

10097

Primary thrombolytic therapy in STEMI: A single center experience

[Object] Primary thrombolytic therapy has proven to be effective reperfusion in STEMI. But in Korea primary PCI has been well established in many centers, primary thrombolytic therapy is very uncommon. So there has been few study on primary thrombolysis. We summarized our hospital data on primary thrombolytic therapy. [Methods] We retrospectively reviewed 28 patients with STEMI who treated with thrombolytics primarily between November 2008 and May 2013. After primary thrombolytic therapy, we checked ECG on 30min, 60min, 90min and symptom of patient. If ST elevation was still remained or chest pain was continued at 90min, we regarded as failed thrombolytic therapy and conducted rescue PCI. In stable patients elective angiogram and PCI were conducted. Clinical characteristics, Killip class and TIMI flow at angiogram was compared in separated group (failed group and stable group). [Results] Of the 28 studied patients who were underwent thrombolytic therapy, 17(60.7%) patients were treated in successful thrombolysis, 9(32.1%) patients were conducted rescue PCI and 2(7.1%) patients were died because of multi organ failure. Killip class of separated groups were noted no statistical significance ($p=0.832$). TIMI flow on angiogram has no difference in both group ($p=0.352$). Male gender was higher tendency in failed group but there was no statistical significance (64.7% vs. 90.9% $p=0.118$). Also the other clinical characteristics did not show statistical significance. [Conclusions] In our experience primary thrombolytic therapy with timely PCI was shown similar survival rate to previous reports of primary PCI. However, there was no clinical predictor of successful thrombolytic therapy.