**EXPEDITIOUS REPERFUSION IN NON-ST SEGMENT ELEVATION MYOCARDIAL INFARCTION: A SINGLE CENTER TEN YEAR EXPERIENCE**

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*Background*: Expeditious reperfusion in Non-ST segment elevation myocardial infarction (NSTEMI) remains controversial. Three randomized studies have shown no benefit of early intervention (EI) [defined as intervention performed within 24 hours of presentation] versus late intervention (LI) [defined as intervention performed>24 hours after presentation]. This study was conducted to determine clinical outcomes post percutaneous coronary intervention (PCI) in a large tertiary care referral center with a busy interventional practice.

*Methods*: A cohort of 1999 NSTEMI patients [61.5% males (n=1229), median age 66 years] was studied for survival benefit and major adverse cardiovascular events as primary endpoint after PCI. Timing of PCI was determined by the treating interventional cardiologist. Patients were divided into two groups: early intervention group (EIG: PCI within 24 hours of presentation) and late intervention group (LIG: PCI after 24 hours of presentation).

*Results*: Of the 1999 patients with NSTEMI, 960 (48%) patients were in the EIG compared to 1039 (52%) in the LIG. Median door to balloon time (D2BT) in EIG was markedly shorter than in LIG (5.4 hours vs. 44.6 hours). The primary outcome (a composite of death, myocardial infarction(MI), heart failure(HF) or stroke at one year) was significantly reduced in the EIG compared to LIG (19.8% Vs. 28.2%, OR 0.63, P <0.0001). The primary outcome was adjusted for multiple variables including demographic, past medical history, in-hospital medications, previous coronary procedures and extent of the coronary disease.

*Conclusion*: An accelerated approach toward mechanical reperfusion in patients with NSTEMI is associated with a significantly reduced composite event rate of death, MI, HF or stroke at one year. Based on this large cohort of patients, contemporary reperfusion practices in NSTEMI may need to be relooked at with bias toward early intervention.