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RISK FACTORS EFFECTING ON BLEEDING EVENTS IN PATIENTS WITH ACUTE ST-SEGMENT ELEVATION

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Objectives TO search for risk factors influencing bleeding events in acute ST segment elevation myocardial infarction undergoing emergency PCI.

Methods This study included 227 patients with acute ST segment elevation myocardial infarction undergoing emergency PCI. Various data (sex, baseline Scr, age et.al) were selected. The relationship analysed by Partial least-squares regression on SIMCA-P software.

Results PLS showed significant positive correlations between bleeding events and male, age, previous peptic ulcer history, previous myocardial infarction, LV internal diameter, the proportion of

neutrophils, preoperative creatinine level, CTNI, time of continuous chest pain, ventricular tachycardia, coronary thrombosis, Tirofiban, intraoperative IABP, postoperative IABP, cardiac function killip classification. And negative correlations between hospital bleeding events and women, previously underwent PCI, smoking, EF, the numbers of abnormalities wall motion segment, haemoglobin and hospital bleeding events negatively correlated. The proportion of neutrophils, previous peptic ulceration, LV internal diameter, aneurysm formation, ventricular tachycardia, haemoglobin, age, EF, intraoperative IABP, postoperative IABP were revealed to be the leading correlated factors of hospital bleeding events to VIP analysis.

Conclusions The proportion of neutrophils, previous peptic ulcer, LV internal diameter, aneurysm formation are important predictors for hospital bleeding events in acute ST segment elevation myocardial infarction undergoing emergency PCI.