

STEMI PATIENT IN TYPE-C HOSPITAL: TO TREAT OR NOT TO TREAT?

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ST-elevated myocardial infarction (STEMI) is caused by complete occlusion of an epicardial coronary artery. Revascularization is mandatory in saving infarct related territory. In JKN (Indonesian National Health Insurance) era, there are some limitary of type-C hospital in managing STEMI patient and there is no report of primary-PCI. Fibrinolytic therapy became an option with onset less than 12 hours. We conducted a descriptive study, data taken from medical records between April 2014 and January 2018. STEMI was diagnosed from symptoms and ECG pattern. There were 48 STEMI patients with onset less than 12 hours (42 males and 6 females). The mean age was 52 years old with the oldest 74 years old and the youngest 30 years old. All of the 48 (100%) patients were covered by JKN and received fibrinolytic therapy with door-to-needle mean time of 28.87 minutes and in-hospital mortality rate was 8.3% (4 patients). The most risk factor of STEMI is hypertension (47.9%). There were 12 patients who came with onset more than 12 hours. Type-C hospital during JKN era can contribute to optimal management of STEMI patient by delivering fibrinolytic therapy. Hypertension was still the most common risk factor for STEMI patients.

Biography

Lianita Gumdani has completed her Medical Doctor in 2017 at Christian University of Indonesia. She is continuing as Internship Doctor in Mekar Sari hospital, Bekasi, West Java, Indonesia

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