

March 07-08, 2019
Berlin, Germany

J Heart Cardiovasc Res 2019, Volume 3
DOI: 10.21767/2576-1455-C1-003

The stress hyperglycemia in the acute phase of a STEMI: a residual risk in the era of primary angioplasty?

Mekhdoul, Talamali, Messai and Bouame

Service of Cardiology, HCA

Hyperglycemia observed at the admission of a STEMI is associated with a poor prognosis. This association has been reported before and after the era of coronary revascularization in particular non-diabetic patients and would be sharper and more important in the era of primary angioplasty.

Methodology & Theoretical Orientation: Compare the impact of admission hyperglycemia in STEMI on in-hospital mortality in patients undergoing primary angioplasty to those with no reperfusion therapy.

Population & Methods: A prospective, multicenter study with a recruitment of 1222 consecutive patients without a prior history of diabetes and HbA1C <6.5% in the first 24 hours of STEMI

Findings: The average age of the population was 60.28 yrs +/- 13 yrs, the mean glycemia on admission was 1.39 g/L +/- 0.333, 56.2% of the patients benefit from early

coronary reperfusion, the in-hospital mortality was 7.2%. The results showed a linear correlation between the level of glycemia on admission and in-hospital mortality, an increase of 10 mg/L of serum glucose was associated to an increased mortality of 2.6% (2.0-3.3), $p < 0.001$. The mortality was higher in the population of patients who haven't receive any reperfusion therapy was 12.2% versus 3.3% ($p < 0.001$). But the impact of the glycemia on admission seems more important on the population of reperfused patient adjusted OR à 5.2 (1.5-17.5), $p = 0.008$ versus adjusted OR 2.7 (1.3-5.38), $p = 0.005$.

Conclusion & Significance: Hyperglycemia on admission is an independent predictive factor of short term mortality in non-diabetic patients during the acute phase of STEMI, its impact is more important in patients who benefit from a revascularisation therapy at an early stage.