

In-hospital mortality after ST-segment elevation myocardial infarction according to reperfusion therapy Mortalidad intrahospitalaria en hombres y mujeres según terapias de reperfusión en infarto agudo del miocardio con supradesnivel del ST

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Background: Primary angioplasty is considered the best reperfusion therapy in the treatment of ST-segment elevation myocardial infarction (STEMI). However, thrombolysis is the reperfusion method most commonly used, due to its wide availability, reduced costs and ease of administration.

Aim: To compare in-hospital mortality in STEMI patients according to reperfusion therapy.

Material and Methods: Patients admitted to Chilean hospitals participating in the GEMI network, from 2001 to 2005, with STEMI were included. They were divided in three groups: a) treated with thrombolytics, b) treated with primary angioplasty, c) without reperfusion procedure. In-hospital mortality according to gender, was analyzed in each group, using a logistic regression method, to assess risk factors

associated with mortality. Results: We included 3,255 patients. Global mortality was 9.9% (7.5% in men and 16.7% in women, $p < 0.001$). Mortality in patients treated with thrombolytics, was 10.2% (7.6% in men and 18.7