

Heart attack + COVID-19 significantly ups in-hospital mortality

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(HealthDay)—Among patients with ST-segment elevation myocardial

infarction (STEMI), a concomitant diagnosis of COVID-19 is associated with significantly higher rates of in-hospital mortality, according to a study published online Oct. 29 in the *Journal of the American Medical Association*.

Marwan Saad, M.D., Ph.D., from Brown University in Providence, Rhode Island, and colleagues compared characteristics, treatment, and outcomes of [patients](#) with STEMI with versus without COVID-19 infection. Analysis included patients with out-of-hospital (76,434 patients) or in-hospital (4,015 patients) STEMI at 509 U.S. centers in the Vizient Clinical Database.

The researchers found that among patients with out-of-hospital STEMI, there was no significant difference in the likelihood of undergoing primary percutaneous coronary intervention by COVID-19 status; however, patients with in-hospital STEMI and COVID-19 were significantly less likely to undergo invasive diagnostic or therapeutic coronary procedures than those without COVID-19. Among patients with out-of-hospital STEMI and COVID-19, the rate of [in-hospital mortality](#) was 15.2 percent, compared with 11.2 percent for [out-of-hospital](#) STEMI without COVID-19 (absolute difference, 4.1 percent). Among patients with in-hospital STEMI and COVID-19, the rate of in-hospital mortality was 78.5 percent, compared with 46.1 percent for those with in-hospital STEMI without COVID-19 (absolute difference, 32.4 percent).

"The current study by Saad et al, as well as previous analyses, support current recommendations from the Society of Cardiovascular Angiography and Interventions and the American College of Cardiology demonstrating that primary PCI is feasible in patients with COVID-19 with STEMI and should remain the primary reperfusion modality in the absence of futility markers," write the authors of an accompanying editorial.

Two authors disclosed financial ties to the medical technology industry.

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