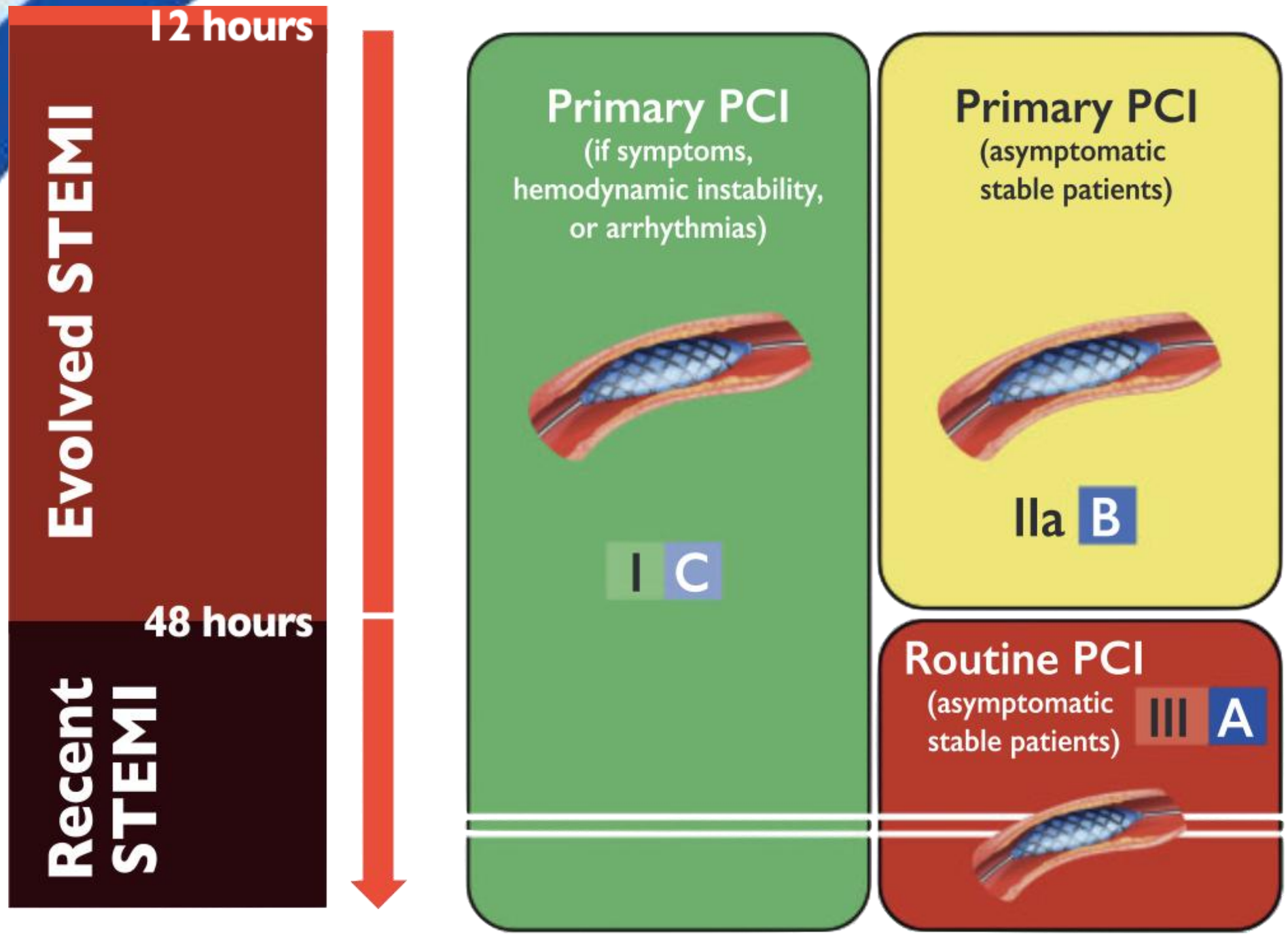

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¿QUÉ NOS DICEN LAS GUÍAS CLÍNICAS?

STEMI reperfusion strategies in Women

THROMOBLYTICS

Higher risk of mortality and bleeding complications compared with PCI

Use at non–PCI-capable hospitals when a significant delay to performing primary PCI within 120 min of first medical contact is anticipated[216]

No sex-specific recommendations for utility of agents

PCI

Primary PCI has a lower 30-d mortality compared with thrombolytics

Reduced risk of intracranial bleeding compared with thrombolytics but still high risk of vascular complications

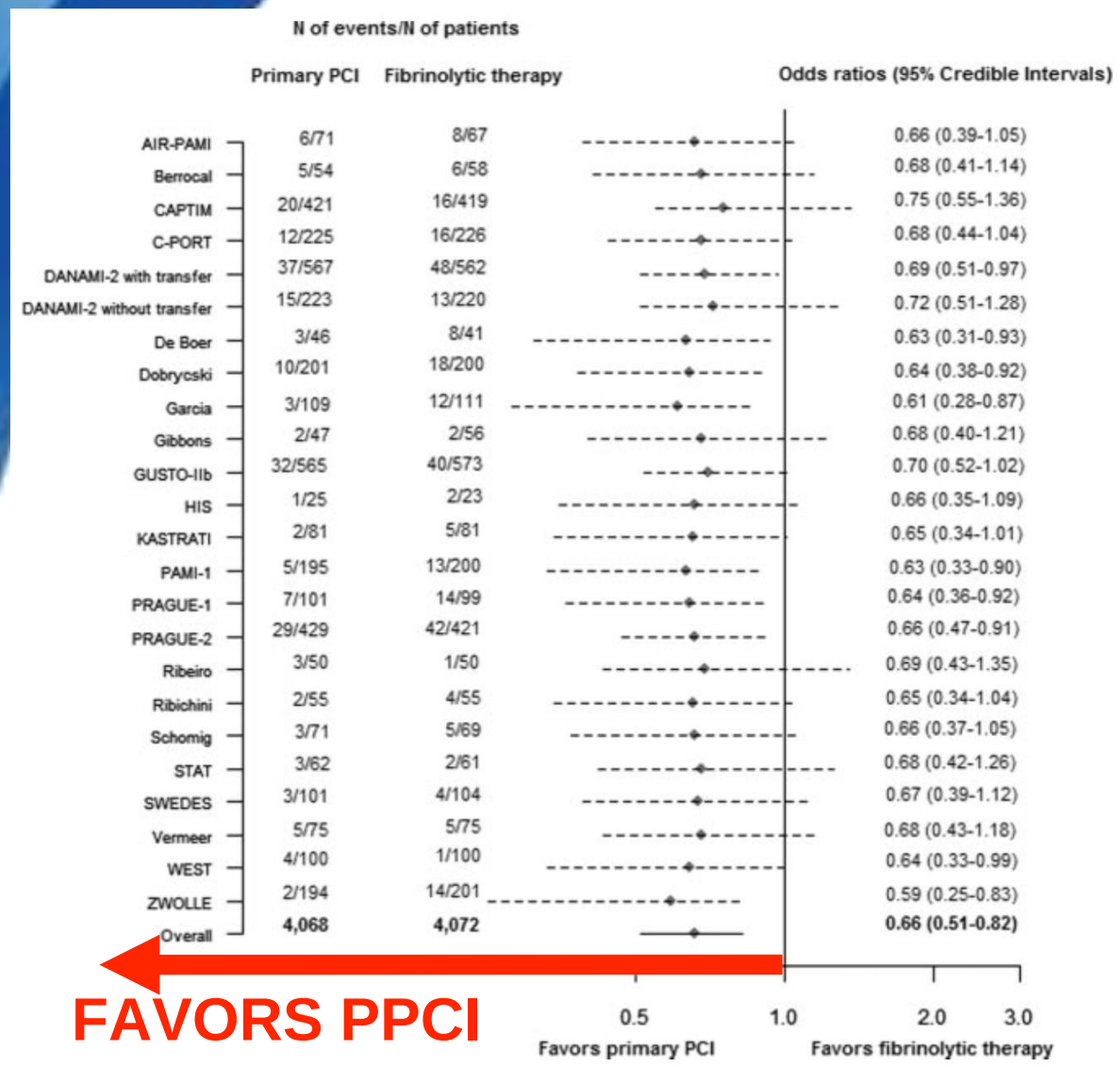
Decreased MACEs and target vessel revascularization with stenting compared with angioplasty

PCI is preferred reperfusion strategy compared with thrombolytics,[216] but there are no sex-specific recommendations

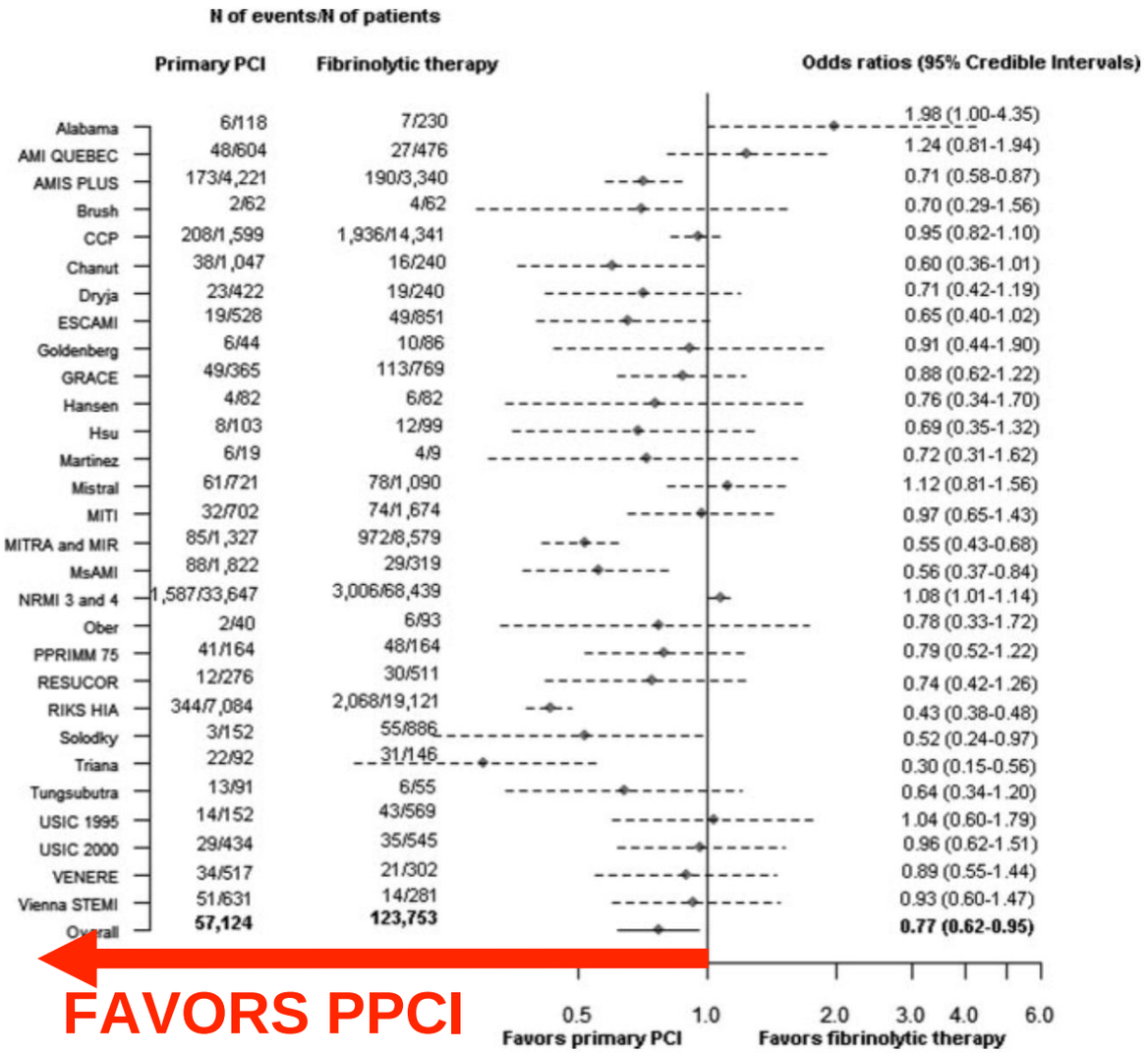
Fuente: 1. Circulation. 2016 Mar 1;133(9):916-47. doi: 10.1161/CIR.0000000000000351. Epub 2016 Jan 25.

FIBRINÓLISIS - ATCP

Bayesian forest plot of all-cause short-term mortality rates in RCTs



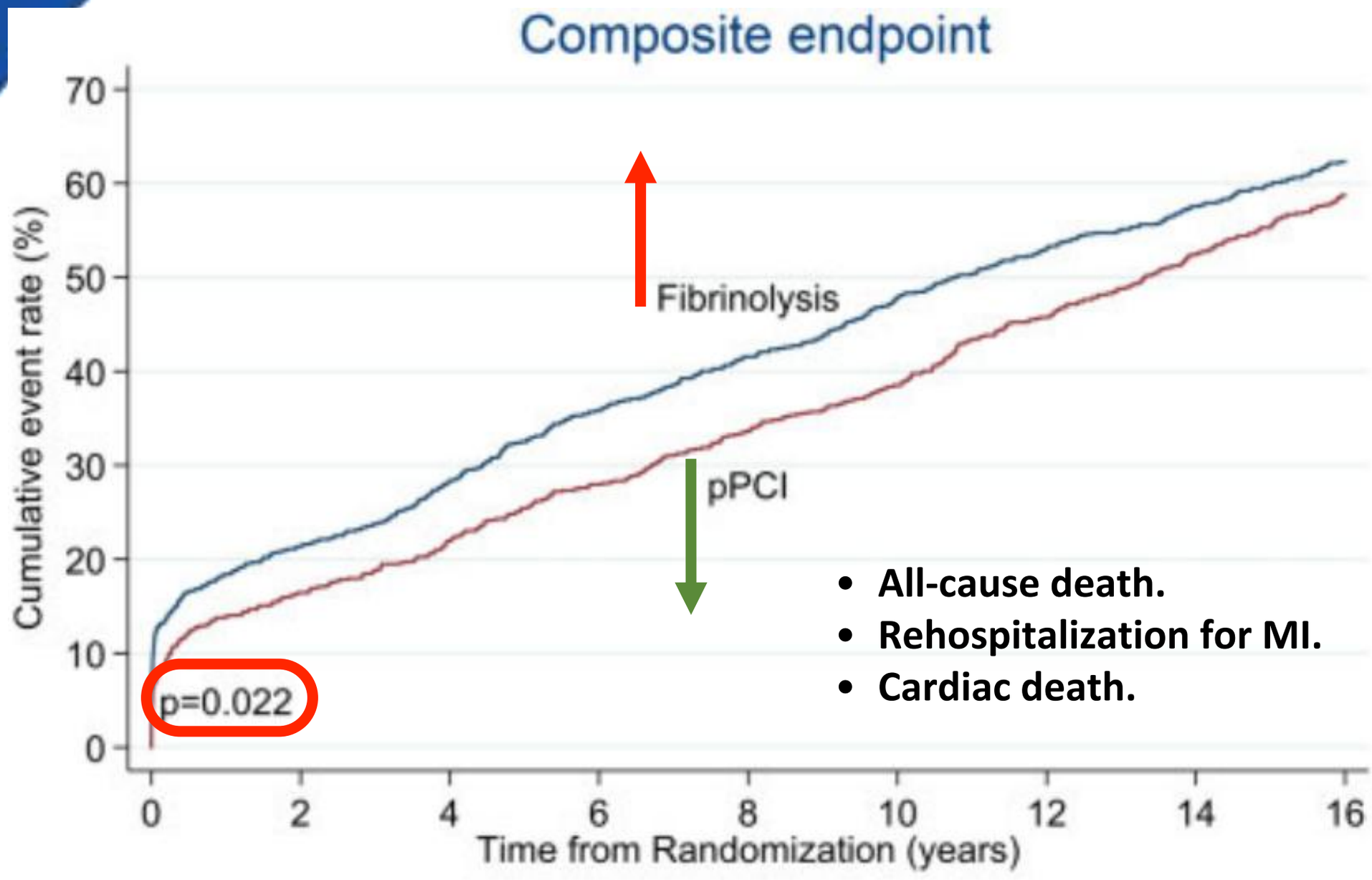
Bayesian forest plot of all-cause short-term mortality rates in observational studies



Fuente: 1. Circulation. 2009 Jun 23;119(24):3101-9. doi: 10.1161/CIRCULATIONAHA.108.793745. Epub 2009 Jun 8.

FIBRINÓLISIS - ATCP

DANAMI-2: Cumulative event curves of 16-year outcomes



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FIBRINÓLISIS - ATCP

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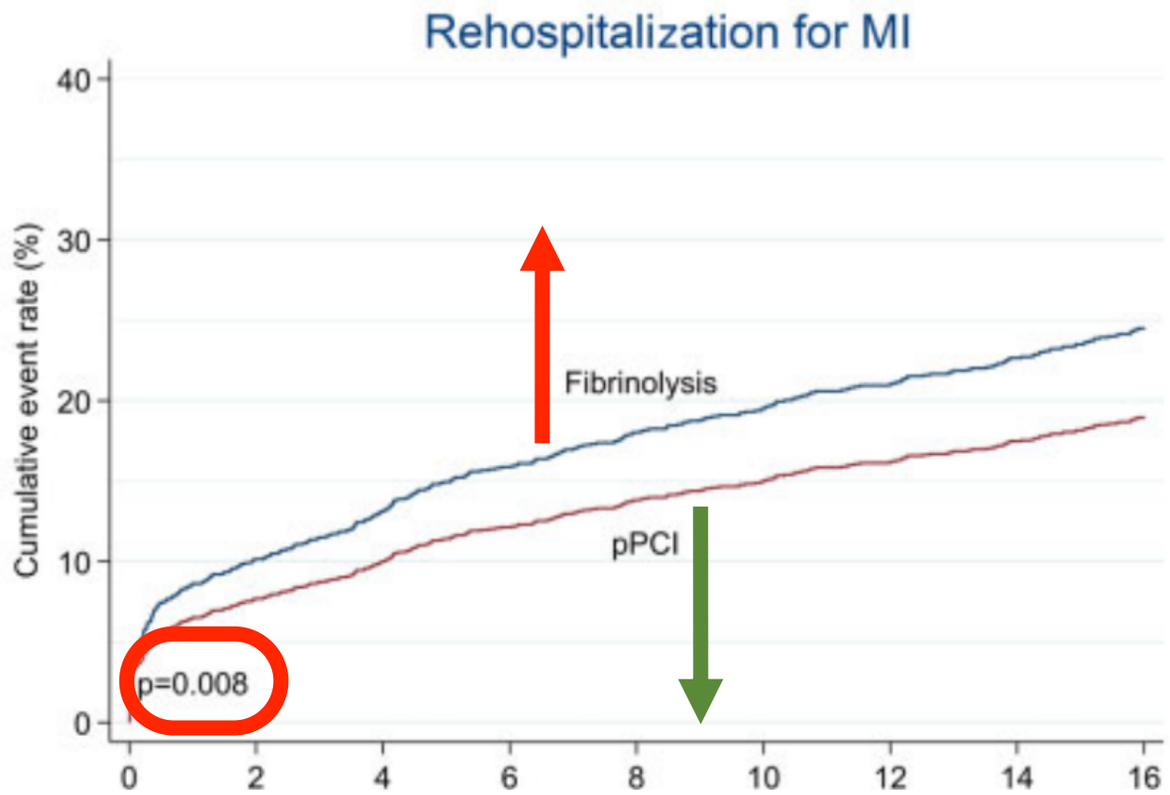

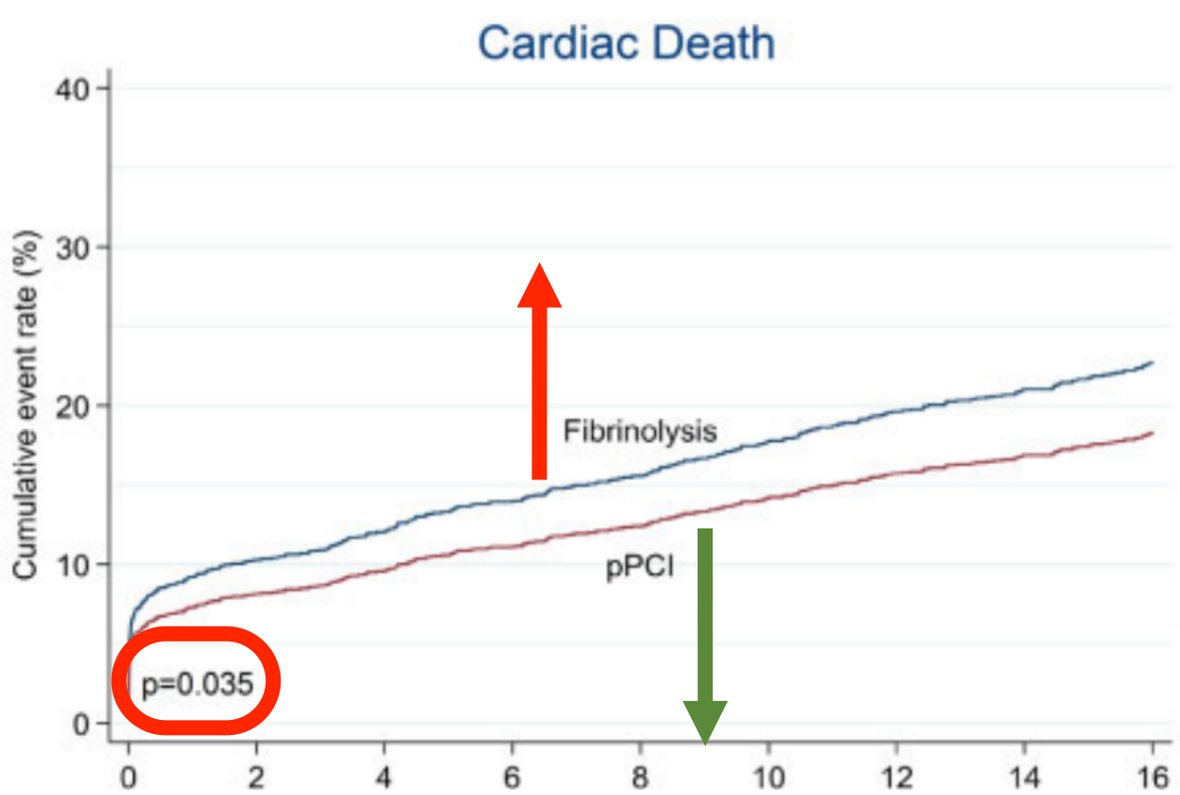

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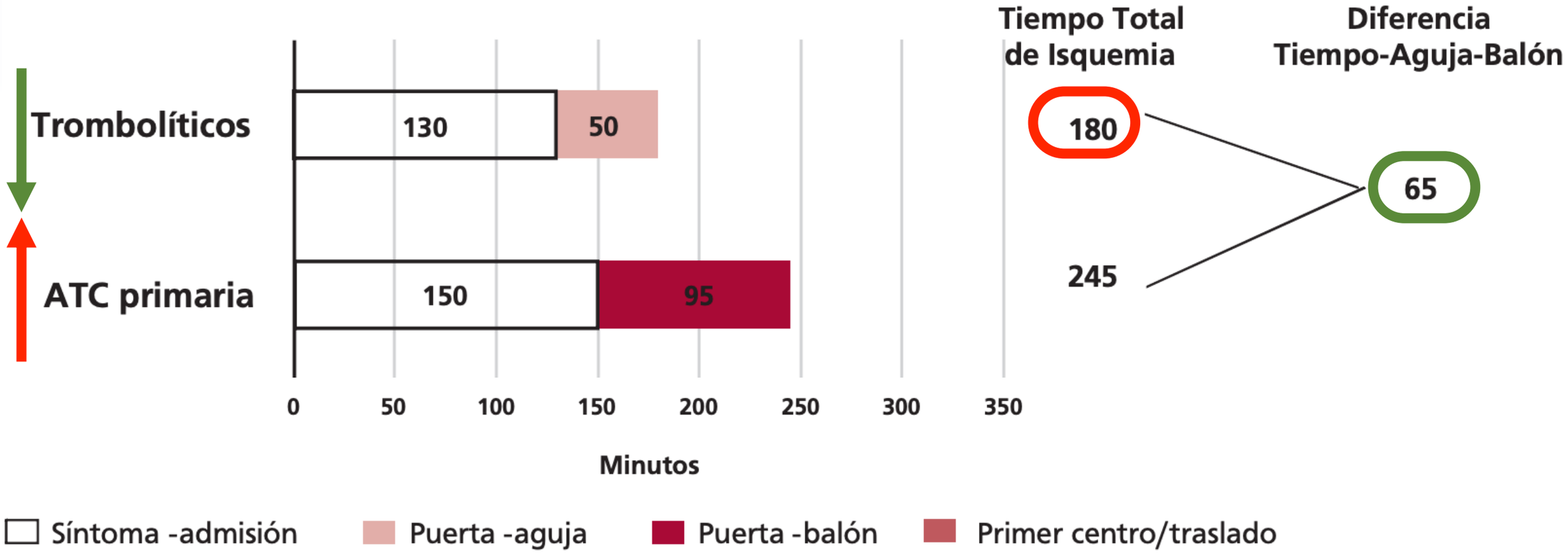
FIBRINÓLISIS - ATCP

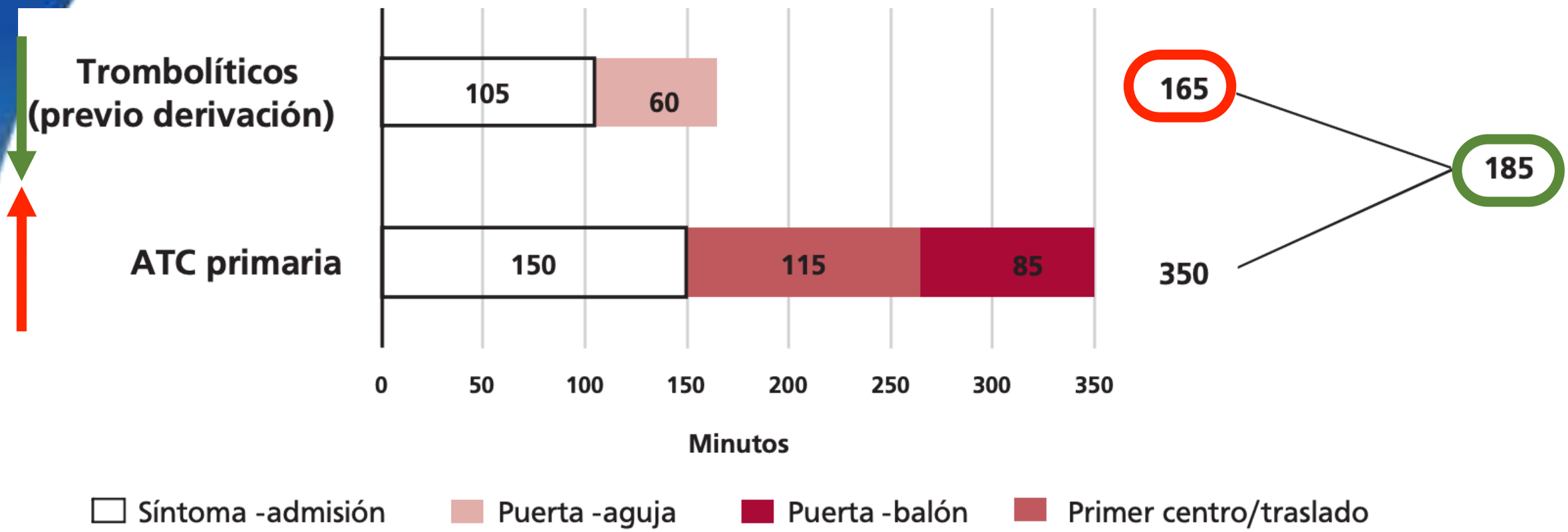
Tiempo total de isquemia de los pacientes en diferentes escenarios terapéuticos y las demoras institucionales en aquellos tratados in situ



Fuente: 1. Rev Argent Cardiol 2017;85:90-102. http://dx.doi.org/107775/rac.es.v85.i2.10287.

FIBRINÓLISIS - ATCP

Tiempo total de isquemia de los pacientes en diferentes escenarios terapéuticos y las demoras institucionales en aquellos tratados in situ o derivados desde otros centros sin capacidad de reperfusión



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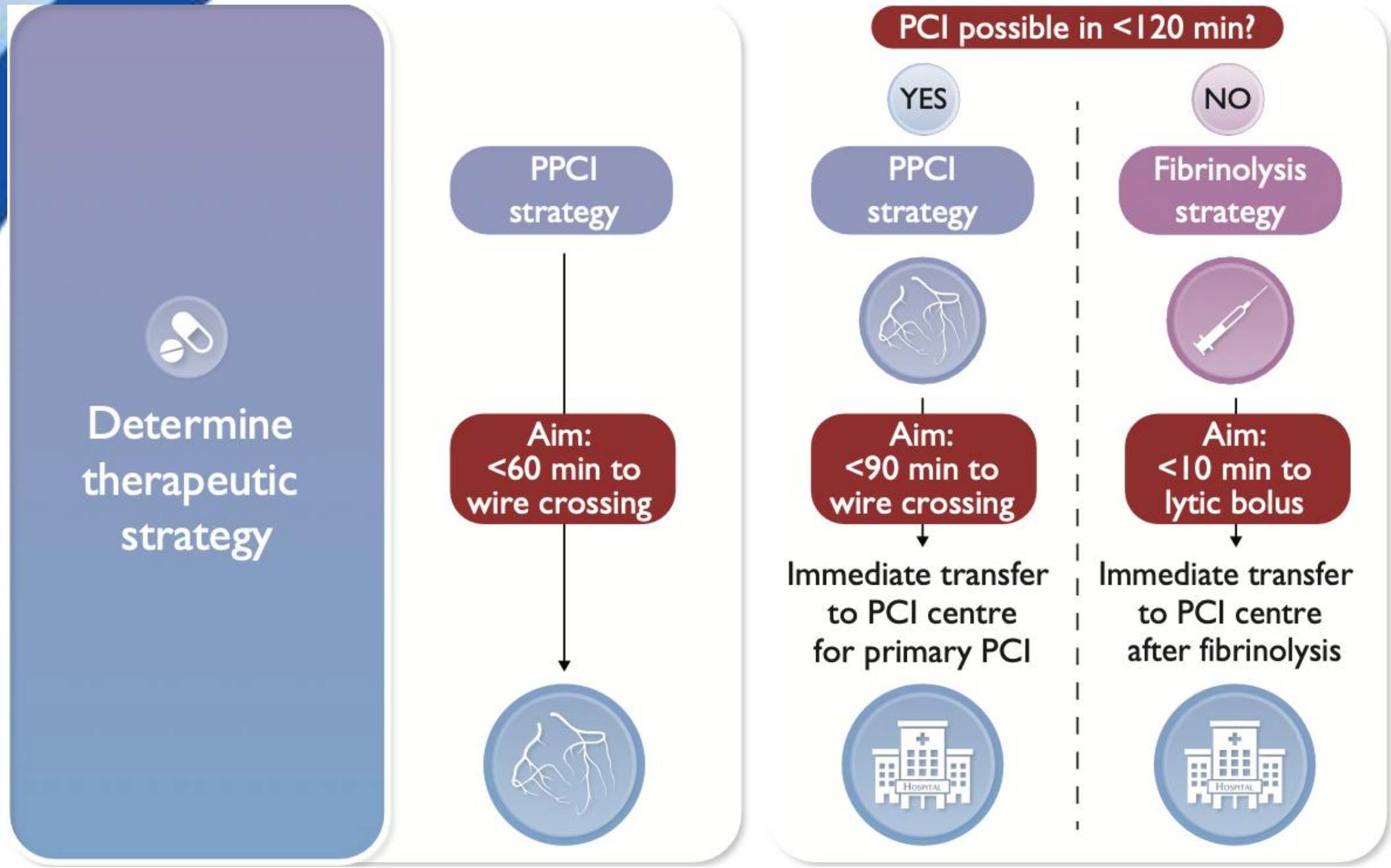

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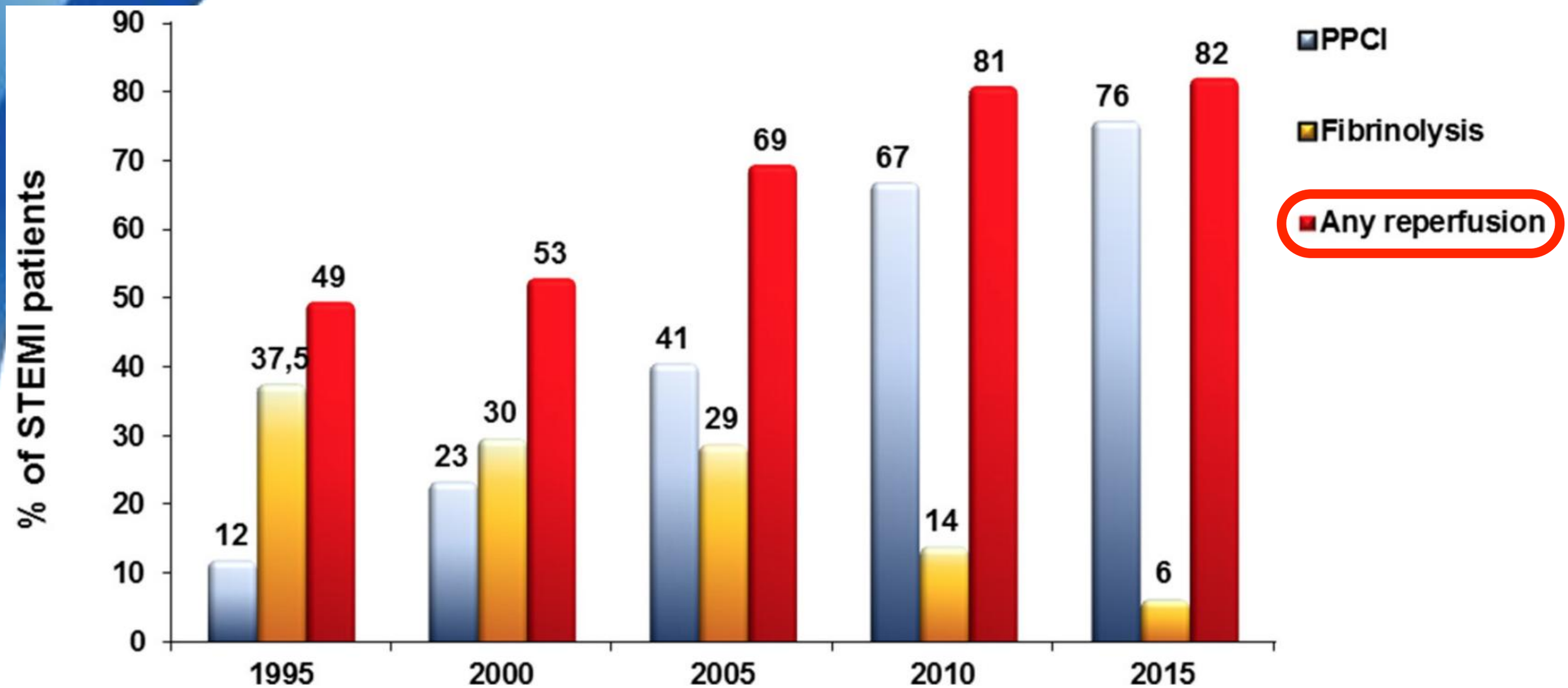
TENDENCIA EN LA REPERFUSIÓN DEL IAMCEST

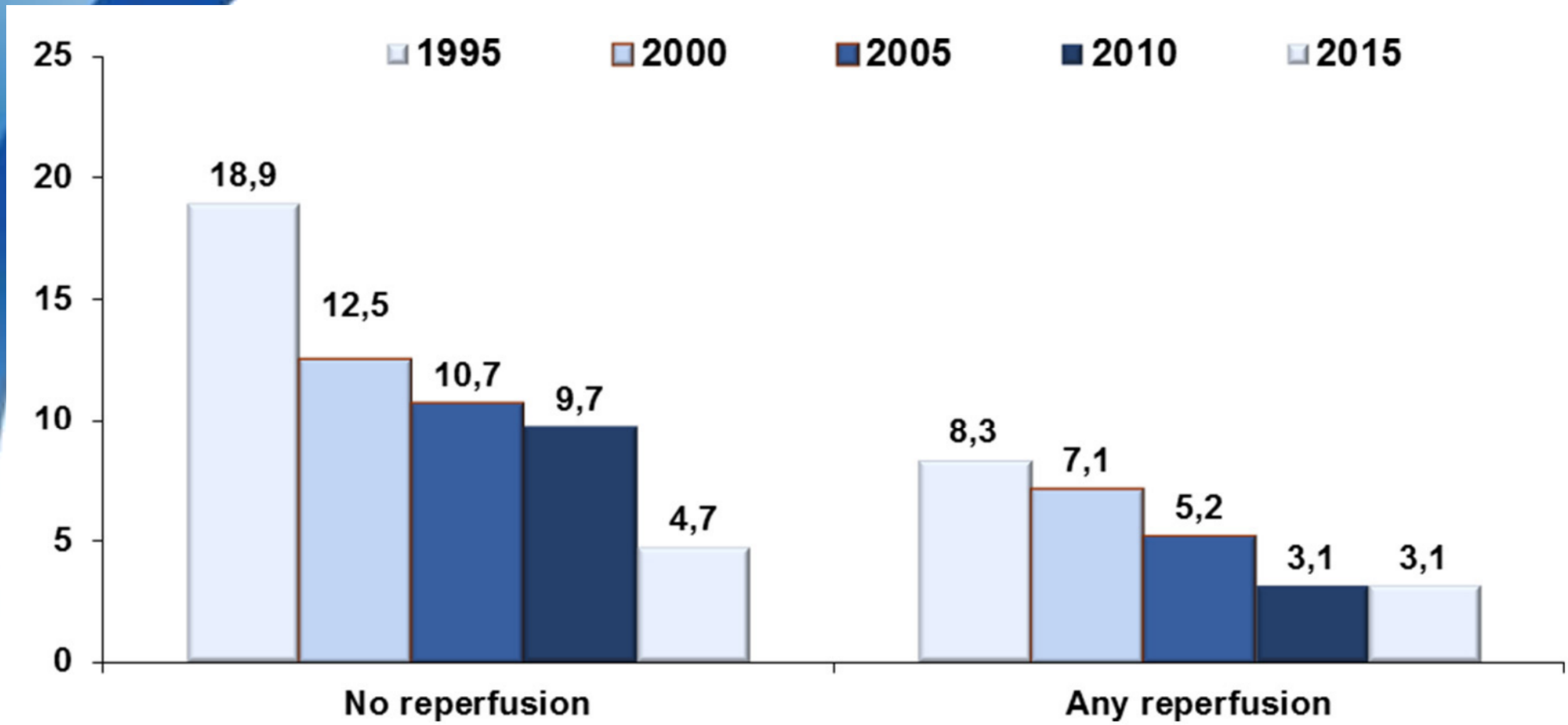
FAST-MI: Reperfusion treatment in STEMI patients by year of survey



Fuente: 1. Am Heart J. 2019 Aug;214:97-106. doi: 10.1016/j.ahj.2019.05.007. Epub 2019 May 16.

¿FIBRINÓLISIS VS. ATCP O INCREMENTAR LA REPERFUSIÓN?

FAST-MI: Thirty-day mortality according to use of reperfusion therapy



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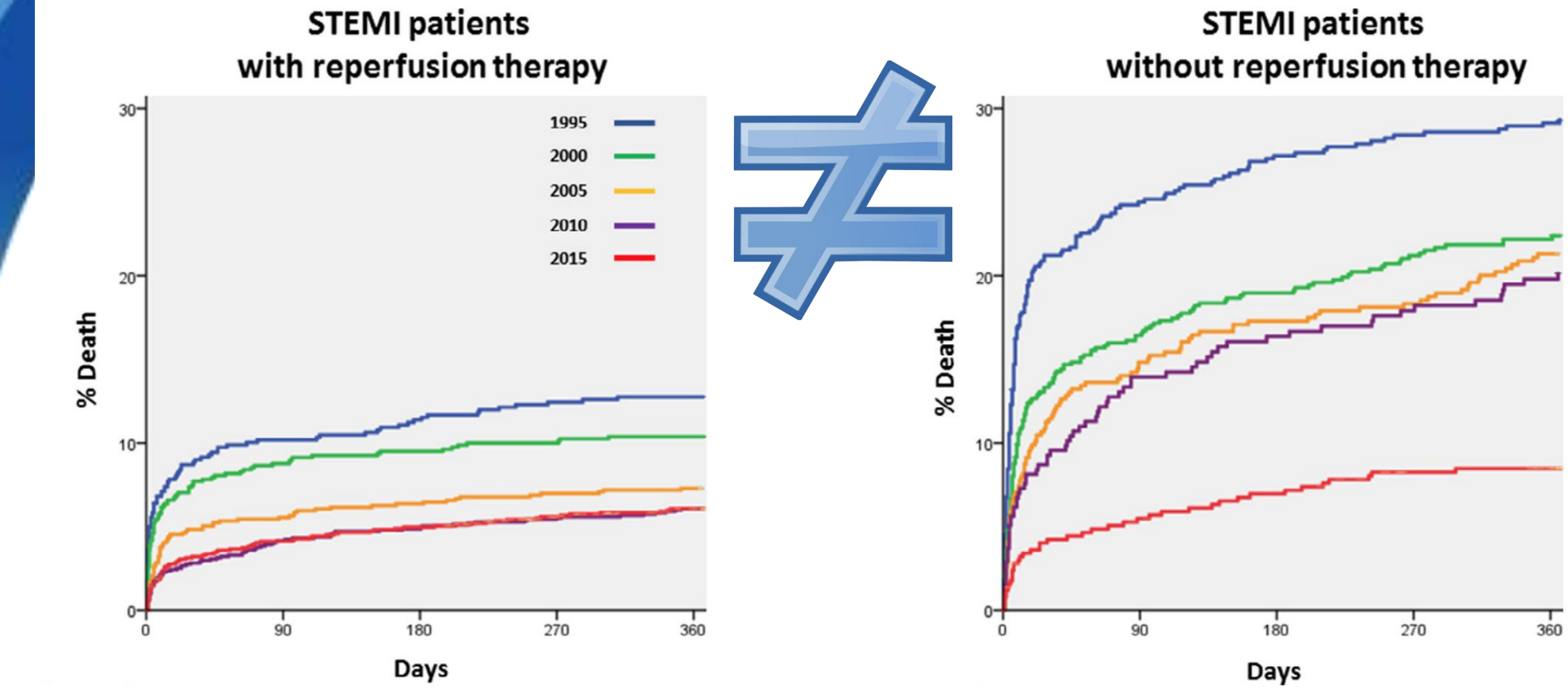
¿FIBRINÓLISIS VS. ATCP O INCREMENTAR LA REPERFUSIÓN?

FAST-MI: One-year mortality in STEMI population according to use of reperfusion therapy between 1995 and 2015



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¿FIBRINÓLISIS VS. ATCP O INCREMENTAR LA REPERFUSIÓN?

In-hospital complications and short- and long-term prognosis following reperfusion

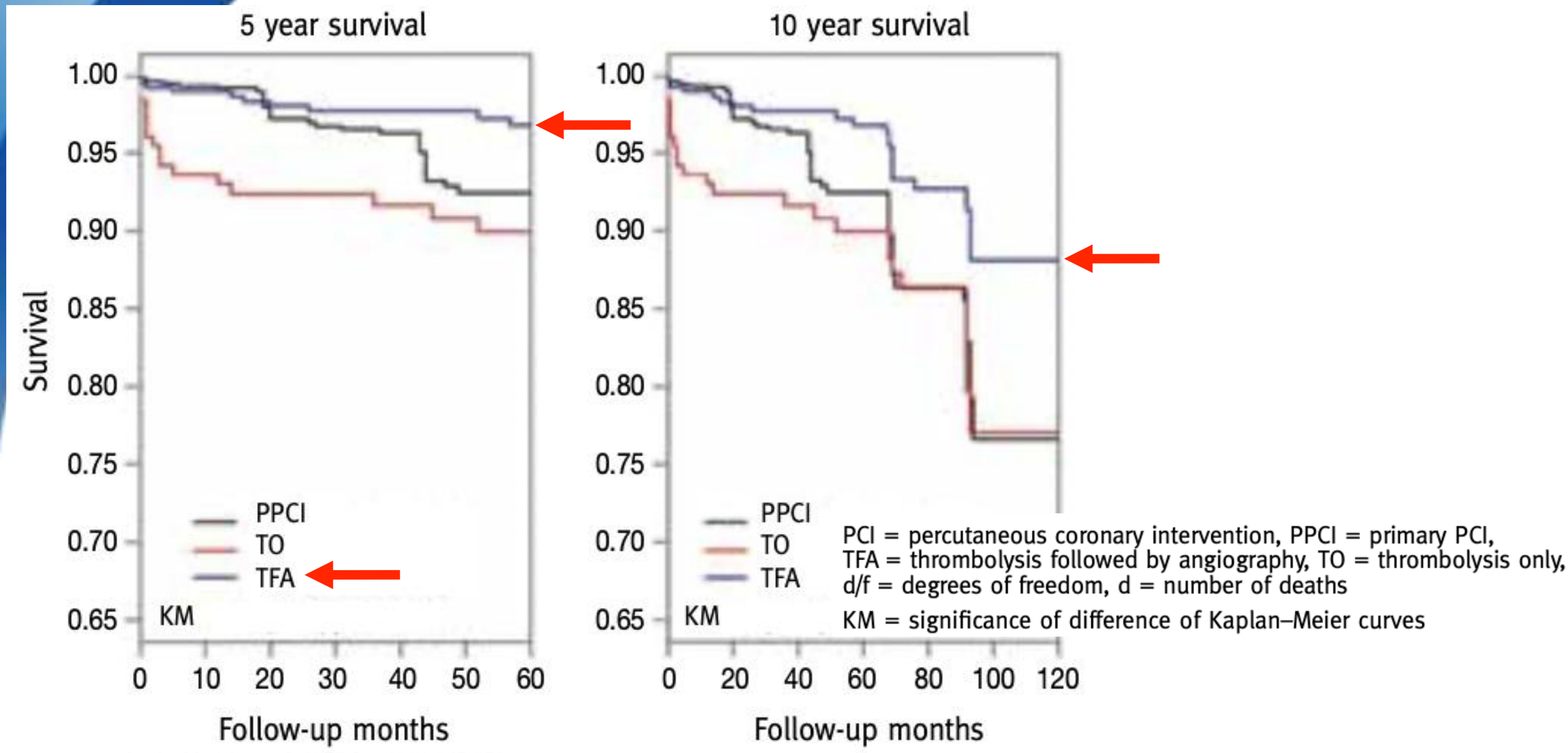
In hospital complications	PPCI (n=899) N (%)	TFA (n=383) N (%)	TO (n=182) N (%)	*p* value, overall	*p* value, PPCI vs. TFA
7 day mortality	10 (1.1)	3 (0.8)	8 (4.4)	‹ 0.001	0.59
30 day mortality	17 (1.9)	7 (1.8))	9 (4.9)	0.03	0.93
One year mortality	27 (3)	13 (3.4)	11(6.1)	0.12	0.73
30 day MACE	77 (8.6)	64 (16.7)	36 (19.8)	‹ 0.001	‹ 0.001
Follow-up (months) (median, 1st–3rd quartile)	38.6 ± 30 (20, 19–68)	64.4 ± 39 (68, 29–93)	64.9 ± 43 (69, 20–104)	‹ 0.001	

PCI = percutaneous coronary intervention, PPCI = primary PCI, TFA = thrombolysis followed by angiography, TO = thrombolysis only, MACE = death, post-infarction angina, myocardial infarction, VSD = ventricular septal defect, CVA/TIA = cerebrovascular accident/ transient ischemic attack

Fuente: 1. Isr Med Assoc J. 2017 Jun;19(6):345-350.

¿FIBRINÓLISIS VS. ATCP O INCREMENTAR LA REPERFUSIÓN?

The 5 year and 10 year survival curves according to reperfusion modality



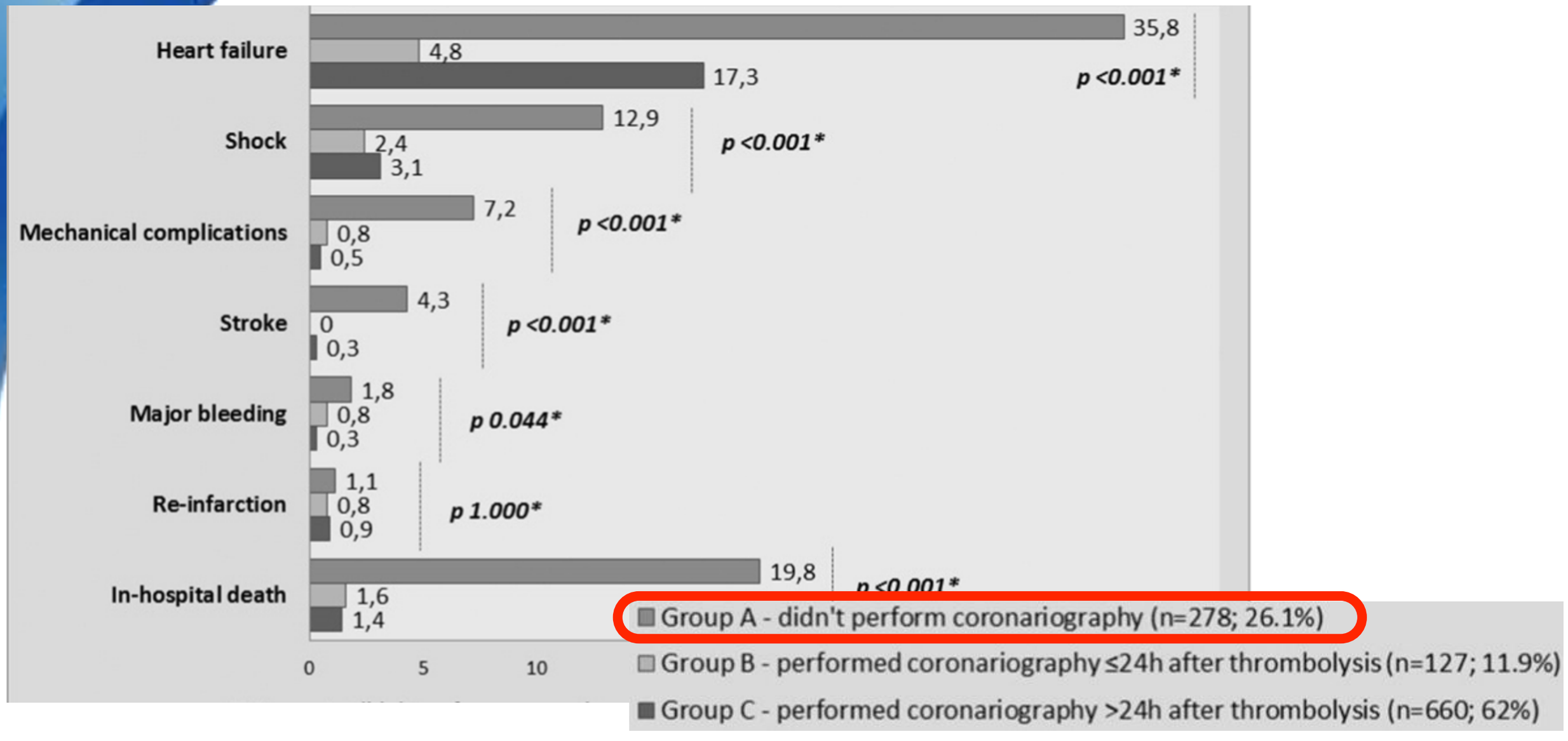
PCI = percutaneous coronary intervention, PPCI = primary PCI, TFA = thrombolysis followed by angiography, TO = thrombolysis only, d/f = degrees of freedom, d = number of deaths

KM = significance of difference of Kaplan–Meier curves

Fuente: 1. Isr Med Assoc J. 2017 Jun;19(6):345-350.

FIBRINÓLISIS VS. ATCP ¿POR QUÉ NO COMBINAR AMBOS?

Differences between the timing of coronary angiography after thrombolysis regarding several complications



Fuente: 1. Int J Cardiol. 2016 Nov 1;222:515-520. doi: 10.1016/j.ijcard.2016.07.193. Epub 2016 Jul 29.

FIBRINÓLISIS VS. ATCP ¿POR QUÉ NO COMBINAR AMBOS?

EARLY-MYO: Clinical and Safety Outcomes
(patients with STEMI presenting ≤6 hours after symptom onset and with an expected PCI-related delay)

Outcome	Total (n=344)	PhI (n=171)	PPCI (n=173)	*P* Value
Clinical outcomes				
Death	3 (0.9)	1 (0.6)	2 (1.2)	1.000
Reinfarction	2 (0.6)	1 (0.6)	1 (0.6)	1.000
Heart failure	51 (14.8)	23 (13.5)	28 (16.2)	0.545
Stroke	0 (0)	0 (0)	0 (0)	—
Combined clinical outcome	56 (16.3)	25 (14.6)	31 (17.9)	0.466
Safety outcomes				
Minor non-ICH bleeding	65 (18.9)	46 (26.9)	19 (11.0)	<0.001
Major non-ICH bleeding	1 (0.3)	1 (0.6)	0 (0)	0.497
ICH bleeding	0 (0)	0 (0)	0 (0)	—

ICH indicates intracranial hemorrhage; PhI, pharmaco-invasive; and PPCI, primary percutaneous coronary intervention. Data are presented as n (%).

Fuente: 1. Circulation. 2017 Oct 17;136(16):1462-1473. doi: 10.1161/CIRCULATIONAHA.117.030582. Epub 2017 Aug 27.

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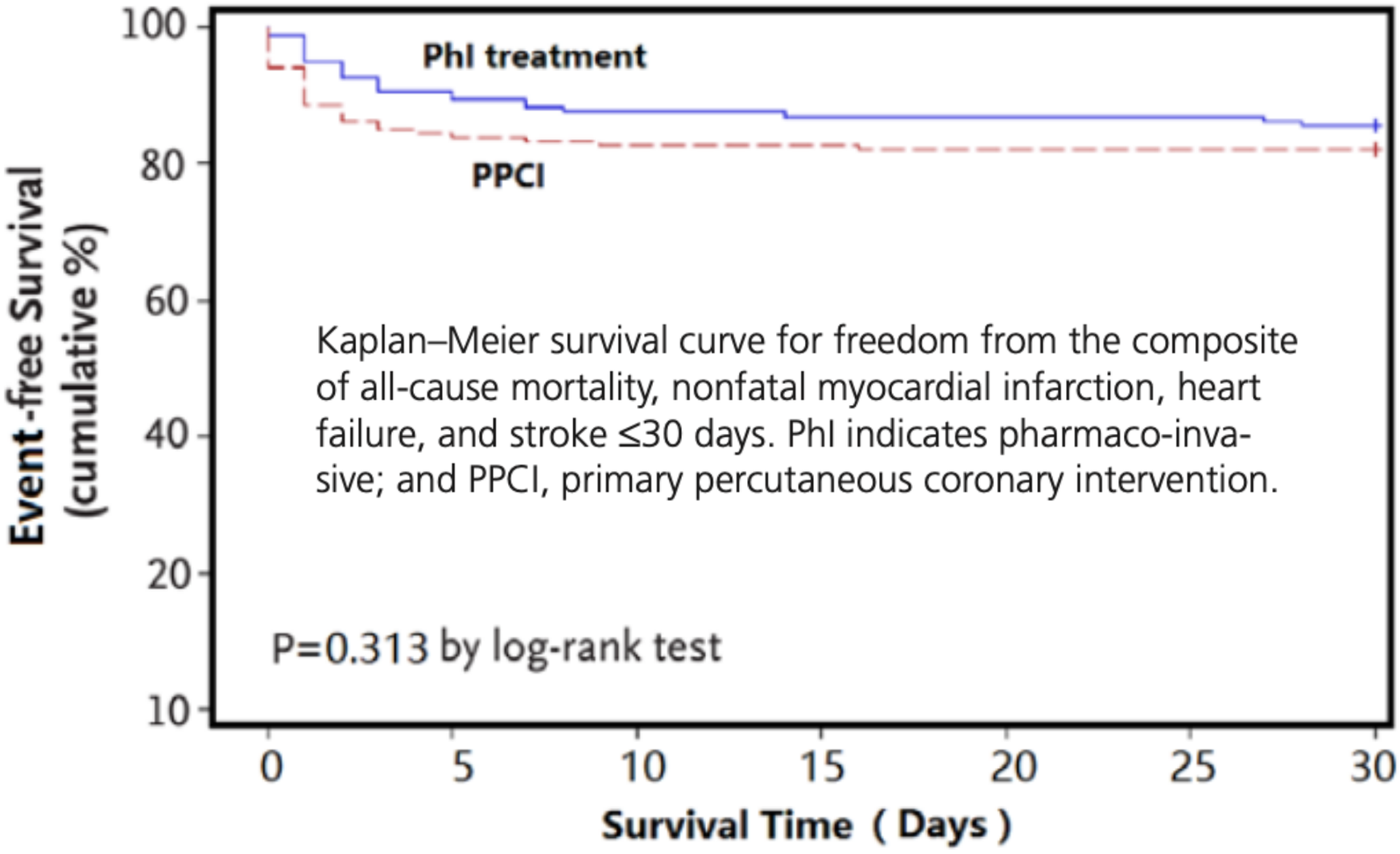

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CONCLUSIONES

- Cuando abordamos el SCACEST debemos centrarnos en el **TIEMPO DE DEMORA** para ofrecer al paciente la mejor estrategia de reperfusión.
- Sin lugar a duda, la ATCp es superior a la fibrinólisis, **SIEMPRE Y CUANDO** se la realice en el tiempo oportuno.
- La fibrinólisis y/o la estrategia farmacoinvasiva deben ser terapéuticas de reperfusión que tienen que estar presentes cuando el tiempo para la ATCp no sea adecuado.
- Por lo tanto, la fibrinólisis es una estrategia que permanece viva como tratamiento del SCACEST.

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gracias