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Abstract

The management of acute coronary syndrome (ACS) with ST elevation in daily practice does not always comply with the official guidelines. In effect, many patients do not benefit from coronary recanalisation despite being eligible. They could be described as the 'reperfusion forgotten ones'. The Limousin ESTIM study allowed us to evaluate their numbers and characteristics between 2001 and 2003. Between 1 June 2001 and 31 December 2003, 958 patients with ST+ ACS were managed within 24 hours. Among this cohort, 47% of patients did not benefit from reperfusion treatment with fibrinolysis or angioplasty. In spite of early management, the rate of non-reperfusion was significant: 30% before the third hour, and 50% between 3 and 6 hours. With univariate and multivariate analysis, the predictive features for non-reperfusion were age, length of time between onset of pain and presentation, type of admission route, absence of a call to the emergency ambulance service, and the characteristics of the ECG tracing. These data have prompted education and training, adapted for specific regions. Despite some significant improvements, the rate of non-perfusion in 2004 still remains 35% in the first 24 hours, comparable with figures in the recent literature. Being aware of this problem, taking specific action and continued evaluation with surveys like this remain important.