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Background. Pitavastatin, a potent lipophilic statin play an important role in acute myocardial infarction (AMI) setting by not only reducing LDL-cholesterol, but also through the pleiotrophic effects. But there is a limited data regarding role of pitavastatin in acute ST-segment elevation myocardial infarction (STEMI) patients (pts). Method: The study originated from Livalo AMI study (LAMIS), which exclusively used Pitavastatin (2mg/day as sole statin therapy from the presentation time) and from the Korea AMI Registry (KAMIR) as a historical controls. We compared the clinical outcomes using propensity score adjustment between the STEMI pts treated with Pitavastatin (n=411) and without statin treatment from KAMIR (n=376). Results: The baseline characteristics were similar between the two groups. Although the incidence of target lesion & vessel revascularization (TLR & TVR) and recurrent AMI were similar, the cardiac mortality, repeat PCI (primarily by reduced non-TVR) and total MACE were significantly lower in the Pitavastatin group (Table). Conclusion: Routine administration of 2mg Pitavastatin daily in STEMI pts showed better clinical outcomes compared with those of STEMI pts without statin

Table. Clinical Outcomes at 12-month

Variables. N (%)	No Statin (N=376)	Pitavastatin (N=411)	P -value
Total Death	8 (2.1)	3 (0.7)	0.095
Cardiac Death	6 (1.6)	1 (0.2)	0.044
Repeat PCI	30 (8.0)	18 (4.4)	0.035
TLR	9 (2.4)	11 (2.7)	0.801
TVR	12 (3.2)	12 (2.9)	0.825
Non-TVR	15 (4.0)	6 (1.5)	0.028
Recurrent AMI	3 (0.8)	3 (0.7)	0.913
CABG	2 (0.5)	0 (0)	0.139
Total MACE	42 (11.2)#	22(5.4)*	0.003

* 2 patients underwent PCI due to recurrent AMI