1125-77
Thrombolysis in Myocardial Infarction Risk Score and ST Resolution Are Independent Predictors of Mortality

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Background: Previous studies confirmed TIMI (Thrombolytic Myocardial Infarction) risk scores during fibrinolytic therapy (FT) for STEMI (Streptokinase or TPA) as a determinant of reperfusion correlated to TIMI risk grade and TIMI myocardial perfusion grade. The RST at 90, 180, and 270 min after recanalization is known to identify low-risk group of patients. The TIMI risk score was calculated in a clinical, bedside, risk score developed to predict STEMI 30 days mortality.

Objective: The aim of this study is to evaluate the relationship between TIMI risk score and 60 min FT.

Methods: Of 728 patients, 690 were analyzed. TIMI risk score was calculated at advanced presentation. 60 days mortality was investigated for each class of RST and each level of TIMI risk score. Results: The results are shown in the table below, and expressed in number of patients. TIMI risk score and 60 min FT are independent predictors of 30 days mortality. In conclusion: the absence of relationship between TIMI risk score and 60 min FT to STEMI patients suggests that they should be taken into account for an independent variable in a new risk scoring system.

TIMI Risk Score | Death | No RST | RST | Total
--- | --- | --- | --- | ---
0 | 1 | 29 | 71 | 100
1 | 4 | 76 | 123 | 199
2 | 5 | 41 | 80 | 121
3 | 6 | 39 | 79 | 121
4 | 1 | 22 | 4 | 26
5 | 2 | 14 | 14 | 28
6 | 7 | 11 | 17 | 38
>6 | 5 | 8 | 15 | 28
Total | 51 | 279 | 440 | 728

One-Year Outcome of High-Risk Patients With Acute Myocardial Infarction With or Without Diabetes: Data From the MISTRAL Study

1125-88
Unraveling the Spectrum of Left Bundle Branch Block in Acute Myocardial Infarction: Insights From ASSENT 3

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Left bundle branch block (LBBB) complicates AMI diagnosis. Spadafora's criteria developed from the CANUS study were used to diagnose and risk stratification of AMI patients [1]. Sensitivities and specificities of LBBB (p<0.001) were 94% and 84% respectively. The table below indicates that the sensitivity of LBBB decreased to 84% in patients with LBBB (p<0.001), 84% in patients with LBBB (p<0.001), and 84% in patients with LBBB (p<0.001).

<table>
<thead>
<tr>
<th>Spadafora score</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=50</td>
<td>N=56</td>
<td>N=62</td>
<td>N=68</td>
<td></td>
</tr>
<tr>
<td>Peak CK &gt;2k</td>
<td>2 (7.2%)</td>
<td>21 (38.9%)</td>
<td>42 (68.1%)</td>
<td>45 (67.1%)</td>
</tr>
<tr>
<td>Peak CK &lt;2k and &lt;6k</td>
<td>7 (14.0%)</td>
<td>14 (25.0%)</td>
<td>21 (32.8%)</td>
<td>26 (38.5%)</td>
</tr>
<tr>
<td>Total</td>
<td>9 (18.0%)</td>
<td>35 (62.5%)</td>
<td>63 (90.9%)</td>
<td>71 (100.0%)</td>
</tr>
</tbody>
</table>

Conclusion: Our findings validate the utility of Spadafora's criteria for diagnosing AMI in the setting of LBBB. Spadafora's criteria provide a simple and practical diagnostic approach to optimize risk-benefit of acute therapy in this diagnostically challenging subgroup and contribute uniquely to risk stratification in this high-risk population.

POSTER SESSION

1126 Unstable Angina/Acute Myocardial Infarction: Prognosis

Monday, March 31, 2003, 3:00 p.m.-5:00 p.m.
McCormick Place, Hall A
Presentation Hour: 3:00 p.m.-4:00 p.m.

1126-100 Increase in Mortality of Patients Discharged With the Diagnosis of Acute Myocardial Infarction Between 1988 and 1996


Background: In-hospital mortality of acute myocardial infarction (AMI) has declined in the last 15 years. This study focuses on the outcomes of patients after discharge.

Methods: Using a statewide database, we examined post-discharge mortality among 30,541 AMI patients who were hospitalized in New Jersey in 1988 and 1996.

Results: In 1988, 13% of patients died within one year after discharge. In 1996, 11% of patients died within one year after discharge. The increase in mortality after discharge was 12% in 1996 compared with 1988. The increase in mortality after discharge was 12% in 1996 compared with 1988. The increase in mortality after discharge was 12% in 1996 compared with 1988. The increase in mortality after discharge was 12% in 1996 compared with 1988.