**ST ELEVATED MYOCARDIAL INFARCTION AS AN EPIPHENOMENON OF NON CARDIOVASCULAR DISEASE**

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*Introduction*: Acute coronary syndrome in context of non cardiovascular disease (epiphenomenon) has greater mortality than ACS of primary cause. There are discrepancies in terms of reperfusion times and the procedure technique of coronary angioplasty (PTCA) in patients with ST eleveated myocardial infarction (STEMI)

*Objective*: Compare patients with STEMI as epiphenomenon vs STEMI of primary cause to determine mortality and analyze procedure variables.

*Materials and methods*: From 07/2000 to 02/2016, 2602 PTCA were performed, 436 of STEMI patients. Of them, 410 belong to STEMI as primary cause (group A); and 26 to STEMI as epiphenomenon (group B).

Baseline characteristics were, group A and B respectively – n (%): age 57.9±10.8vs65.8±11.3 p<0.01; male 359(87)vs21(81)p=0.3; diabetes 74(18)vs4(15)p=0.7; smoking 291(71)vs12(46)p<0.01; CKD 9(2.2)vs6(23)p<0.01; COPD 9(2.2)vs5(19)p<0.01; prior PTCA 50(12)vs2(7)p=0.4; CABG 12(3)vs1(4)p=0.7; prior AMI 44(10)vs1(4)p=0.2; EF 55.6±15vs44.5±vs15.2p<0.01; anterior STEMI 178(43)vs14(54)p=0.2; non anterior STEMI 232(56)vs12(46)p=0.3; MVD 206(50)vs16(61)p=0.2; complete MVD revascularization 111(54)vs8(50)p=0.7; KKA 326(79)vs14(54)p<0.01; KKD 15(4)vs9(35)p<0.01; door to balloon time 106±58vs69±36p<0.01; IIbIIIa 71(17)vs2(8)p=0.2; TIMI 0-1 283(69)vs14(54)P=0.1; thromboaspiration 3(0.7)vs1(4)p=0.1; IABP 11(3)vs4(15)p<0.01; radial access 132(32)vs4(15)p=0.07; fluoro time 15.2±11.7vs20.2±13.9p=0.03; dye used 224.8±83.5vs238.9±89.2p=0.4; stent (mm) 37.5±25.3vs54.2±36.4p<0.01.

*Results*: group A and B: technical success 401(98)vs26(100)p=0.4; clinical success 386 (94)vs16 (61)p<0.01; acute thrombosis 5(1)vs0p=0.5; subacute thrombosis 4(1)vs0p=0.6; TIA/Stroke 1(0.2)vs0p=0.8; vascular access complication 6(1.5)vs0p=0.5; global mortality 14(3)vs11(42)p<0.01; intrahospital cardiovascular death 12(3)vs2(8)p=0.1; intrahospital non cardiovascular death 2(0.5)vs9(35)p<0.01.

*Conclusion*: Patients with STEMI as an epiphenomenon has greater mortality, minor door to balloon time, greater use of IABP and mm of stents than patients with STEMI as primary cause.