

P2268

Incidence and prognostic impact of sepsis in patients with acute myocardial infarction complicated by cardiogenic shock - Results of the CULPRIT-SHOCK study and registry

U. Zeymer¹, S. Desch², I. Akin³, T. Ouarrak⁴, S. De Waha², H. Thiele²

¹Klinikum Ludwigshafen, Ludwigshafen am Rhein, Germany; ²Heart Center of Leipzig, Leipzig, Germany; ³University Medical Centre of Mannheim, Mannheim, Germany; ⁴Institut für Herzinfarktforschung, Ludwigshafen Am Rhein, Germany

Background: Patients with acute myocardial infarction (AMI) complicated by cardiogenic shock (CS) have a high mortality. It has been proposed that one component is a systemic inflammatory response to shock. Some of these patients even develop sepsis. Therefore, we analyzed a large cohort of patients with AMI and CS and sought to determine the incidence of sepsis and its impact on outcome.

Methods: The CULPRIT-SHOCK trial and registry included 1009 patients with AMI complicated by CS treated with early PCI. In the trial 686 patients were randomized to immediate multivessel PCI or culprit lesion only PCI. In

the current subanalysis patients were compared in those developing sepsis during the ICU phase to those without sepsis.

Results: From the total of 1009 patients 103 (10%) developed sepsis. The baseline characteristics and 30-day outcomes are shown in the table.

Conclusion: About 10% of patients with AMI complicated by CS develop sepsis. Sepsis is associated with a higher incidence of the need for renal replacement therapy, bleeding and a trend towards higher mortality. Therefore, further research is needed to improve outcome of these very high risk patients.

	Sepsis (n=103)	No sepsis (n=906)	p-value
Age (yrs)	68	68	0.8
Women	22.3%	25.3%	0.5
Diabetes	34.3%	29.7%	0.3
GFR <60 ml/min	5.8%	6.4%	0.8
CPR	54.4%	54.2%	0.8
Lactat > 5 mmol/l	54.2%	50.8%	0.6
Mechanical support device	35.0%	29.1%	0.2
Bleeding	28.2%	18.8%	0.02
Need for renal replacement therapy	37.9%	9.6%	<0.0001
Mortality	54.4%	45.7%	0.08