
A compararison of pharmacologic therapy without timely coronary intervention VS.primary percutaneous intervention early after st elevation myocardial infarction

Ahmed Mohammed Ramzy Ahmed

According to the ACC/AI-IA STEMI guidelines (Antman et al., 2007), majority of STEMI patients should be treated with primary PCI and all efforts should be made to shorten transfer delays and to increase primary PCI availability. In STEMI patients with anticipated delay to primary PCI, more than 90-120 min fibrinolysis is still recommended, but certainly should not be the end of reperfusion strategy in STEMI. Our study shows that adjunctive PCI was not inferior to primary PCI regarding 30 days outcome, and it was superior to the fibrinolytic therapy alone regarding recurrent unstable angina, heart failure post MI, without increase in the bleeding complications. Based on the results of our study, we recommend that all patients treated with fibrinolysis should be transferred to a PCI facility for the assessment of reperfusion success, immediate angiography, and PCI if needed. Moreover, adjunctive PCI after fibrinolytic therapy appears to be safe if it was performed within 24 hours of fibrinolytic administration, if good antiplatelet coverage with loading dose of clopidogrel, and/or glycoprotein IIb/IIIa inhibitors when indicated, is ensured.