

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

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

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Autori zahvaljuju kolegama iz Iraka na reakciji na članak objavljen u časopisu *Cardiologia Croatica*¹. Tendencija značajnog smanjenja broja bolesnika s akutnim infarktom miokarda (AIM) koji za vrijeme COVID-19 pandemije bivaju zaprimljeni i hospitalizirani u bolnicama prati se širom Europe i Sjedinjenih Američkih Država. Registar perkutanih koronarnih intervencija STENOS pokazuje slične rezultate i za infarkt miokarda sa ST-elevacijom u većini centara u Republici Hrvatskoj (**slika 1**). Većina inozemnih autora takvo stanje objašnjava, prvenstveno, strahom, čak i teških bolesnika, od dolaska u bolnice tijekom pandemije

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

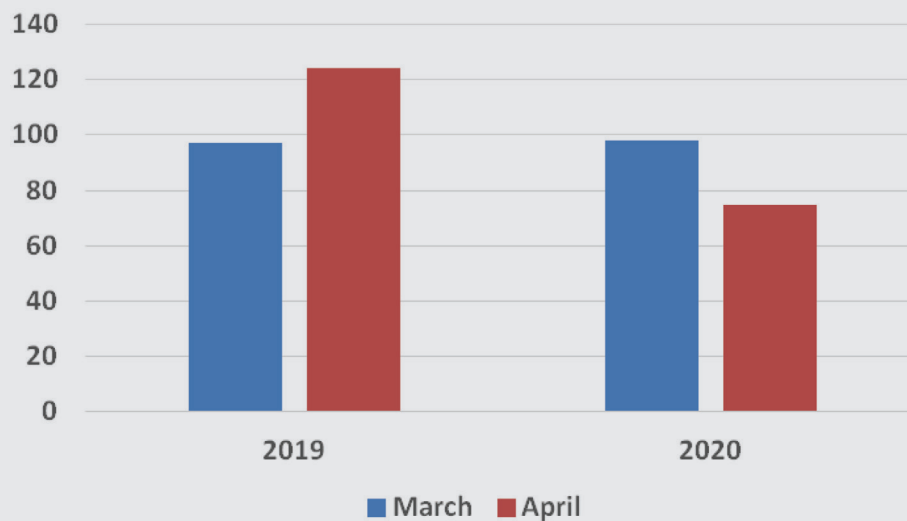


FIGURE 1. The number of patients with acute ST-elevation myocardial infarction treated with primary percutaneous coronary intervention – data from the Croatian STENOS PCI Registry.

radi opasnosti od zaraze, a manje težom dostupnošću hitne medicinske službe i zamjenom simptoma AIM-a za navedeni respiratorni infekt. Posljedice karantene i samoizolacije kao što su manja izloženost psihičkim stresorima, manja onečišćenost zraka, bolje pridržavanje medikamentozne terapije, niži arterijski tlak, manje pušenja radi straha od respiratorne infekcije COVID-19, više odmora i manje tjelesnog opterećenja neki su od dodatnih mehanizama koji potencijalno smanjuju učestalost AIM tijekom pandemije, a kojima se spekulira u kardiološkoj zajednici. Ipak, tijekom COVID-19 pandemije prati se veća učestalost i nekih inače rjeđih komplikacija AIM kakve su mehaničke komplikacije (npr. rupture miokarda) ili kardiogeni šok². Nadalje, austrijski autori³ obzirom na smanjenje broja bolesnika s akutnim koronarnim sindromom koji su u ožujku ove godine liječeni u austrijskim bolnicama procjenjuju da bi broj smrtnih ishoda u tih bolesnika mogao biti veći nego onaj od COVID-19 infekcije u isto vrijeme. Stoga se slažemo s kolegama iz Iraka da je vrijeme da zdravstveni profesionalci, i javno, ukažu na ovaj problem i opasnost od izbjegavanja hitnog liječenja takvih stanja kakav je AIM.

at hospitals during the COVID-19 pandemic and risking infection, and to a lesser extent as resulting from the reduced availability of emergency medical services as well as substituting AMI symptoms for COVID-19 infection. Consequences of quarantine and self-isolation such as less exposure to psychological stressors, less air pollution, better adherence to drug therapy, lower blood pressure, less smoking because of fear of COVID-19 respiratory infection, more rest, and less exertion are some of the additional mechanisms which the cardiac community considered as potentially reducing the incidence AMI during this pandemic. However, during the COVID-19 pandemic, a higher incidence of some otherwise less common AMI complications such as mechanical complications (e.g., myocardial rupture) or cardiogenic shock² has been reported. Furthermore, the decrease in the number of patients with acute coronary syndrome treated in Austrian hospitals in March this year, lead the Austrian authors³ to estimate that the number of deaths in these patients could be higher than that of COVID-19 infection at the same time. We therefore agree with colleagues from Iraq that it is time for health professionals, even in public, to point out this problem and the danger of avoiding emergency treatment for conditions such as AMI.

LITERATURE

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