

Postupak primarne perkutane koronarne intervencije tijekom pandemije COVID-19: globalno iskustvo

Primary PCI procedures during the COVID-19 pandemic: Global Experience

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Posljedice pandemije COVID-a 19 dovele su do preopterećenja zdravstvenih sustava u cijelom svijetu, i u razvijenim i u zemljama u razvoju. Medicinske se ustanove bore s teškim zadatkom prevladavanja pandemije uz istodobno pružanje skrbi bolesnicima s drugim hitnim stanjima. Ovakvo stanje bez presedana s velikim brojem bolesnika i ograničenim sredstvima dovelo je do smanjenog primitka drugih pacijenata u bolnice u vrijeme krize. Izvješća iz raznih zemalja pokazuju smanjenje broja bolesnika s akutnim infarktom miokarda s elevacijom ST-segmenta (STEMI) koji su primljeni u bolnice. U Španjolskoj se stopa primarnih perkutanih koronarnih intervencija (pPCI) snizila za 40 %¹, dok je u SAD-u broj pPCI postupaka pao za 38%². Jedno od mogućih objašnjenja jest da trenutačno među ljudima prevladava bojazan da će se u bolnici zaraziti, pa bolesnici izbjegavaju pozivanje hitnih službi usprkos teškim kardiovaskularnim događajima. Još jedan mogući razlog, iako vjerojatno manje značajan, jest povećana primjena fibrinolitičke terapije u bolesnika sa STEMI-jem, pogotovo onih pod sumnjom na infekciju virusom uzročnikom COVID-a 19³.

U Iraku je pogođenost bolesnika pandemijom COVID-19 manja u usporedbi s drugim zahvaćenim zemljama kao što su Kina, Iran, Italija, Španjolska i druge. U Iraku su na vrhuncu pandemije nadležne državne službe odlučile ograničiti korištenje medicinskim kapacitetima na hitna stanja u cijeloj zemlji te odgoditi neobvezne postupke za kasniji datum.

Podatci iz dvaju tercijarnih kardioloških centara na jugu Iraka pokazuju da je stopa pPCI postupaka bila 20 % manja tijekom ožujka i travnja 2020. u usporedbi s prethodnim mjesecima. Moguća objašnjenja za to uključuju strah bolesnika od primitka u bolnicu, otežan pristup bolnicama zbog mjera potpuna ograničenja kretanja u gradovima, primjenu farmakoterapije za liječenje

The effects of COVID-19 pandemic have overwhelmed health care systems globally, both in developed and developing countries. Medical facilities are struggling to overcome the pandemic and at the same time to provide care for patients with other emergency medical conditions. The unprecedented situation with the large number patients and limited resources has resulted in reduced presentation of other patients to hospitals during the crisis. Reports indicated a decline in the number of patients with acute ST-elevation myocardial infarction (STEMI) presenting to hospitals. In Spain, the rate of primary percutaneous coronary intervention (pPCI) declined by 40%¹, and in the United States pPCI was reduced by 38%². One of the possible reasons for that is the idea of contracting the infection from hospitals is currently prevalent among people, so patients are avoiding calling emergency services despite major events. Another reason, but likely to a lesser extent, is increasing use of fibrinolytic therapy for STEMI patients, especially those suspected of COVID-19 infection³.

In Iraq, the COVID-19 pandemic is less prevalent in comparison with other affected countries such as China, Iran, Italy, Spain, and others. At the peak of the pandemic, the authorities decided to limit medical resources for emergency conditions and defer elective cases for later appointments across the country.

The data from two tertiary cardiac centers in the south of Iraq showed a 20% reduction in the rate of pPCI procedures performed during March-April 2020 in comparison with the preceding months. Possible explanations are patient anxiety towards admission to hospitals, the total lockdown of the cities causing difficult access to hospitals, adoption of pharmacotherapy to treat STEMI patients in hospitals with no catheterization laboratories, and to a lesser ex-

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pacijenata sa STEMI-jem u bolnicama bez laboratorija za kate-terizaciju, te u manjoj mjeri i moguća smanjena pojavnost STEMI-ja tijekom pandemije.

U svemu ovome najvažnije je koliko dobro bolesnici razumiju novonastalu situaciju. Moramo bolesnike sa STEMI-jem i ostalim akutnim događajima naučiti da su bolnice sigurne te da trebaju odmah zvati pomoć kako spasili svoje živote. Naša je odgovornost kao zdravstvenih djelatnika da priprezimo na sve aspekte kako bi se ljudski gubitci smanjili u najvećoj mogućoj mjeri.

tent the possibility of reduced STEMI incidence during the pandemic.

The most important point here how well patients understand the current situation. We need to educate patients with STEMI and other acute events that hospitals are safe and that they have to call for help immediately to save their lives. It is our responsibility as medical professionals to keep an eye on all aspects of our field to minimize losses as much as possible.

LITERATURE

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The authors would like to thank their colleagues from Iraq for their reaction to article published in the *Cardiologia Croatica* journal¹. A trend of significant reduction in the number of patients with acute myocardial infarction (AMI) who are admitted and hospitalized during the COVID-19 pandemic is being reported across Europe and the United States. The STENOS registry of percutaneous coronary interventions shows similar results for ST-elevated myocardial infarction in most centres in the Republic of Croatia (**Figure 1**). Most foreign authors explain this condition as primarily due to fear, even in critically ill patients, of arriving