

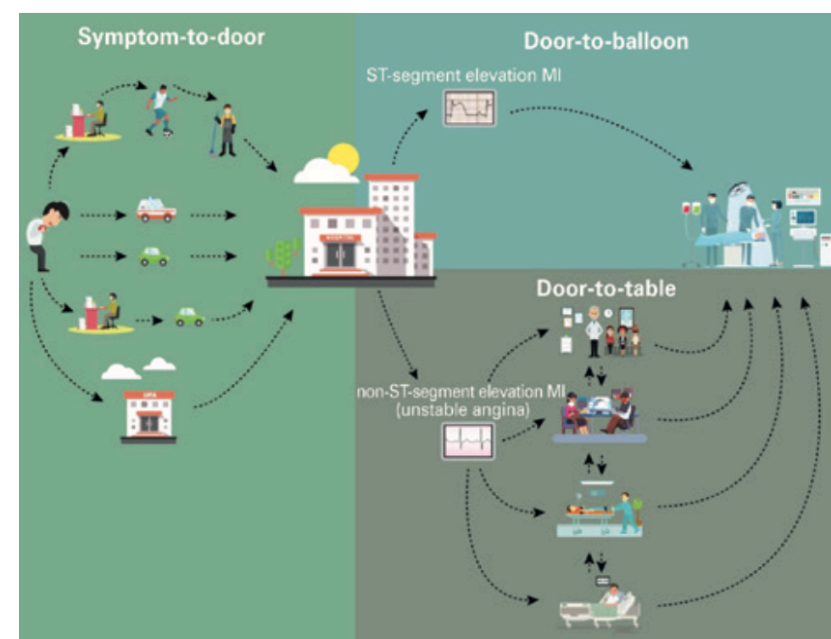
V. Lemke, M. Paiva, G Z Mariano, W J Geraldo, A F Antonangelo, C L Dusilek, J A Mangione, F Mangione, E E Guérios, F C Dall'Orto, A T Brito, R G Serpa, L M Santos, F A Oliveira, R Barbosa, M M Ferreira, C G Bezerra, D O Maksud, F C Bortot, M H Ribeiro, A M Faidiga, M R Ravanelli, S C Silveira, R M Silva, L G Pauletti, E Voltolini, L F Campos, M O Ramos, W N Guimarães, L C Bastos, C V Rodrigues, G S Mayor, B Siqueira, F A Baldissera, L S Silva, T S Alves, A T Oliveira, E S Reis, C V Moraes, A P Abelin, G L Nóbrega, E Quevedo, T Vendruscolo, F F Sá, G. Moraes

## BACKGROUND

The COVID-19 pandemic affected care delivery to acute CVD patients, such as acute myocardial infarction (MI). We decided to create a nationwide multi-center observational registry in cooperation with 38 more sites with interventional cardiologists in order to record the behavior of interventional cardiology services during the first months of the pandemic.

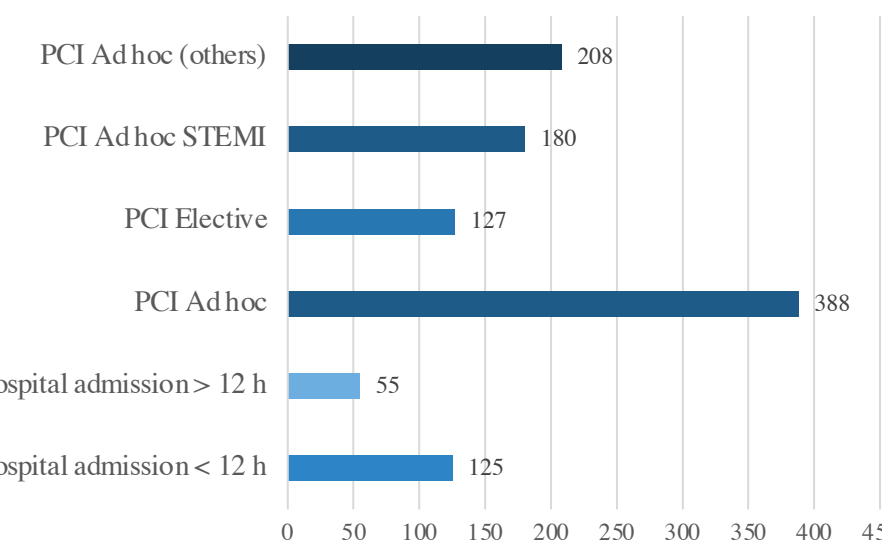
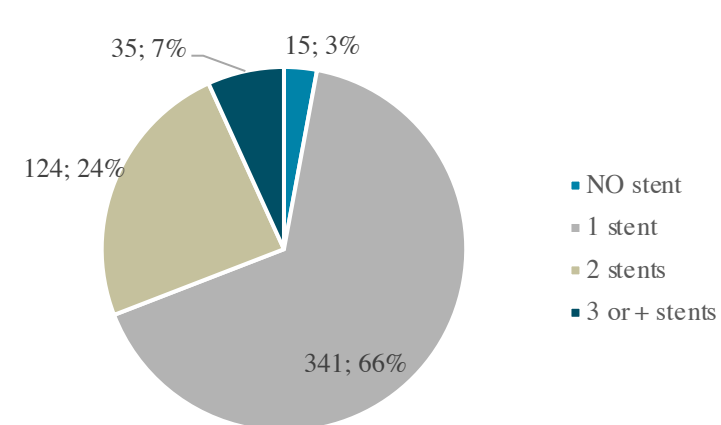
## METHODS

Patients over 18 years of age admitted to 38 Interventional Cardiology centers around Brazil, in the period from May 26 to November 30, 2020. Data was collected from diagnostic and therapeutic procedures as well as clinical-angiographic evaluation. Follow up was performed 30 days later to analyze late results and diagnosis of COVID.

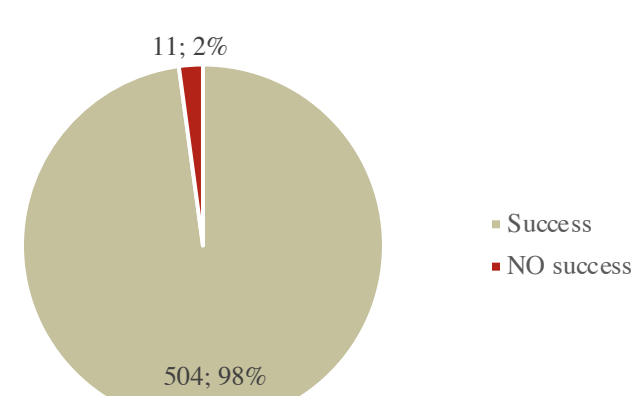


## RESULTS

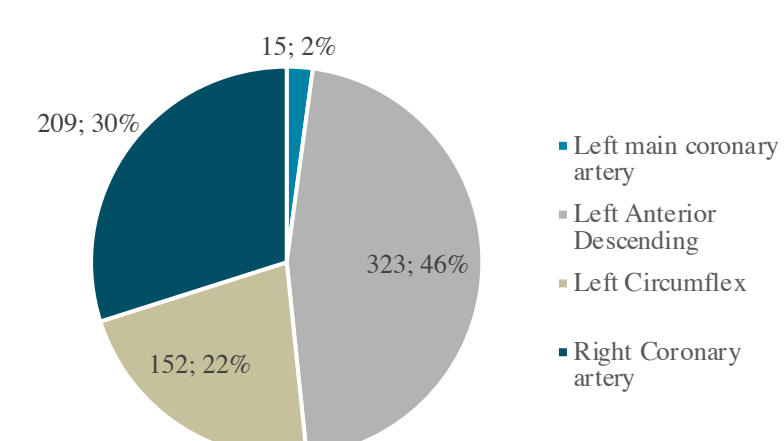
PCI - NUMBER OF STENTS



PCI IMMEDIATE RESULTS



LOCATION OF CULPRIT VESSEL



# Brazilian Cardiology Interventional Registry during COVID-19 pandemic (RBCI-COVID19)

## OBJECTIVES

1-To report the care of patients with heart disease during the COVID-19 pandemic who needed assistance in the Interventional Cardiology laboratories in Brazil. 2-in cases of acute coronary syndrome, observe the change in the times of admission and entry into the cardiac catheterization room, for primary angioplasty, as well as detect the presence of covid 19 between these cases and in-hospital evolution

## PCI RESULTS IN COVID PATIENTS

	PATIENTS 1310 (100%)	COVID PATS 79 (100%)
PCI	515 (39,31%)	35 (44,30%)
Success	504 (97,86%)	33 (94,28%)
No success	11 (2,13%)	2 (5,71%)

## 30 DAYS COMPLICATIONS

	1310 (100%)	Covid: 79 (100%)
Tamponade	6 (0,45%)	1 (1,26%)
Cardiac arrest	5 (0,38%)	2 (2,53%)
Bleeding / Pseudoaneurysm	18 (1,37%)	2 (2,53%)
AMI/new revascularization	34 (2,59%)	2 (2,53%)
Death	29 (2,21%)	11 (13,92%)

## DISCUSSION

There was no relevant change in the lethality of procedures performed in Brazil during the period from May to November 2020

In patients with COVID-19 who underwent angioplasty we observed a higher lethality during the first 30 days.

COVID-19 patients had more complications and deaths from all causes when compared to the others.



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TABLE 1

TABLE 1 - CLINICAL CHARACTERISTICS OF PATIENT IN RBCI REGISTRY

	N° OF PATIENTS(%)
	1310(100%)
1-AGE	m=63 yo
2-MALE SEX	830(63%)
3-YEARS OF STUDY	09 y- 756 (57%) MORE THAN 9y -246 (18.7)
4-CLINICAL HISTORY	
• BMI	m=27.5
• HYPERTENSION	957(73)
• DIABETES	440(33.5)
• CURRENT SMOKER	199(15.1)
• VALVAR DISEASE	56(4.2)
• CHF	128(9.7)
• PREVIOUS AMI	225(17.1)
• PREVIOUS PTCA	219(16.7)
• CARDIAC SURGERY	73(5.5)
• HYPERLIPIDEMIA	636(48.5)
• FAMILY HISTORY OF CAD	583(44.5)
• EXCESSIVE ALCOHOL USE	112(8.5)
• PREVIOUS STROKE	45(3.4)
• COPD	43(3.2)
• CRONIC KIDNEY DISEASE	59(4.5)
• SEDENTARISM	1074(81.9)
INICIAL CLINICAL DIAGNOSIS	
a-STABLE	657(50.1)
b-UNSTABLE	219(16.7)
c-STEMI	249(19.0)
d-NSTEMI	187(14.2)

COMPLICATIONS AFTER PCI

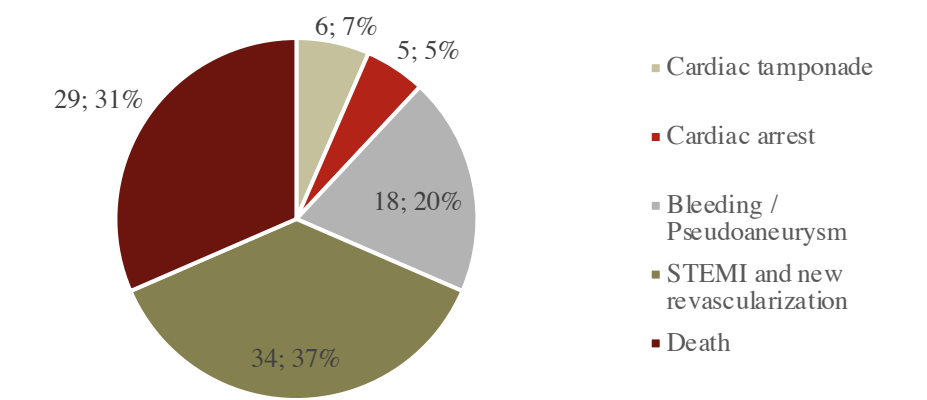


TABLE 2

TABLE 2- INICIAL HOSPITAL ADMISSION-INCOME

1-PUBLIC HEALTH SYSTEM	737(56.5)
2-PRIVATE HEALTH SYSTEM	537(43.7)
3-EMERGENCY CARE	369(28.1)
4-ELECTIVE CARE	941(71.8)
5-CLINICAL DIAGNOSTIC	
a-STEMI	249(19)
b-NSTEMI	185(14.1)
4-INCOME - LESS THAN \$ 1000	831(63.4)

## CONCLUSION

COVID-19 pandemic affected performing cath lab procedures in Brazil, probably due to the health system's overload. The door symptom time up to 12 hours from onset is around 64% of patients with AMI with supra, while in cases without supra it can take quite some time.

## DISCLOSURE INFORMATION

MEDTRONIC was a supporter of this project  
The authors have no conflict of interest