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A-16 | Outcomes of Patients With Peripartum Cardiomyopathy (PCM) and Acute Myocardial Infarction (AMI): A Population-Based Study

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Background: Peripartum cardiomyopathy is a relatively uncommon cause of heart failure. Although the condition is rare, the prevalence of thrombus formation and subsequent embolic events appears to be higher in these women than in the usual heart failure population. Large-scale studies looking for outcomes of patients with PCM and AMI are lacking. We conducted a retrospective cohort study using the NIS to identify outcomes of patients with PCM and associated AMI.
Methods: Data were extracted from the National Inpatient Sample (NIS) Database for the years 2015-2019. The NIS was searched for hospitalizations of adult patients with peripartum cardiomyopathy (PCM) with and without a concomitant diagnosis of AMI using ICD-10 codes. We identified 19,960 patients with PCM of which 470 had a concomitant diagnosis of AMI. Multivariate logistic and linear regression analysis was used accordingly to adjust for confounders. STATA software was used for statistical analysis.
Results: Patients with PCM and associated AMI had higher inpatient mortality (OR 4.07, CI 1.59-10.43, p<0.001) and total hospital charges ($17,190, CI $10,821-$23,555, p<0.04). However, the there was no statistically significant difference in length of stay (LOS) for those with PCM and AMI compared to those with PCM only.
Conclusions: Peripartum cardiomyopathy is defined as the manifestation of heart failure in the last month of pregnancy or within 5 months of delivery in the absence of any other etiology or prior heart disease. On its own, PCM has very high mortality rates ranging between 25% to 50%. Our study has shown that patients with peripartum cardiomyopathy and AMI had increased mortality and total cost of hospital charges. These patients should be monitored very closely and treated aggressively in order to decrease hospital-associated mortality.
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A-17 | In-Hospital Outcomes of Patients With Gout Complicaited by Acute ST Elevation Myocardial Infarction (STEMI)

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Background: Previous studies have shown that elevated uric acid and gout could be important risk factors for increased cardiovascular disease. However, there is a scarcity of information regarding in-hospital outcomes for patients have a STEMI with an acute exacerbation of gout. Our study uses the National Inpatient Sample (NIS) to examine outcomes for patients with both acute gout and STEMI on admission.
Methods: The NIS was analyzed using ICD-10 codes for patients (>age 18) with gout and concomitant STEMI versus patients with only gout. Data was extracted from the year 2015 to 2019. Patient characteristics (such as age, gender, ethnicity) and hospital characteristics were identified and analyzed. Multivariate logistic and linear regression analysis was used accordingly to adjust for confounders. STATA software was used for statistical analysis.
Results: This study included 2,414,860 patients with gout of which 4,465 of these patients had a STEMI. These patients had higher inpatient mortality (OR 10.01, CI: 8.41-11.91, p<0.0001), length of stay (LOS) (+2.24 days, CI: 1.86-2.62, p<0.0001), total hospital charges (THC) ($47,326, CI: $42,019-$52,634, p<0.0001). On secondary analysis, mortality was decreased if the patient was male (OR 0.54, CI: 0.36-0.81, p=0.003). LOS was increased if patients had congestive heart failure (+2.38 days, CI: 1.41- 3.36, p<0.005), acute kidney injury (AKI) (+2.07 days, CI: 1.09-3.05, p<0.0001), for males (+2.06 days, CI: 1.13- 2.97, p<0.024), or black ethnicity (+2.43 days, CI: 1.04 - 3.81, p<0.043). THC were increased if patients developed cardiogenic shock ($127,275, CI: $102,409 - $152,142, p<0.0001), AKI ($30,366, CI: $12,506-$48,2256, p<0.001), for Asian ethnicity ($91,020, CI: $43,597-$138,444, p<0.0001), or male ($26,923, CI: $10,165-$43,680, p<0.002).
Conclusions: Based on the results of our study, patients with gout and concomitant STEMI have higher mortality, LOS, and THC.
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A-18 | In-Hospital Outcomes of Impella versus ECMO in ST Elevation Myocardial Infarction (STEMI) Complicated by Cardiogenic Shock

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Background: Short-term mechanical support such as an ECMO or Impella have been utilized as bridge therapy to treat ST-elevation myocardial infarction (STEMI) complicated by cardiogenic shock. Our aim of the study was to compare in-hospital outcomes associated with ECMO and Impella in patients with STEMI complicated by cardiogenic shock.
Methods: In a retrospective study of National Inpatient Sample 2017 data, we used ICD-10 codes to identify patients with a primary diagnosis of STEMI and cardiogenic shock who received ECMO or Impella while hospitalized. Multivariate logistic regression was used to adjust for patient demographics, hospital demographics, and relevant comorbidities. Primary outcomes were mortality, length of stay (LOS), and total hospital charges (TOTHC).