54.

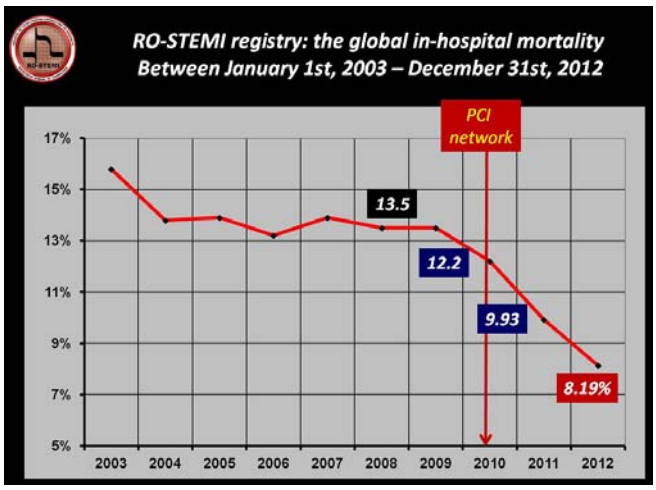
Martie 2013

ISSN 2284-7375

conexiuni

SOCIETATEA ROMÂNA DE CARDIOLOGIE
GRUPUL DE LUCRU "CARDIOLOGIE DE URGENTA"

Foto: G. Tatu-Chiţoiu.



Conexiuni - Colectiv de redacţie
publicaţie a Grupului de Lucru "Cardiologie de Urgenţă"
Antoniu Petriş, Călin Pop, Gabriel Tatu-Chiţoiu, Lucian Petrescu
Distribuţie on-line; http://www.cardioportal.ro/cardiologie_de_urgenta_rapoarte_si_documente

La ACC 2013 au fost prezentate rezultatele studiului PEITHO.

Pulmonary Embolism Thrombolysis Study

an investigator-initiated, investigator-sponsored trial

The PEITHO Investigators

ASSISTANCE PUBLIQUE HÔPITAUX DE PARIS

ClinicalTrials.gov # NCT00639743
EudraCT # 2006-005328-18

PEITHO: Organization

Co-Chairmen (Principal Investigators)
- Stavros Konstantinides, Germany/Greece
- Guy Meyer, France

Trial Statistician
- Eric Vicaut, France

Sponsor's Representative
- Philippe Gallula, France

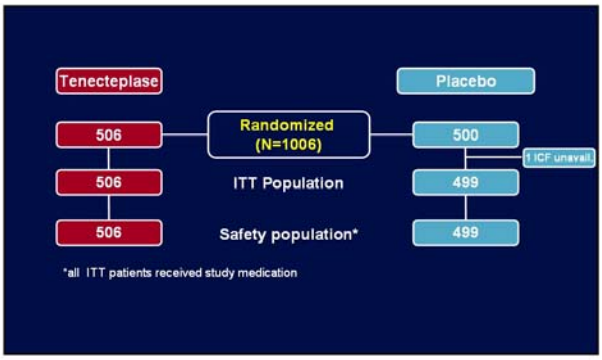
Data Safety Monitoring Board
- Thomas Meinertz, Germany (Chair)
- Frans van de Werf, Belgium
- Arnaud Perrier, Switzerland

Critical Events Adjudication Committee
- Mareike Lankeit, Germany (Chair)
- Philippe Girard, France
- Olivier Sanchez, France

Steering Committee Members

Irene M. Lang	Austria	Giancarlo Agnelli	Italy
Franck Verschuren	Belgium	Cecilia Becattini	Italy
Hélène Bouvaist	France	Nazzareno Galiè	Italy
Thierry Danays (non-voting)	France	Matteo Rugolotto	Italy
Nicolas Meneveau	France	Aldo Salvi	Italy
Gerard Pacouret	France	Piotr Pruszczyk	Poland
Mustapha Sebbane	France	Adam Torbicki	Poland
Jan Beyer-Westendorf	Germany	Ana Franca	Portugal
Claudia Dellas	Germany	Antoniu Petris	Romania
Klaus Empen	Germany	Gabriel Tatu-Chitoiu	Romania
Annette Geibel	Germany	Branislav Stefanovic	Serbia
Christian Kupatt	Germany	Matija Kozak	Slovenia
Sebastian Schellong	Germany	David Jiménez Castro	Spain
Holger Thiele	Germany	Nils Kucher	Switzerland
Benjamin Brenner	Israel	Samuel Z. Goldhaber	United States

PEITHO: Analyzed population



The PEITHO Investigators

AMERICAN COLLEGE of CARDIOLOGY | CardioSource

Home ACC Science & Quality Lifelong Learning and MOC Meetings Advocacy

Saturday, March 23, 2013 Search: Enter Keywords, Questions or Phrases

News/Media
News Archive
CardioSource Video News
Meeting Coverage
ACC Publications
Media Center
— Expert Resources for the Media
— News Releases
— JACC Releases
— Contact Us
— Annual Scientific Session Press Release Archives

Home > News/Media > Media Center > News Releases > 2013 > 03 > Clot-Busting Drug Benefits Intermediate-Risk Patients With Pulmonary Embolism

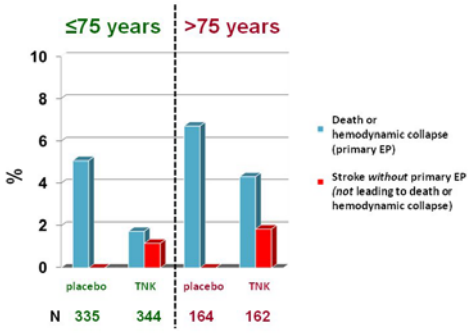
Clot-Busting Drug Benefits Intermediate-Risk Patients With Pulmonary Embolism

CONTACT: Beth Casteel, *bcasteel@acc.org* 240-328-4549

MARCH 11, 2013

SAN FRANCISCO (March 11, 2013) — The clot-busting drug tenecteplase prevents death or circulatory collapse in a subgroup of patients with a blood clot in the lungs and appears to be especially useful in patients younger than 75, according to research presented today at the American College of Cardiology's 62nd Annual Scientific Session.

PEITHO: Efficacy versus safety according to age



ITT population

The PEITHO Investigators

PEITHO: Conclusions

- In patients with intermediate-risk pulmonary embolism, intravenous bolus tenecteplase significantly reduced the primary end point of death or hemodynamic collapse within 7 days of randomization.
- The results of PEITHO justify the concept of risk stratification of normotensive patients with acute PE.
- They confirm the notion that early "advanced" (recanalization) treatment prevents clinical deterioration in patients with evidence of right ventricular dysfunction and myocardial injury.
- In PEITHO, the benefits of thrombolysis came at the cost of a significantly increased risk of major, particularly intracranial, hemorrhage.
- The patient's age should be taken into account when weighing the expected benefits versus risks of systemic thrombolysis in clinical practice.

The PEITHO Investigators

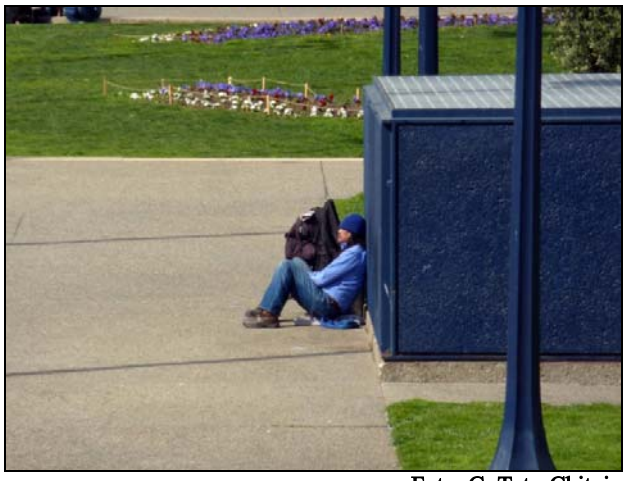


Foto: G. Tatu-Chiţoiu.

USTACC in Newletters-ul ACCA

Acute Cardiovascular Care Association *News*

Membership | Education | Congress and meeting | Publications

February 2013

Welcome to the first edition of the Acute Cardiovascular Care Association (ACCA) newsletter which supports our aim to facilitate the integration of experts and sharing of techniques in the management of acute cardiovascular care across in Europe.

As an ACCA member you are **part of a unique scientific body** with a challenging objective: to improve the quality of care and outcome of patients with acute cardiovascular diseases from the pre-hospital phase through to the end of the first week of hospitalisation.

For you, by you and about you, this newsletter seeks to directly involve our members and reflects our new focus

QUICK LINKS

- TOP STORY: Intraaortic balloon support
- ACCA Webinar
- Clinical Cases: what is your diagnosis?
- Organisation and staffing practices in US cardiac intensive care units
- Participate in online debates
- ACCA recommendations adopted by Romanian Ministry of Health
- For you, by you and about you: Testimonials
- Spread the word: ACCA welcomes all professionals
- ESC Congress 365: Acute Coronary Syndromes

WHAT'S HOT?

Doubts when facing patients with acute cardiovascular diseases? Stay tuned!

http://www.escardio.org/communities/ACCA/news/Pages/romanian-USTACC.aspx?hit=dontmiss

ACCA recommendations adopted by Romanian Ministry of Health

Romanian Coronary Care Units will be seeing a change! The "Recommendation for the organisation and operation of the Advanced Critical Cardiac Care Units", published by the ESC Working group on ACC (now ACCA) has been formally approved by the Romanian Ministry of Heath as a rule to organise all Coronary Care Units in Romania. Read more »

Interactive clinical cases: what is your diagnosis?

A great opportunity to refresh your clinical competence and test your knowledge! Check out the latest clinical cases presented by Dr. Maria M. Wanitschek and Dr. Hannes F. Alber.

- STEMI evolving out of NSTEMI »
- Patient with NSTE-ACS suffering from a bleeding complication after discharge »

Want to publish a challenging case?
Submit your summary here »

Organisation and staffing practices in US cardiac intensive care units

Read this outstanding article from the EHJ-ACVC on the 'Evolution of critical care cardiology: transformation of the cardiovascular intensive care unit and the emergency need for new medical staffing and training models: a scientific statement from the American Heart Association. Read complete article »

comfort of your living ro
for this interactive discussion.

Check the preliminary programme »

ACCA committees

Elections of the committees' members have just ended!

Discover all committe members »

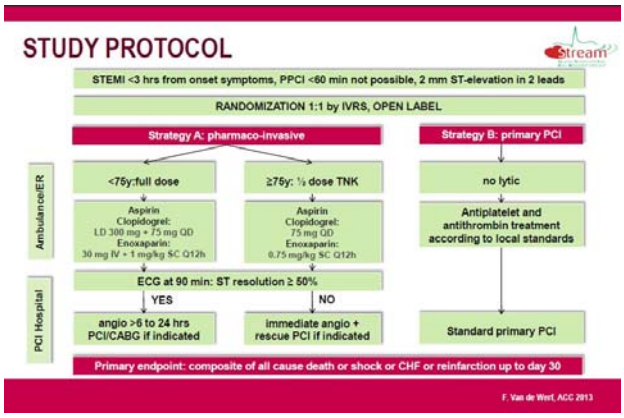
For you, by you, about you!

Young Investigators 2

Finalists from the YIA 2 tell us what being an A member means to the and their careers. Rea their interviews!

Konstantin Kryvhtiuk

Maria Rubi Gimenez



Studiul STREAM

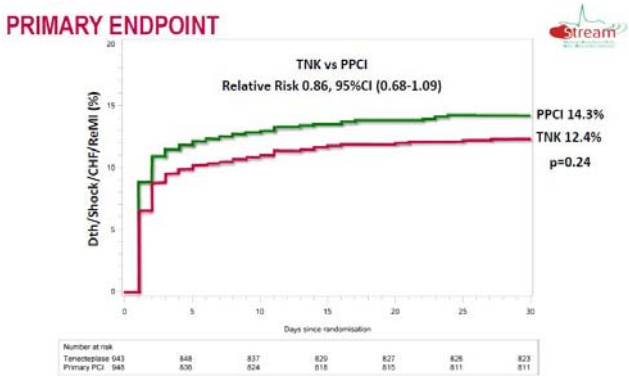
Studiul a avut la bază un Grant oferit Universităţii din Leuven, Belgia de către Boehringer Ingelheim. Au fost randomizaţi 1892 pacienti (99 site-uri din 15 ţări).

Strategia studiului a constat din administrarea în cazul pacienţilor cu STEMI (cu o supradenivelare de segment ST de cel puţin 2 mm în două derivaţii contigui, care s-au prezentat la spital în primele 3 ore de la debutul simptomelor şi la care nu s-a putut efectua PCI primar în prima oră după prezentare) a tratamentului trombolitic urmat de efectuarea în următoarele 6-24 ore a unei angiografii coronariane sau unei PCI "de salvare", conduită terapeutică comparată cu efectuarea PCI-ului primar.

După recrutarea a 20% din lot, doza de tenecteplază s-a redus cu 50% în cazul pacienţilor peste 75 de ani.

Concluziile studiului au fost următoarele:

Strategia unui tratament fibrinolitic (bolus de tenecteplază şi tratement antitrombotic contemporan) administrat înaintea transportării pacientului cu STEMI la un spital cu capabilităţi PCI asociat efectuării coronarografiei îndeplineşte necesitatea tratamentului de urgenţă în aproximativ 2/3 din cazurile STEMI, este asociată cu o creştere redusă a riscului de hemoragie intracarniană şi este la fel de eficientă ca şi efectuarea PCI primară în cazul pacienţilor care se prezintă în primele 3 ore de la debutul STEMI şi la care nu s-a putut efectua PCI primară în prima oră de la primul contact medical.



IN-HOSPITAL BLEEDING COMPLICATIONS

	Pharmaco-invasive (N=944)	PPCI (N=948)	P-value
Major non-ICH bleeding	6.5%	4.8%	0.11
Minor non-ICH bleeding	21.8%	20.2%	0.40
Blood transfusions	2.9%	2.3%	0.47

Peste 230 de participanți.

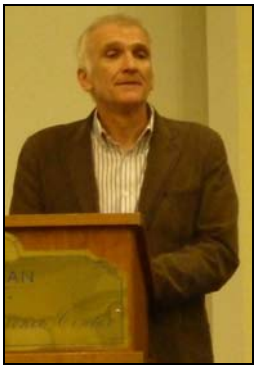
Introducere: Dr. G. Tatu-Chițoiu, Dr. Antoniu Petriş

1. CLINICA DIFICILA
Moderatori: Prof. Dr. Catalina Arsenescu-Georgescu, Dr. Gabriel Tatu-Chiţoiu

Dan Deleanu: Discuţii.

1. CLINICA DIFICILA

Conf. Dr. Diana Cimpoeşu – Şoc de cauză rară
Dr. Antoniu Petriş - Ce fel de dispnee-i asta?
Dr. Dan Deleanu: Ce o fi acolo, de fapt ?
Conf. Dr. Laurenţiu Şorodoc – Cu mască, fara mască ...



2. ELECTROCARDIOGRAMA DIFICILA

Sesiune interactivă
Participă: Dr. G. Tatu-Chiţoiu

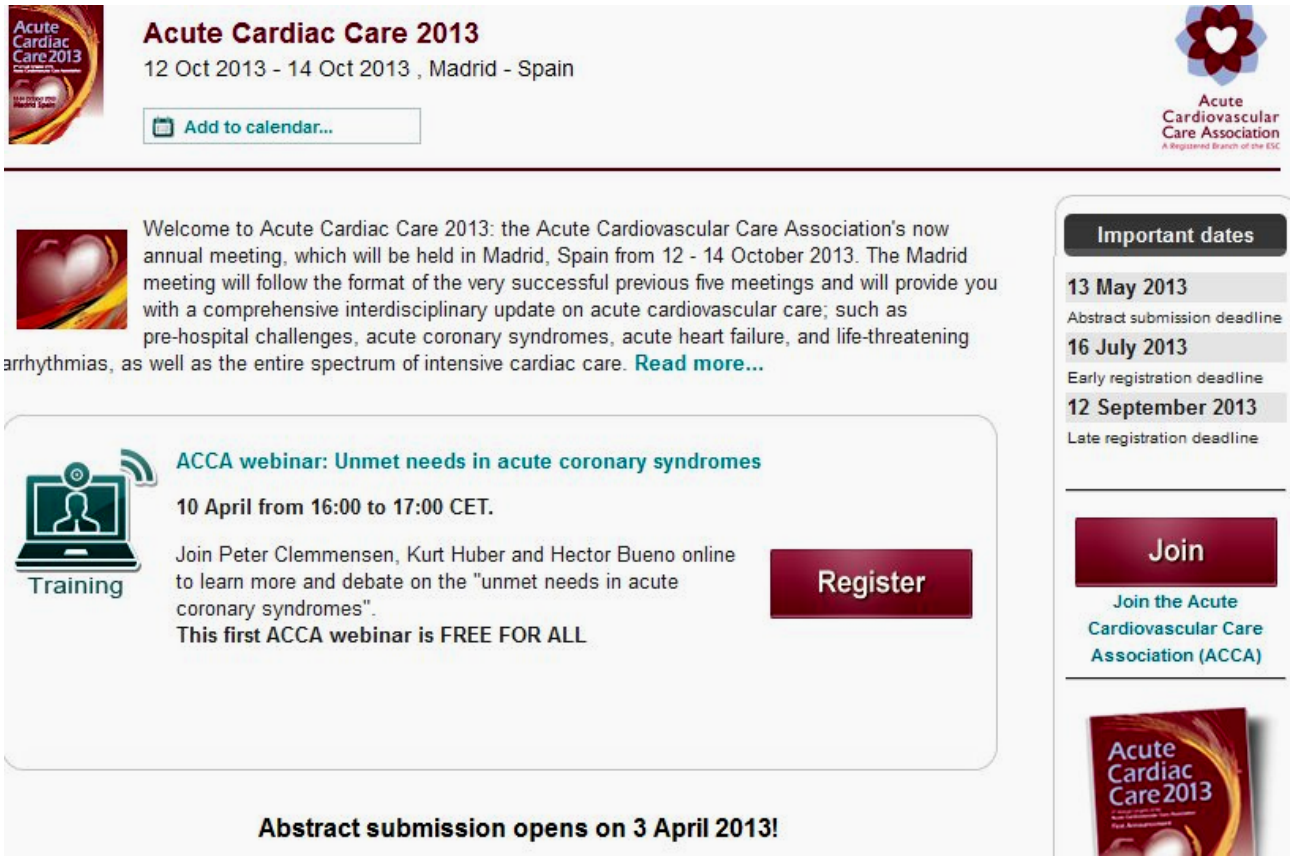
3. IMAGISTICA DIFICILA

Prof. Dr. Tiberiu Nanea - Infarct miocardic acut cu artere coronare normale
Prof. Dr. Catalina Arsenescu-Georgescu, dr. Liviu Macovei – Şoc cardiogen la vârstnic
Dr. Sîrbu Alina, Prof. Dr. Grigore Tinica - Pseudoanevrism gigant de ventricul stang- repere diagnostice si chirurgicale

4. TRATAMENT DIFICIL

Dr. Dan Deleanu – Cum circulăm: pe stânga sau pe dreapta?
Dr. Irina Costache – Eroare sau coincidenţă?
Dr. Lucian Stoica – Părerea chirurgului
Conf. Dr. Florin Mitu – Dacă ai noroc …
Dr. Gabriel Tatu-Chiţoiu – Unde dai şi unde crapă !

Nu uitati !



Acum la http://www.roacc.ro într-o nouă prezentare !