**MORTALITY IN CARDIOGENIC SHOCK WITHOUT EVIDENT ACUTE CORONARY SYNDROME: UNDERSTANDING POPULATIONS TO MODIFY THE RESULTS**

R. Costantini, J.M. Telayna, **J.M. Telayna, Jr.**

Hospital Universitario Austral, Pilar, Bs As, Argentina

**Objective:** To evaluate trends in in-hospital mortality and associated clinical and procedural characteristics in patients who received revascularization treatment for coronary angioplasty in the course of cardiogenic shock.

**Method:** Between October 2002 and January 2017, 1906 coronary angioplasties were performed due to acute coronary syndrome. At the time of the coronary intervention, they presented signs and symptoms of shock in 128 procedures. Excluded patients with acute coronary syndrome by epiphenomenon (n = 81) divided the population into two groups: group A (n = 36) shock and ACS and group B (n = 11) shock without evident initial ACS. The baseline characteristics of the groups: group A and B respectively - n(%): average age 62.6 ± 11 vs 67.1 ± 10; males 29 (80) vs 9 (82); diabetics 17 (47) vs 2 (18); previous infarct 16 (44) vs 5 (45); prior PCI 11(30) vs 3 (27); LVF 41.2 ± 20 vs 34.8 ± 15; use of IIb / IIIa 3 (8) vs 1 (9); multiple vessel disease 32(89) vs 6 (54) p = 0.01; proximal DA affected 16 (44) vs 3 (27); LM affected 5 (14) vs 3 (27); TIMI 0-1 initial 11 (23) vs 4 (36); radial access 4 (11) vs 1(9); IABP use 14 (39) vs 6 (54).

**Results:** group A and B respectively - n(%): clinical success 33 (92) vs 9 (82 p=0,001); in-hospital cardiac death 12 (33) vs 7 (64)p=0,09; complete revascularization in index procedure 9(25) vs 1(9).

**Conclusion:**The in-hospital mortality of patients with cardiogenic shock and evident acute coronary syndrome under treatment with coronary angioplasty has shown lower hard cardiac events against patients with cardiogenic shock without evident initial acute coronary syndrome.