

2022

Infarto Agudo Tardío: El tiempo lo es todo?

Daniel Berrocal, MD, PhD

Jefe del Instituto de Medicina Cardiovascular del Hospital Italiano de Buenos Aires



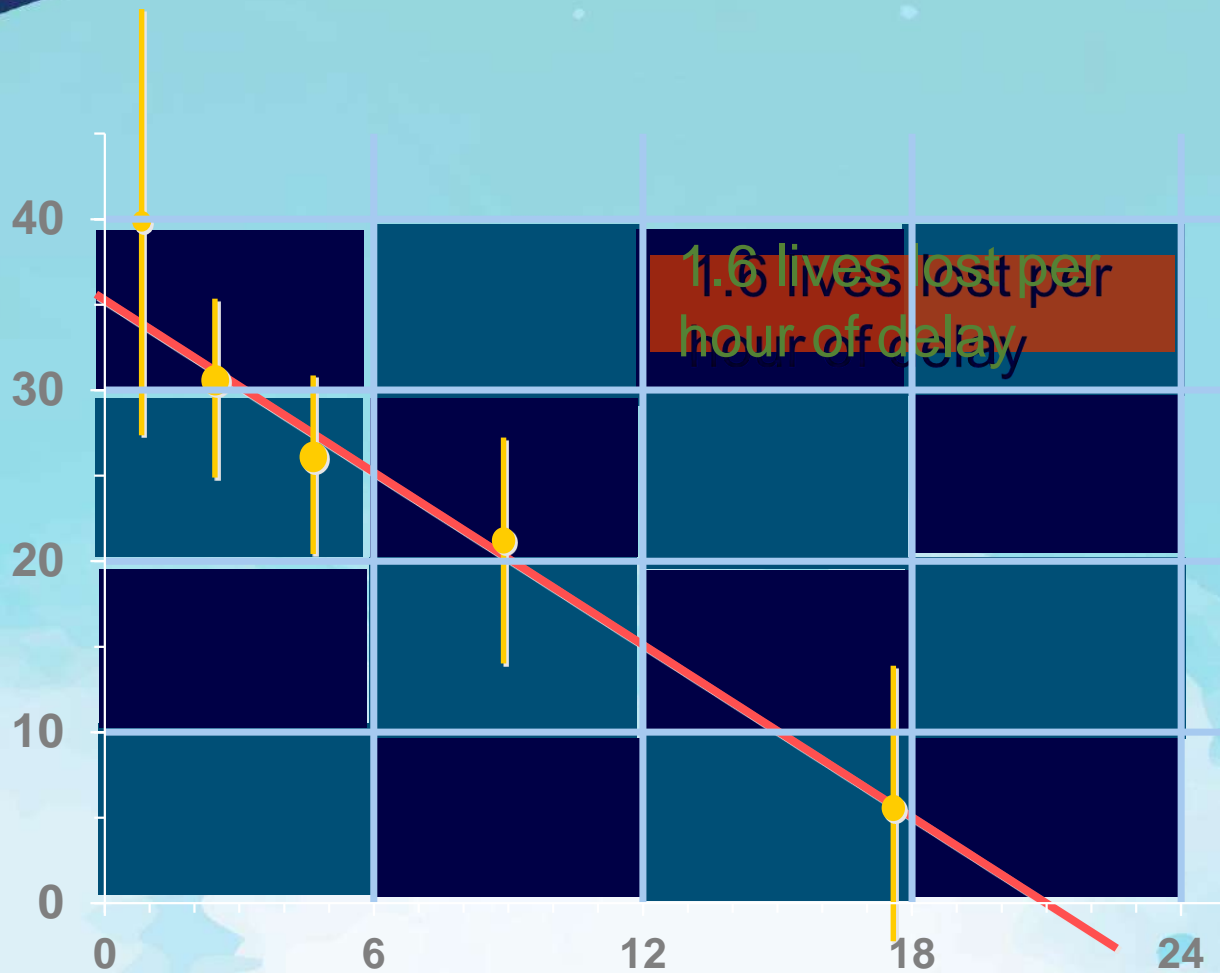
Presidente de la Sociedad Sudamericana de Cardiología

daniel.berrocal@hospitalitalianoorg.ar





Absolute number of lives saved/1000 in ptes with ↑ST or LBBB treated with lytics



Hours from symptoms onset to randomization

FTT, Lancet 1994

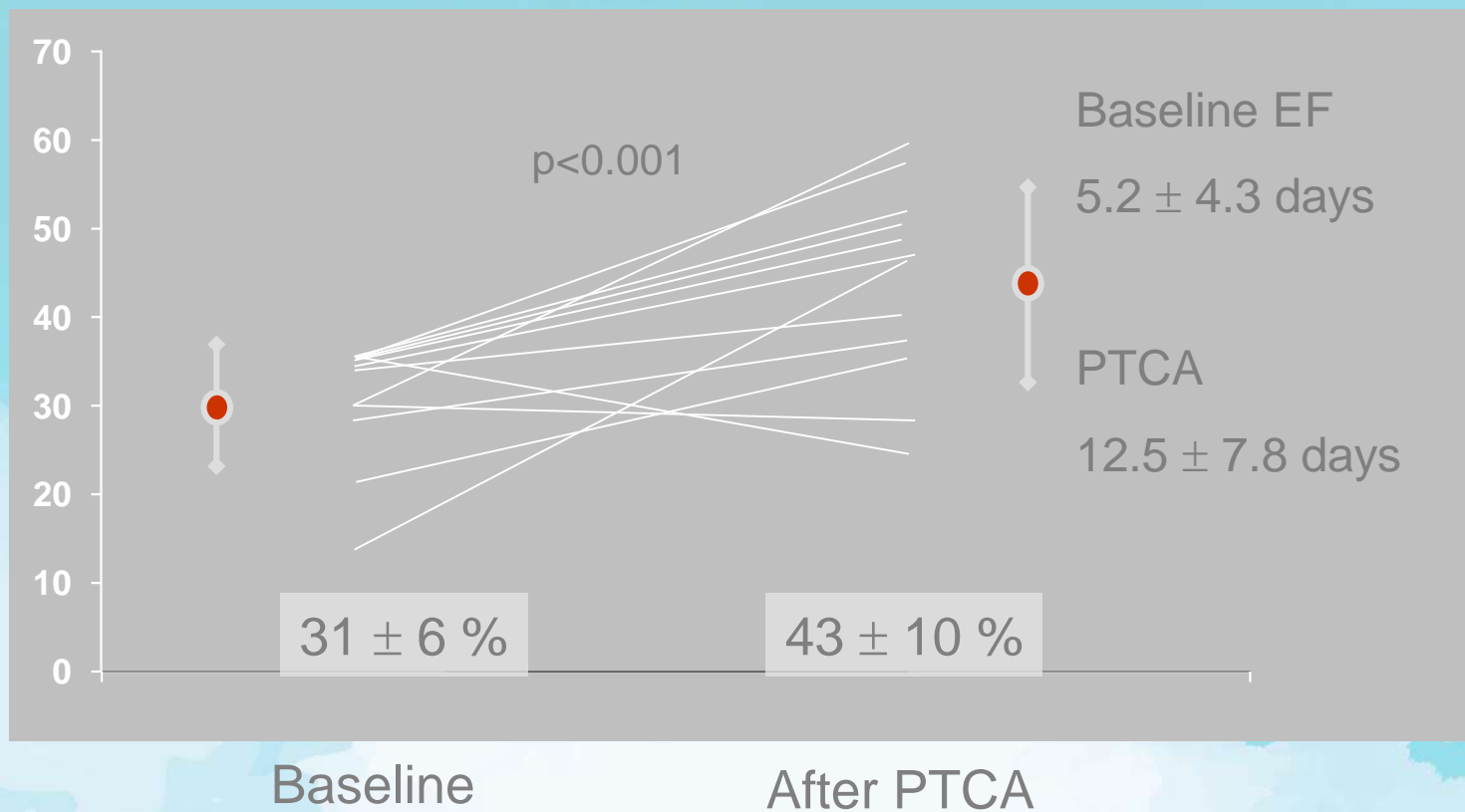




Revascularization and Ventricular Function

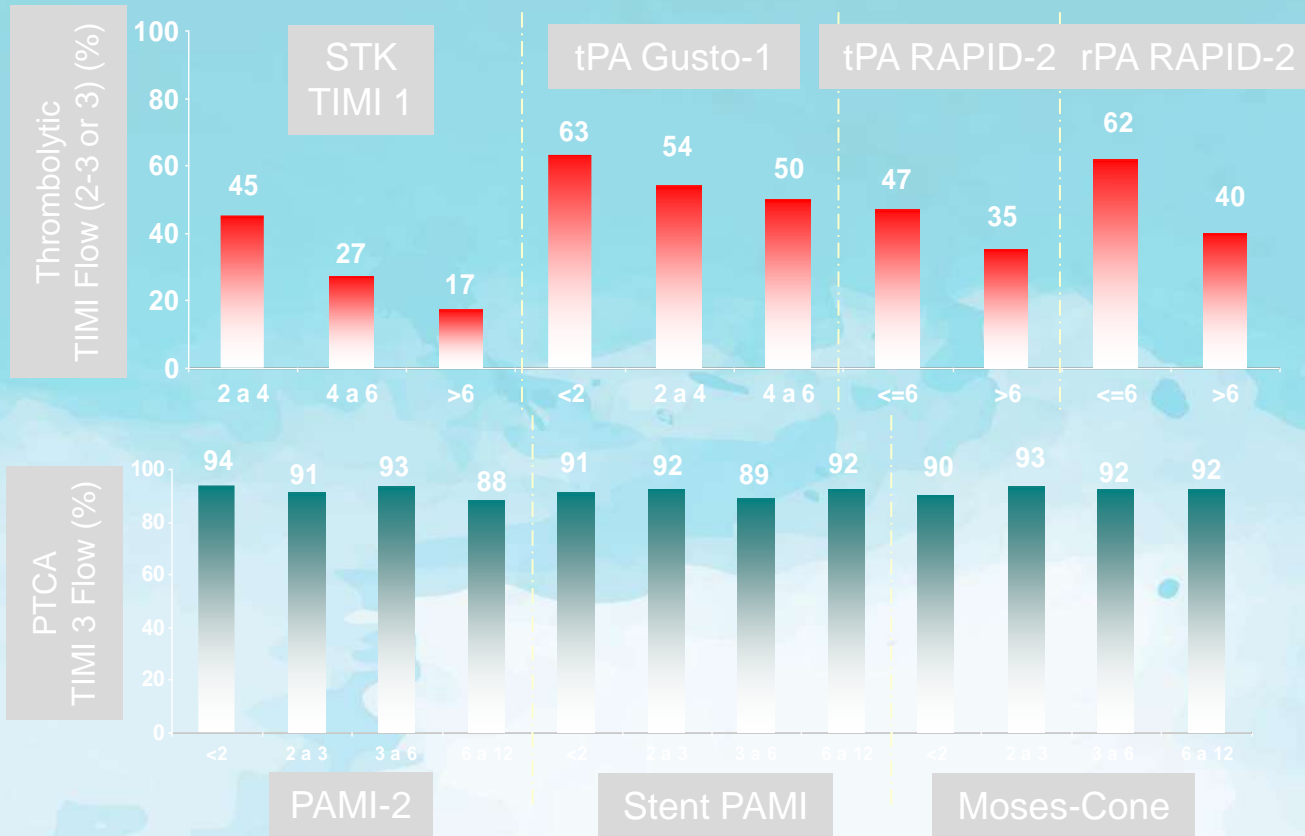
Age: 55 ± 12 y – Anteroseptal MI – 71% Fibrinolytics

Ejection Fraction (%)





Effect of Time to Treatment on Reperfusion Rates After Therapy



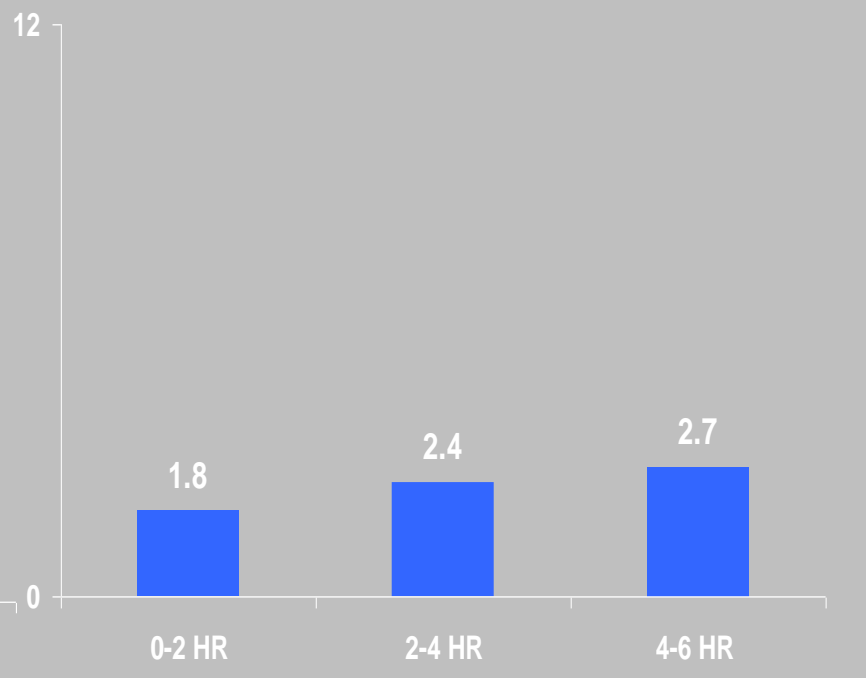
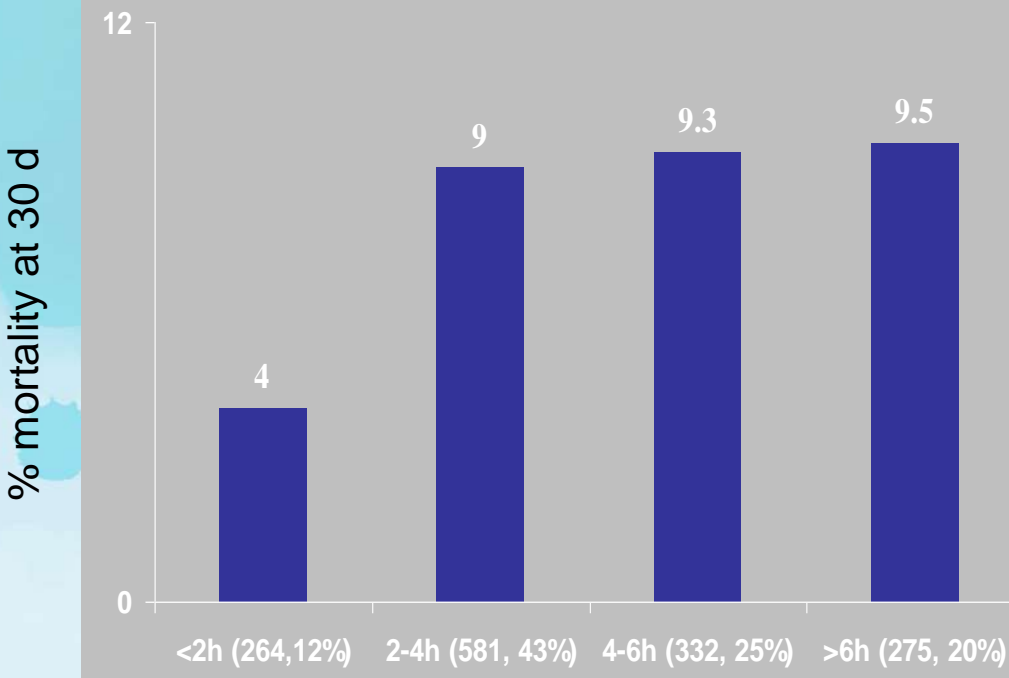


Delay of PCI and mortality

Brodie

JACC 1998, 32:1312

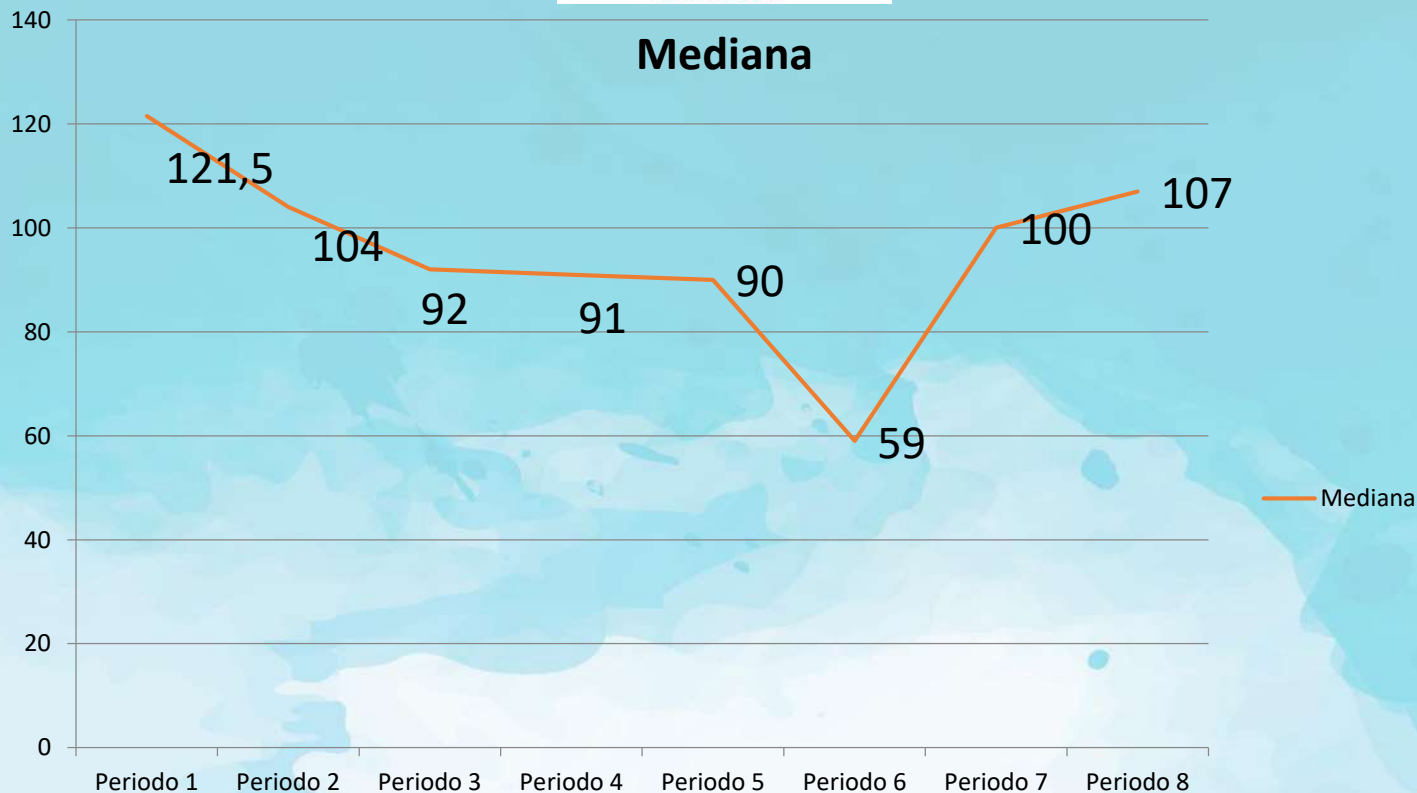
PAMI Trial
AJC 2001; 88:1085

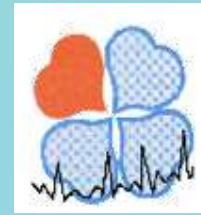


Pain to Balloon

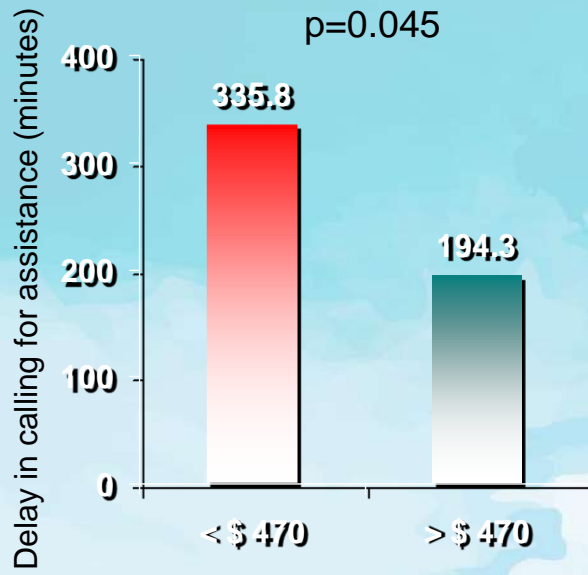
D2B time



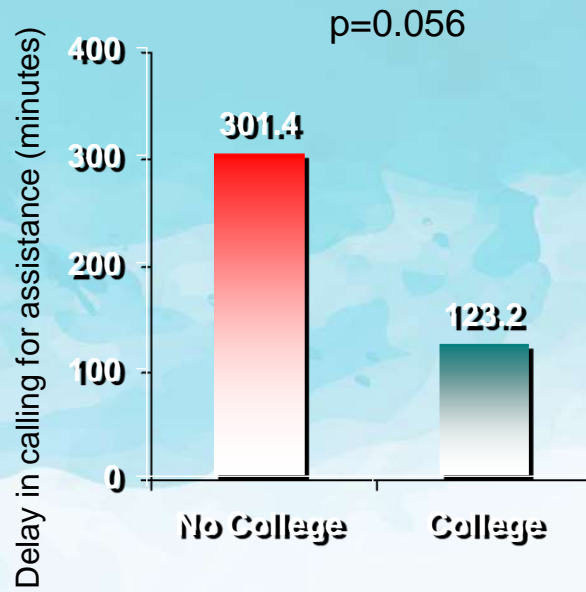




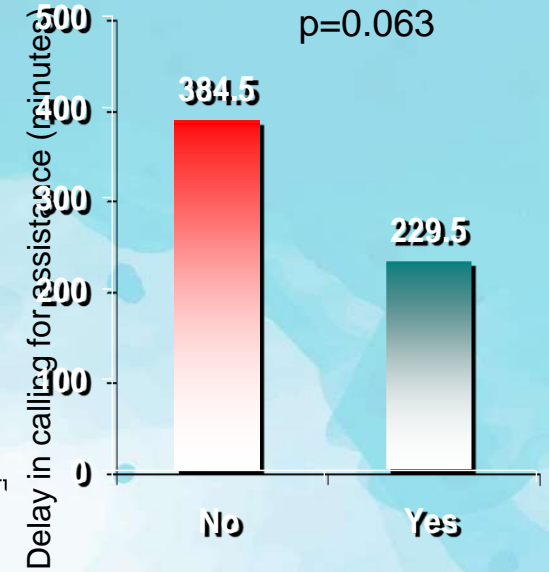
CONAREC



Family income



Education level

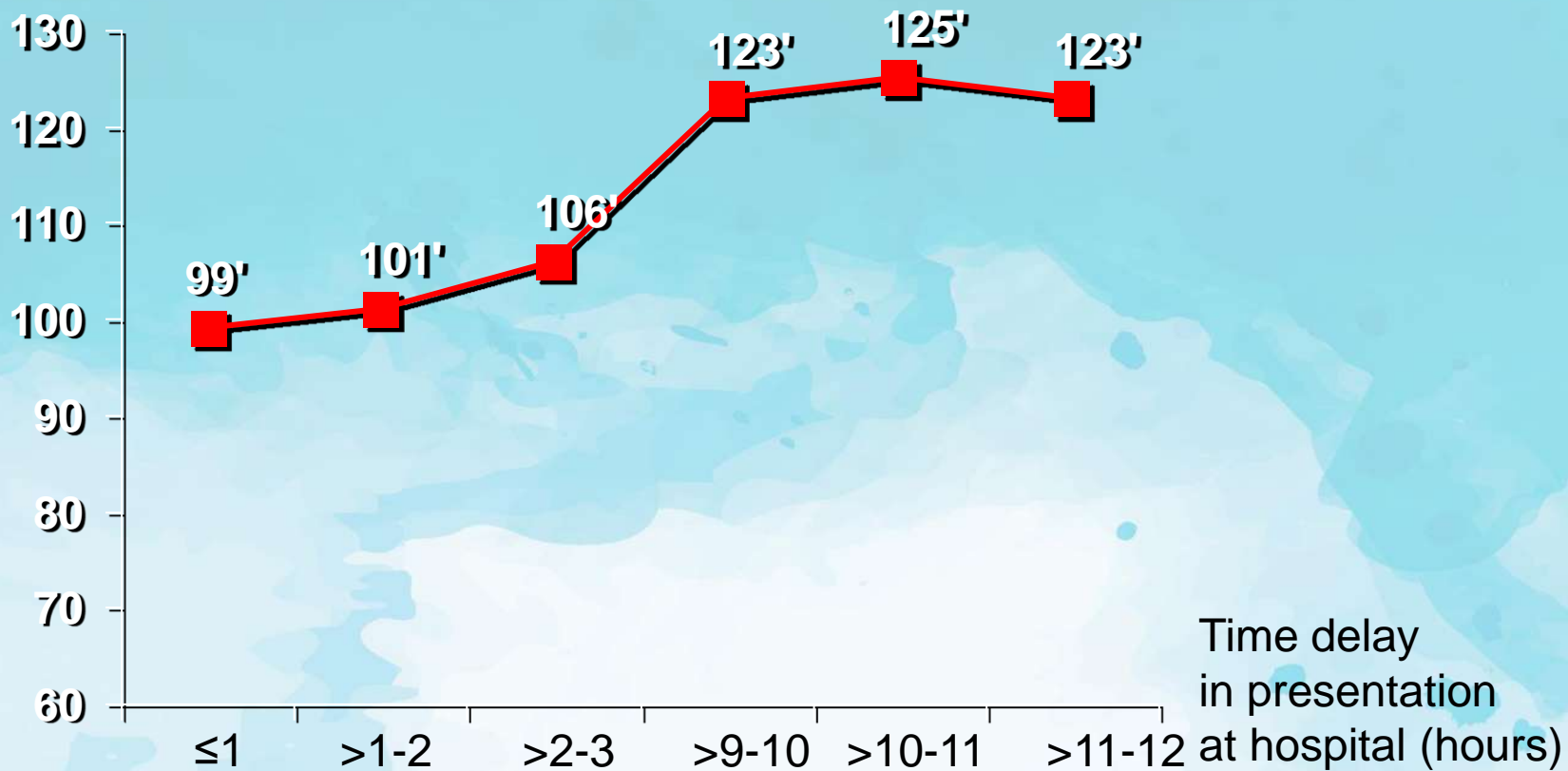


Car owner

	Insurance	Syndicates	Public (Retired)	Public	P
Age (years)	62.7±13	60.1±11	71.7±7	55.7±9	<0.001
PCI availability	90	73.7	57.9	37.3	<0.001
PCI	28.7	23.4	1.6	1.3	<0.001
Lytics	32.7	46.7	54.1	53.3	<0.001
PCI or Lytics	61.4	70	55.7	54.7	<0.09
Admitted <6hs. from pain	71.6	74.6	65.3	70.4	NS

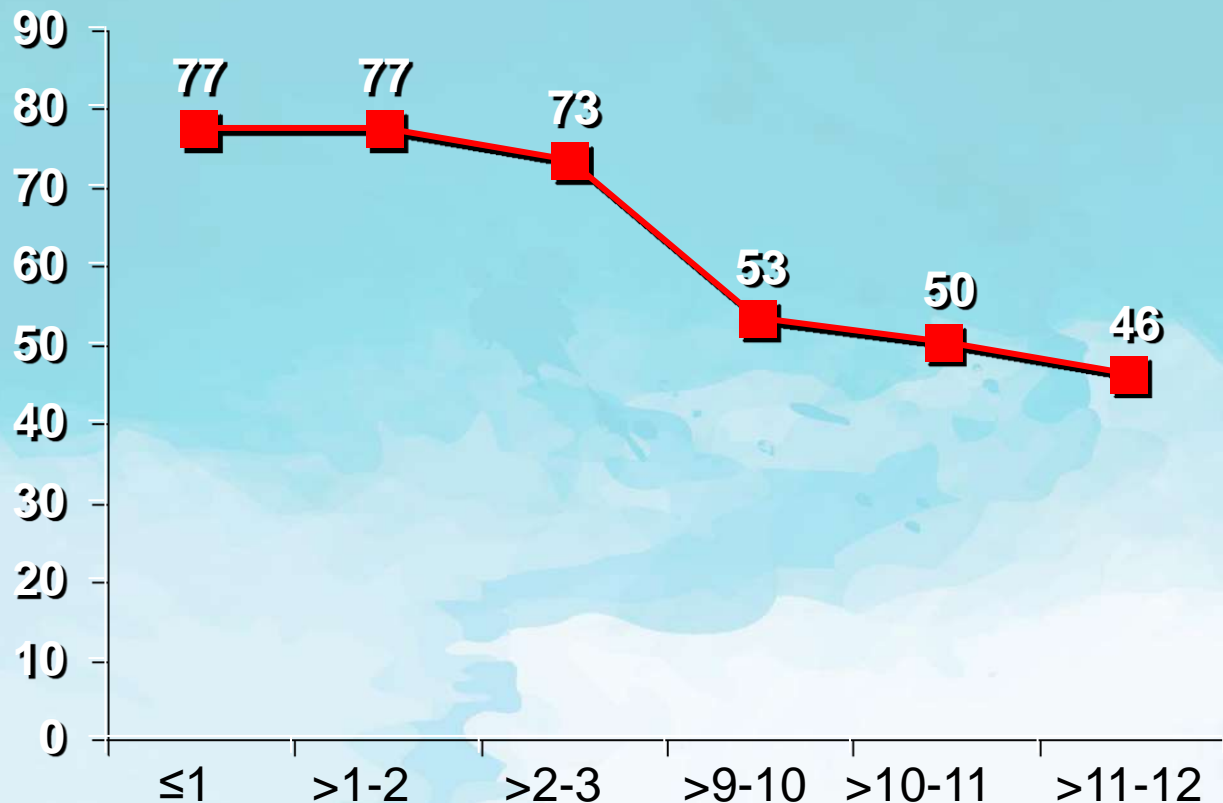


D2B Time (minutes)





Reperfusion rate %



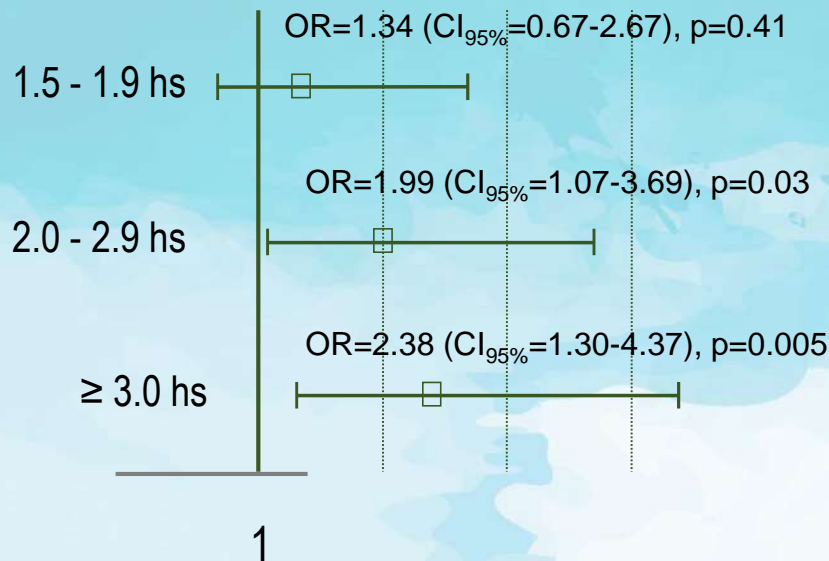
Time delay
in presentation
at hospital (hours)

Ting H et al. Am J Med 2008; 121: 316-323

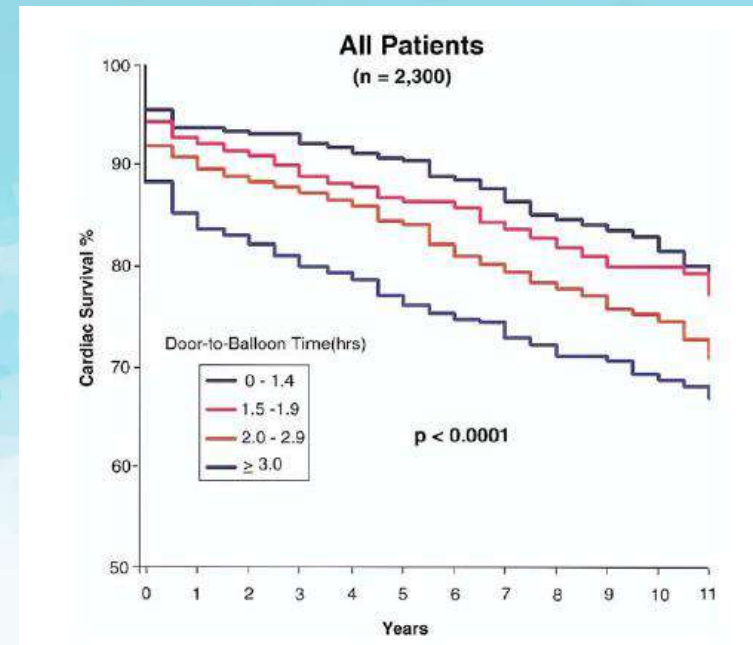


n=2322 (North Carolina, 1984-2003), Mean: 2.3 hs (p25-p75:1.6 – 3.2 hs)

In-hospital mortality



Long term mortality (83 months)



Longer D2B times were associated with age, female, diabetes, previous MI and KK C-D.

Brodie BR. J Am Coll Cardiol 2006;47:289-295



EDUCATION PROGRAMS

For the community in order to improve patients awareness of symptoms and the importance of reaching a hospital as soon as possible

For the health care systems encouraging the implementation of programs for reducing delays in transfer and in hospital tracing

For the health care professionals for a better stratification higher risk patient who need the best reperfusion in the shorter time



30 minutos de demora = RR de Muerte al año, aumenta 7.5%

De Luca G, Suryapranata H et al. Circulation 2004; 109: 1223-1225

Si Podemos reducir el tiempo de los pacientes a la consulta en 30 minutos

Y

Logramos que nuestro tiempo D2B se mantenga en 90 min o menos

Podríamos reducir la mortalidad en un 20%