**ST-SEGMENT ELEVATION MYOCARDIAL INFARCTION AND FACTORS ASSOCIATED WITH STENT CHOICE**

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*Objective:* This study aims to identify predictors of stent choice during primary percutaneous coronary intervention (PCI).

*Background:* Although drug eluting stents (DES) are associated with reduced risk for repeat revascularization compared to bare-metal stent (BMS) in the setting of ST-Segment elevation myocardial infarction (STEMI), BMS are still used for a large number of patients. In addition to concerns regarding the ability to comply with long term dual antiplatelet therapy, other factors may influence stent choice.

*Methods and results*: We performed a retrospective review of all 561 STEMI patients treated with primary PCI from January 2009 to December 2013 in a large safety-net hospital. Groups were divided according to type of stent. Population included Latinos (56%), Caucasians (24%) and Blacks (19%). Sixty-six percent (n=342) received a BMS. Patients were predominantly males (79.4%), of whom (68.3%) received BMS, compared to (58.5%) of the female patients who received BMS (p=0.05). Mean age for subjects who received DES was 60.9 (±10) years-old compared to 59.0 (±12) in the BMS group (p=0.07). No difference was found in terms of traditional risk factors including: hypertension, diabetes mellitus, hyperlipidemia, tobacco use, history of stroke or coronary artery disease. No difference with cocaine use. Oral anticoagulants predicted the use of BMS (31.6% versus 1.7%, p=0.02), no association with other home medication was found. The BMS use trended higher in altered mental status (9.2% versus 2.3% p=0.26) and ventricular tachycardia/fibrillation prior to procedure (11.9% versus 5.1%, p=0.57). Although higher initial troponin level was found in patients with DES use (p=0.049), there was no correlation with the number of obstructed vessels.

*Conclusions*: Factors associated with BMS use were home anticoagulation, male gender and initial troponin level. More patients with initial altered mental status and ventricular arrhythmia were observed in the BMS group. No association with cocaine use was found.