

# Prevalence and outcomes of ST-segment elevation myocardial infarction patients resulting from definite stent thrombosis

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O PULSAR DA CIÊNCIA, AO RITMO DO CORAÇÃO.

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# BACKGROUND

- Stent thrombosis (ST) is a **highly morbid complication** of percutaneous coronary intervention (PCI), which **manifests commonly as ST-segment elevation myocardial infarction (STEMI)**.<sup>1,2</sup>
- It has been reported in **3 - 4.4%** of cases of STEMI in “real-world” contemporary population.<sup>3,4</sup>
- Treatment for stent thrombosis almost always requires emergent repeat PCI, although optimal reperfusion is only achieved in two thirds of patients. As a result, it has been associated with **30-day mortality rates of 10 % to 25%** and  $\approx$  20% of patients with a first stent thrombosis experience a recurrent stent thrombosis episode within 2 years.<sup>5</sup>



## Purpose

- To evaluate the prevalence of stent thrombosis among STEMI patients and its outcome.

1 - Chechi T, Vecchio S, Vittori G, Giuliani G, Lilli A, Spaziani G, et al. ST-segment elevation myocardial infarction due to early and late stent thrombosis a new group of high-risk patients. J Am Coll Cardiol 2008;51:2396–402.

2 - Armstrong EJ, Feldman DN, Wang TY, Kaltenbach LA, Yeo K-K, Wong SC, et al. Clinical presentation, management, and outcomes of angiographically documented early, late, and very late stent thrombosis. JACC Cardiovasc Interv 2012;5:131–40.

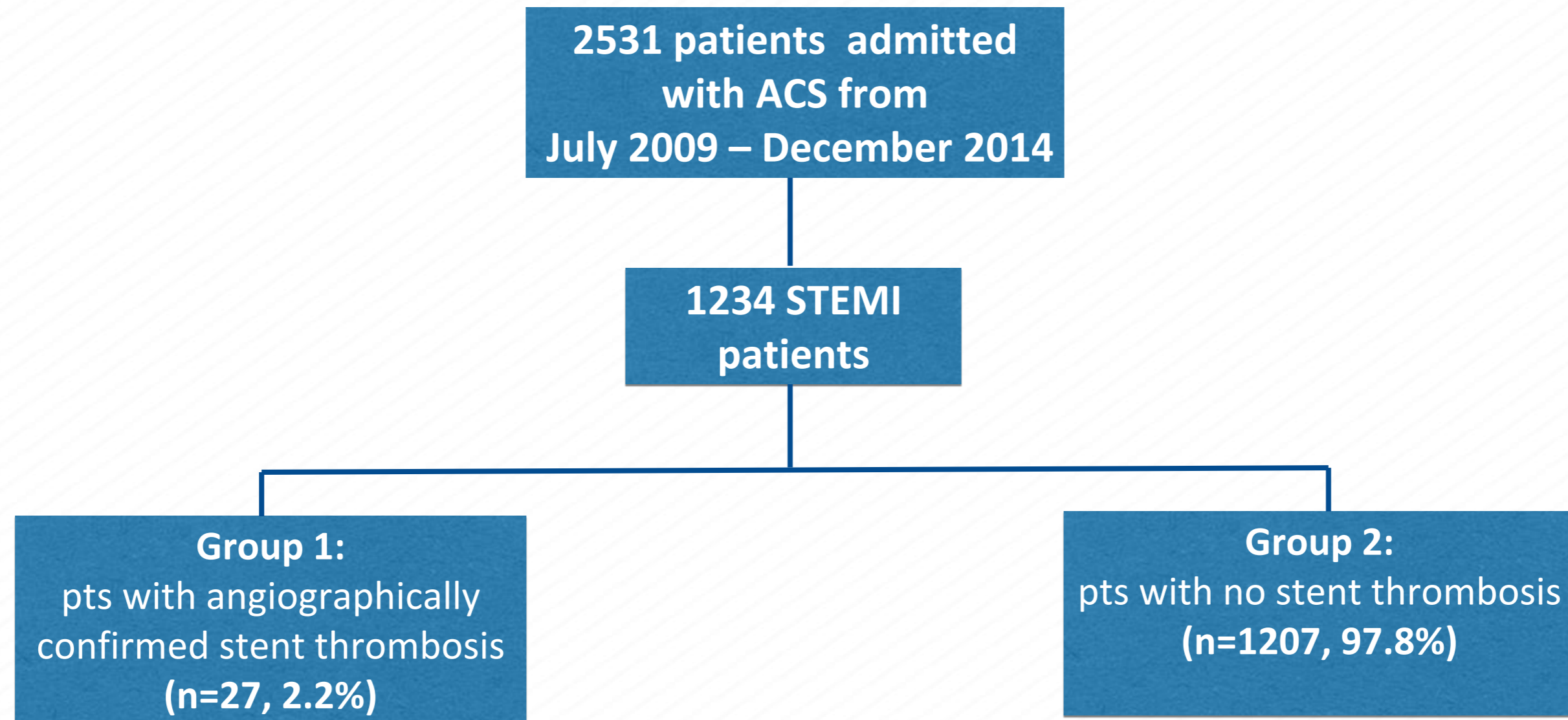
3 - Parodi G, Memisha G, Bellandi B, Valenti R, Migliorini A, Carrabba N, et al. Effectiveness of primary percutaneous coronary interventions for stent thrombosis. Am Cardiol 2009;103:913–6.

4 - Ergelen M, Gorgulu S, Uyarel H, Norgaz T, Aksu H, Ayhan E, et al. The outcome of primary percutaneous coronary intervention for stent thrombosis causing ST-elevation myocardial infarction. Am Heart J 2010;159:672–6

5- Kirtane AJ, Stone GW. How to minimize stent thrombosis. Circulation.2011; 124: 1283-1287



# METHODS



- For each group we compared clinical features and adverse events.
- Primary endpoint was the occurrence of cardiovascular death at 1 year; follow-up was completed in 96% of patients.



# RESULTS

## • Baseline Patients' Characteristics on Admission

| Variables                          | Group 1<br>(n 27) | Group 2<br>(n 1207) | P                |
|------------------------------------|-------------------|---------------------|------------------|
| Age (years)                        | 59 ± 11           | 62 ± 14             | NS               |
| Women (%)                          | 14.8              | 19.1                | NS               |
| <b>Cardiovascular Risk Factors</b> |                   |                     |                  |
| Hypertension (%)                   | 48.1              | 57.2                | NS               |
| Diabetes (%)                       | 37                | 22                  | NS               |
| Dyslipidaemia (%)                  | 63                | 49.8                | NS               |
| Smoking (%)                        | 40.7              | 38.6                | NS               |
| Previous smoker (%)                | 23.1              | 16.7                | NS               |
| <b>Previous Vascular Disease</b>   |                   |                     |                  |
| Myocardial Infarction (%)          | 92.6              | 7.8                 | <b>&lt;0.001</b> |
| Angina (%)                         | 25.9              | 7.8                 | <b>0.005</b>     |
| PTCA (%)                           | 100               | 4.6                 | <b>&lt;0.001</b> |
| CABG (%)                           | 0.0               | 1.1                 | NS               |
| Stroke (%)                         | 3.7               | 6.1                 | NS               |

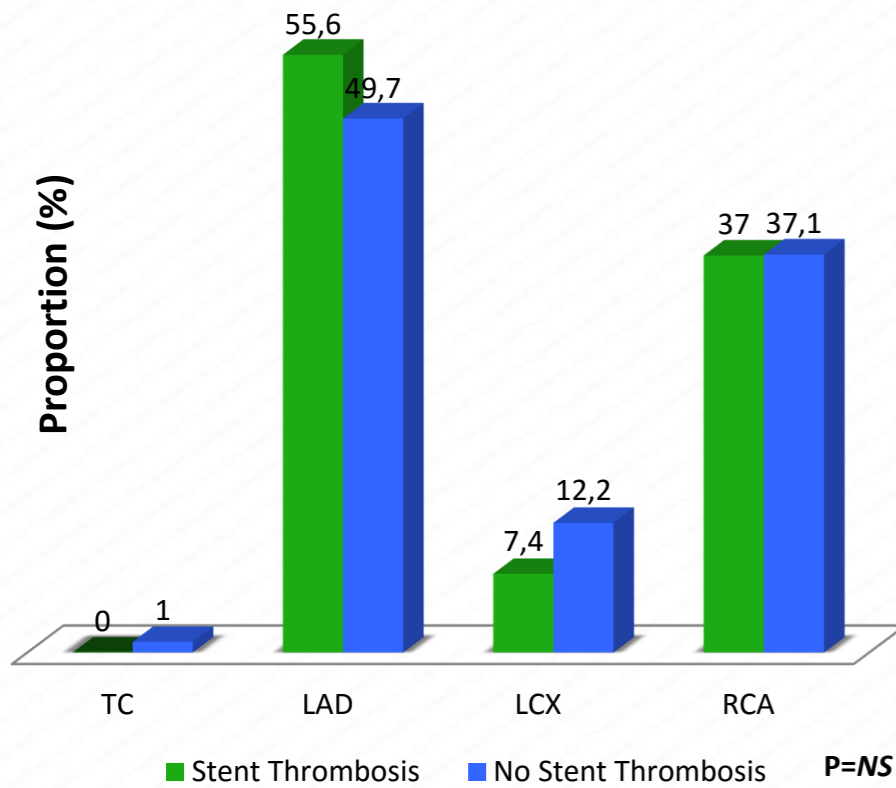
## • Clinical Presentation

| Variables   | Group 1<br>(n 27) | Group 2<br>(n 1207) | P            |
|---|-------------------|---------------------|--------------|
| Systolic pressure (mmHg)                                    | 125± 21           | 127± 21             | NS           |
| Heart rate (bpm)  | 79                | 77                  | NS           |
| Killip classification > 2 (%)                               | 7.4               | 4.1                 | NS           |
| Cardiogenic shock (%)                                       | 11.1              | 5.9                 | NS           |
| Anaemia (%)   | 3.7               | 22.4                | <b>0.017</b> |
| Clearance creatinine<br>< 60 mL/min/1,73 m <sup>2</sup> (%) | 14.8              | 17.6                | NS           |
| <b>Blood Analysis</b>                                       |                   |                     |              |
| Haemoglobin (g/dl)  | 14.9 ± 1.8        | 13.9 ± 1.9          | <b>0.008</b> |
| Platelets (x10 <sup>3</sup> )                               | 453 ± 89          | 170 ± 58            | <b>0.014</b> |
| Peak of troponin (ng/mL)                                    | 72. ± 84          | 92 ±119             | NS           |
| Left systolic dysfunction (%)                               | 77.8              | 75.9                | NS           |
| Right systolic dysfunction (%)                              | 7.4               | 6.3                 | NS           |
| Severe coronary disease (%)                                 | 11.1              | 17                  | NS           |



# RESULTS

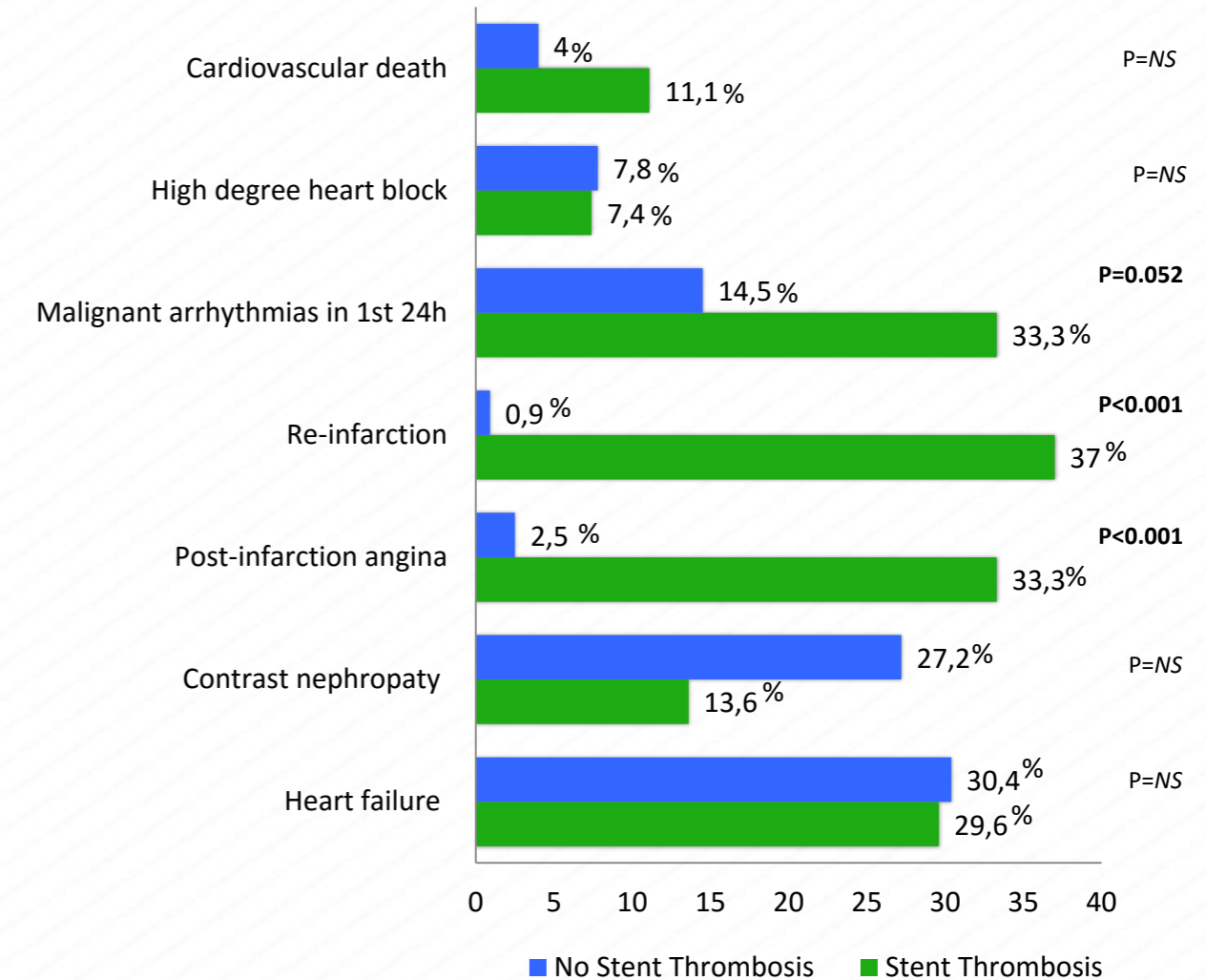
- **Infarct related artery**



- **In hospital treatment**

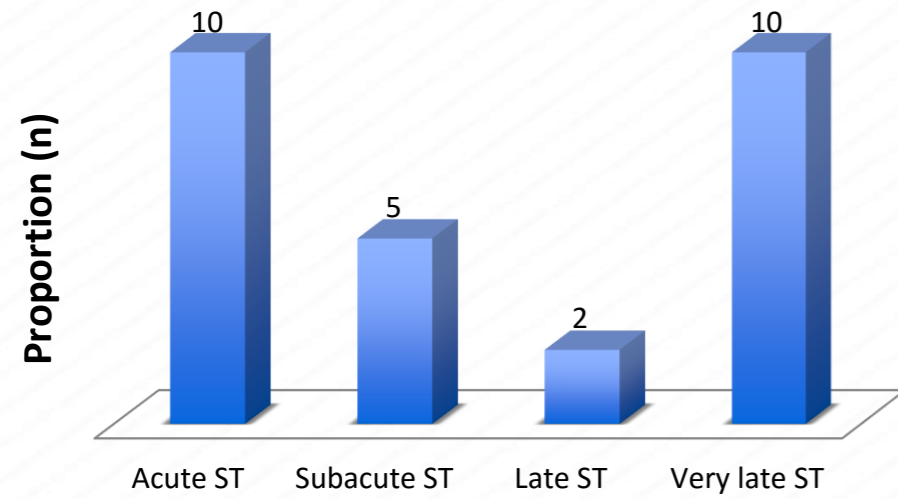
| Variables                            | Group 1 (n 27) | Group 2 (n 1207) | P            |
|--------------------------------------|----------------|------------------|--------------|
| Time symptoms-reperfusion            | 3h:06'         | 4h:29'           | NS           |
| Revascularization (%)                | 96.3           | 93.8             | NS           |
| <b>Medical Treatment</b>             |                |                  |              |
| Glycoprotein IIb/IIIa inhibitors (%) | 48.1           | 20.3             | <b>0.001</b> |
| Aspirin (%)                          | 100            | 99.2             | NS           |
| Clopidogrel (%)                      | 100            | 99.2             | NS           |
| ACE inhibitor (%)                    | 88.9           | 86.5             | NS           |
| Beta blocker (%)                     | 92.6           | 85.8             | NS           |
| Statins (%)                          | 100            | 98.2             | NS           |
| Diuretics (%)                        | 22.2           | 33.6             | NS           |
| Inotropics (%)                       | 14.8           | 9.6              | NS           |

- **In hospital adverse events**

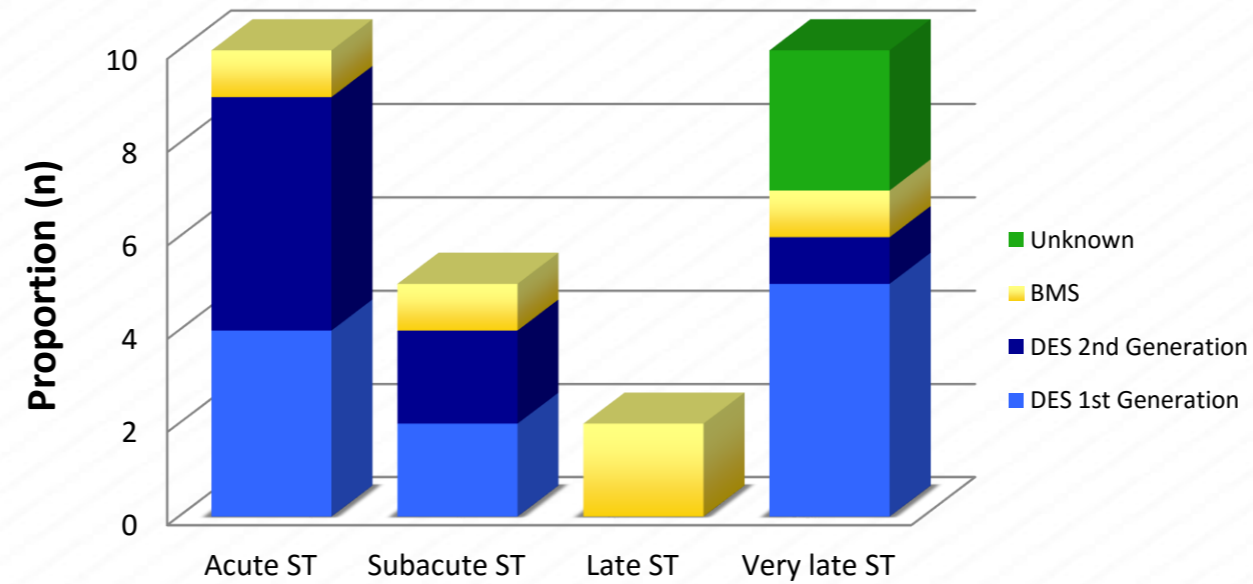


# RESULTS

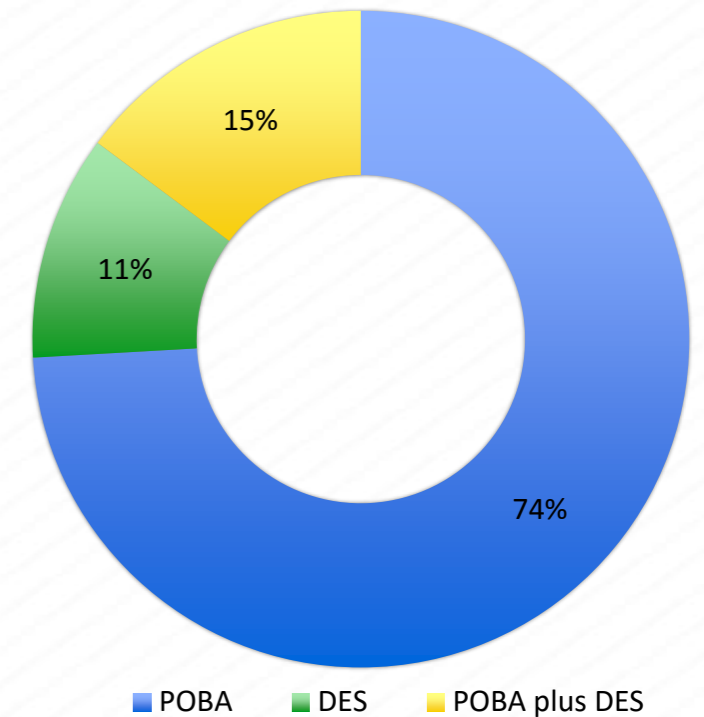
**Stent thrombosis classification**



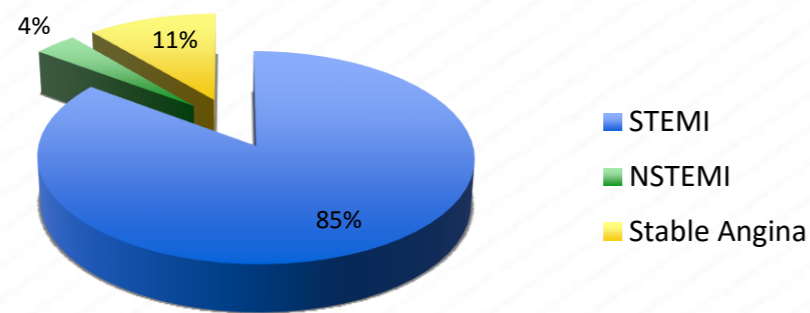
**Type of stent previous implanted**



**Stent thrombosis patients revascularization**

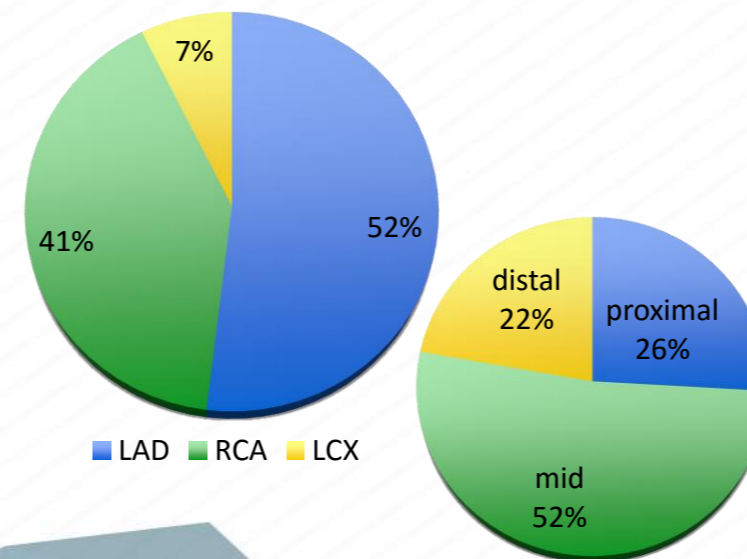


**Previous context of stent implantation**



|                      |       |
|----------------------|-------|
| multivessel disease  | 44,4% |
| multisegment disease | 7,3%  |

**ST-vessel and segment affected**

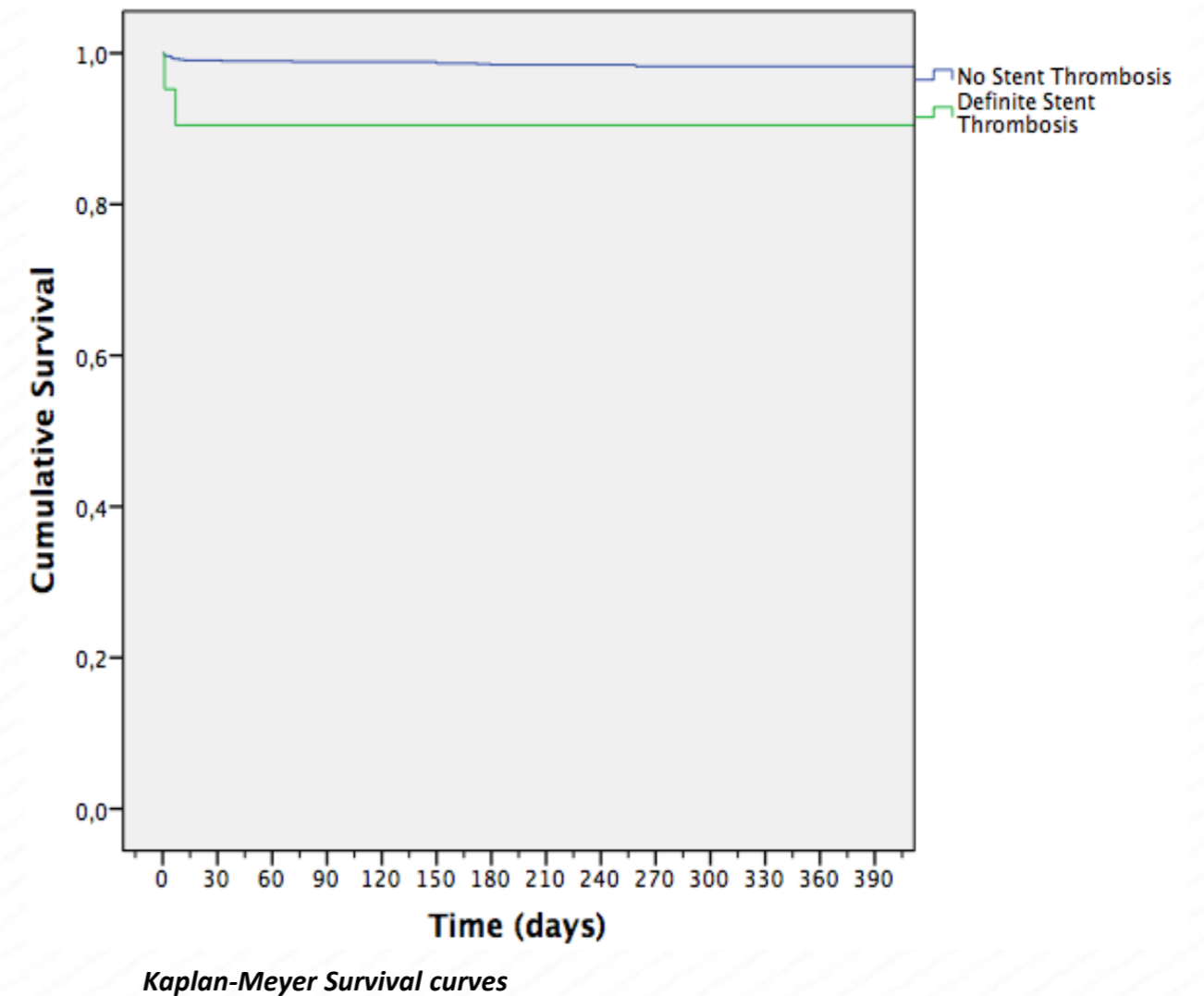
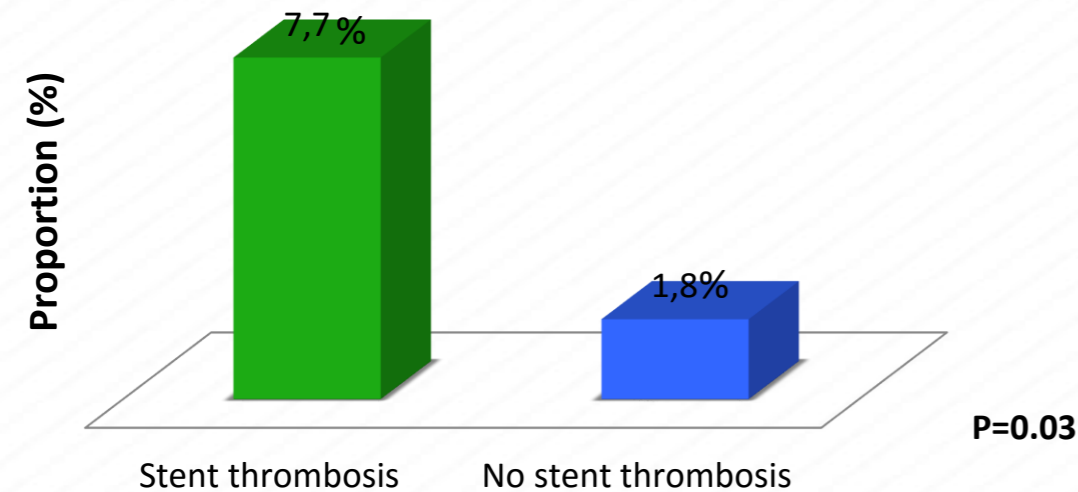


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# RESULTS

- *1-year cardiovascular mortality*



# CONCLUSION

- Stent thrombosis accounts for 2.2% in our cohort of STEMI patients, being the majority treated with balloon angioplasty.
- The more frequent clinical presentation was acute and very late stent thrombosis, the last mainly due to 1<sup>st</sup> generation drug eluting stents.
- Stent thrombosis patients need more frequently triple antiplatelet therapy and suffer more malignant arrhythmias, post-infarction angor and reinfarction.
- Our patients with definite stent thrombosis did not have poorer in-hospital survival compared with those with native coronary disease, but they had higher cardiovascular death at one-year follow-up.



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