**INTRA-AORTIC BALLOON PUMP COUNTERPULSATION HAS NO EFFECT ON IN-HOSPITAL MORTALITY IN ACUTE CORONARY SYNDROMES COMPLICATED BY CARDIOGENIC SHOCK**

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Background: Intra-aortic balloon pump (IABP) counterpulsation is indicated as an adjunctive therapy for cardiogenic shock (CS). There is conflicting data on the benefit of IABP use in patients with acute coronary syndrome (ACS) complicated by CS undergoing revascularization.

Methods: The charts of 236 patients discharged with a diagnostic of CS between 10/99 and 09/04 were reviewed and ACS complicated by CS was confirmed in 192 patients. Patients who expired in the first 3 hours after admission were excluded. Only patients undergoing revascularization in the first 24 hours were included. This is the experience of a single, inner-city, community hospital with high-IABP and high primary PCI volume.

Results: Fifty patients were treated with medical therapy (in-hospital mortality 38/50, 76%) and 142 patients were revascularized (in-hospital mortality 51/142, 36%) 105 with PCI, 28 with CABG, 9 with PCI and CABG. Revascularization was associated with a significant benefit when compared to medical therapy. IABP was used in 135 patients (70%). Patients not treated versus patients treated with IABP had similar in-hospital mortality (p=0.9, HR 1.0 CI 0.6-1.6). Analysis of the revascularization (p=0.2, HR 1.5 CI 0.8-2.8) or the medical therapy (p=0.3, HR1.3 CI 0.7-2.5) subgroups revealed comparable results.

Conclusions: In this retrospective study from a single center with high-IABP and high primary PCI volume, IABP use in ACS complicated by CS did not alter the in-hospital mortality.