Background: Among 2211 consecutive patients, 21% had an adjudicated final diagnosis of AMI. The diagnostic accuracy as quantified by the area under the receiver-operating-characteristics curve (AUC) was slightly higher with the hs-cTnI assay (AUC 0.93; 95% confidence interval (CI) 0.92-0.94) than with the hs-cTnT (AUC 0.92; 95% CI 0.91-0.93; p = 0.078). In early presenters (<3 h since chest pain onset) this difference (AUC for hs-cTnI 0.93; 95% CI 0.90-0.95; AUC for hs-cTnT 0.87; 95% CI 0.83-0.89) was much larger and highly statistically significant (p<0.001). The prognostic accuracy for all-cause mortality during FU, quantified by AUC, was significantly higher for hs-cTnT (AUC 0.79; 95% CI 0.78-0.81) as compared to hs-cTnI (AUC 0.76; 95% CI 0.74-0.77) p<0.001.

Conclusion: Both hs-cTnI and hs-cTnT provide high diagnostic and prognostic accuracy. The direct comparison revealed diagnostic superiority of hs-cTnI and prognostic superiority of hs-cTnT.

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Accelerated diagnostic protocol using high-sensitivity cardiac troponin T in acute chest pain patients

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Background: Atrial fibrillation (Afib) is the most common supraventricular arrhythmia in patients with acute myocardial infarction (MI), nevertheless little is known about its influence on the choice of therapeutic strategy and the clinical course of these patients.

Methods: Between Oct 2006 and Oct 2008, consecutive patients with ACS were enrolled into the Euro-Heart-Survey ACS-Registry to document treatment and hospital complications. We examined the impact of Afib at admission on outcome of STEMI and of NSTEMI-ACS in clinical practice in Europe.

Results: Out of 19,201 patients with ACS, 433 patients with STEMI (8.7%) and 987 patients with NSTEMI-ACS (8.5%) had Afib. Patients with Afib were older, more often female and had a significantly higher prevalence of relevant comorbidities independent on the kind of ACS. Patients with Afib were less likely to undergo primary PCI in STEMI or early PCI in NSTEMI-ACS as compared to patients without Afib. Hospital mortality was higher for Afib patients with STEMI but not for those with NSTEMI-ACS. After correction for the differences in baseline characteristics and differences in acute treatment, Afib was an independent predictor of hospital mortality in STEMI (OR 1.6, 1.07-1.98), but not in NSTEMI-ACS (OR 1.25, 0.91-1.72).

Conclusion: Afib was an independent predictor of hospital mortality in STEMI (with 60% higher risk for death), but not in NSTEMI-ACS.