though this worse prognosis could be due to suboptimal management. The aims to investigate whether the gender differences in clinical features and management and its relation to in-hospital and long-term prognosis of first AMI patients.

Methods: Between 2001-2003, 2043 AMI patients were consecutively admitted to six Spanish hospitals, the RESCATE II registry. Depending on sex, we analysed clinical characteristics, management and in-hospital prognosis and 7-year mortality of both groups (female, n=449 and men, n=1593).

Results: Women were older (66.8 ± 60.2 years, p < 0.001) and had more prevalence of hypertension (71.0% vs 48.1%, p < 0.001) and diabetes (37.4% vs 25.3%, p < 0.001). Female had more non-ST-elevation and non-classified AMI (37.9% vs 31.3% and 9.8% vs 6.15%, respectively, both p < 0.001) than men. There were no differences in medical treatment (except more ACE-inhibitors and less beta-blockers in women) and no differences in reperfusion therapies and invasive procedures (coronary angiography, surgical revascularization). The 28-day mortality rates were similar in women and men (5.57% vs 4.46%, p = 0.39). After multivariate adjustment the odds ratio of 28-day mortality for men was 0.53 (95%CI: 0.16-1.75). p = 0.30 compared to women. Men had higher 7-year mortality than women, hazard ratio 1.84 (95%CI:1.23-2.75, p = 0.003), after multivariate adjustment.

Conclusion: Women with first AMI are older and show higher proportion of previous cardiovascular risk factor. Whether the in-hospital management between women and men is similar, there is no gender difference in 28-day lethality. The 7-year mortality rate was higher in men than women.

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Baseline SYNTAX score and long-term outcomes in patients treated with primary percutaneous coronary intervention
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Aim: SYNTAX score (SXscore) is an angiographic risk scoring system that is developed for the evaluation of coronary artery disease complexity and determining the treatment strategy. Association of SXscore with no-reflow phenomenon and increased mortality were demonstrated in patients treated with primary percutaneous coronary intervention (p-PCI) due to acute ST segment elevation myocardial infarction (STEMI) in recent studies. We evaluated the association of SXscore and no-reflow phenomenon in patients that underwent primary PCI (median follow up 45 months) mortality, reinfarction and stroke rates in this study.

Study population: Between January 2006 to June 2009, 1893 patients admitted to our emergency department with STEMI within the first 12 hours of angina onset whom p-PCI was performed were included in this study. Patients were followed prospectively. Patients with prior thrombolytic therapy and coronary artery bypass graft surgery were excluded from the study. Patients were categorized according to SXscore as tertile I (≤41, low SXscore, n= 646), tertile II (12 – 18, medium SXscore, n=636) and tertile III (>19, high SXscore, n=611).

Results: Patients with high SXscore were older while diabetes, hypertension, smoking and current or previous cardiovascular disease was more common. In hospital final TIMI 3 flow (95.7% vs. 90.7% vs. 84.1%, respectively, p<0.001) and complete ST segment resolution (<70%) (79% vs. 63.6% vs. 48%, respectively, p<0.001) were significantly lower in high SXscore group than other groups. In hospital mortality (0.8% vs. 2.4% vs. 7.7%, respectively, p<0.001) and clinical congestive heart failure (1.9% vs. 9% vs. 21.6%, respectively, p<0.001) were significantly higher in patients with high SXscore group than high SXscore or low SXscore group. Reinfarction (4.6% vs. 7% vs. 9.3%, respectively, p<0.001) and stroke (0.6% vs. 1.5% vs. 2.2%, respectively, p<0.001) were higher in patients with high SXscore. High SXscore was an independent predictor of long term mortality risk in Cox-proportional Hazard model (Hazard Ratio 2.91, 95% Confidence Interval 1.29 – 5.16, p<0.001).

Conclusion: Baseline SXscore is associated with worse myocardial perfusion and increased in-hospital and long term major adverse cardiovascular events in patients treated with p-PPCI. High SXscore is an independent predictor of long term mortality rate.

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Free triiodothyronine plasma levels: a strong predictor of death in patients with STElevation myocardial infarction
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Introduction: It is well known that mild thyroid hormone (TH) abnormalities are associated with a poor prognosis in patients with cardiovascular disease. The aim of this study is to define the role of free triiodothyronine (T3) levels as a predictor of mortality in patients with STElevation myocardial infarction.

Methods: 846 patients (mean age: 65.4±12.5 years; males: 631, 74.7%) admitted for STEMI and undergoing early revascularization were enrolled. According to T3 plasma levels measured at arrival, our population was divided in two groups: Group A (n=425, 50.2%), characterized by T3 levels ≤ 2.06 ng/L and Group B (n=421, 49.7%) characterized by T3 levels > 2.06 ng/L. Follow-up (mean:

 Cox regression for 1-year mortality

Conclusions: Although in-hospital major bleeding was frequently observed after STEMI, a widespread variation in incidence existed depending upon definition. Patient and procedural characteristics were related to bleeding, allowing identification of high-risk patients. In-hospital major bleeding was independently associated with 1-year mortality and shown not to be driven by the increased thrombotic risk among bleeders.