

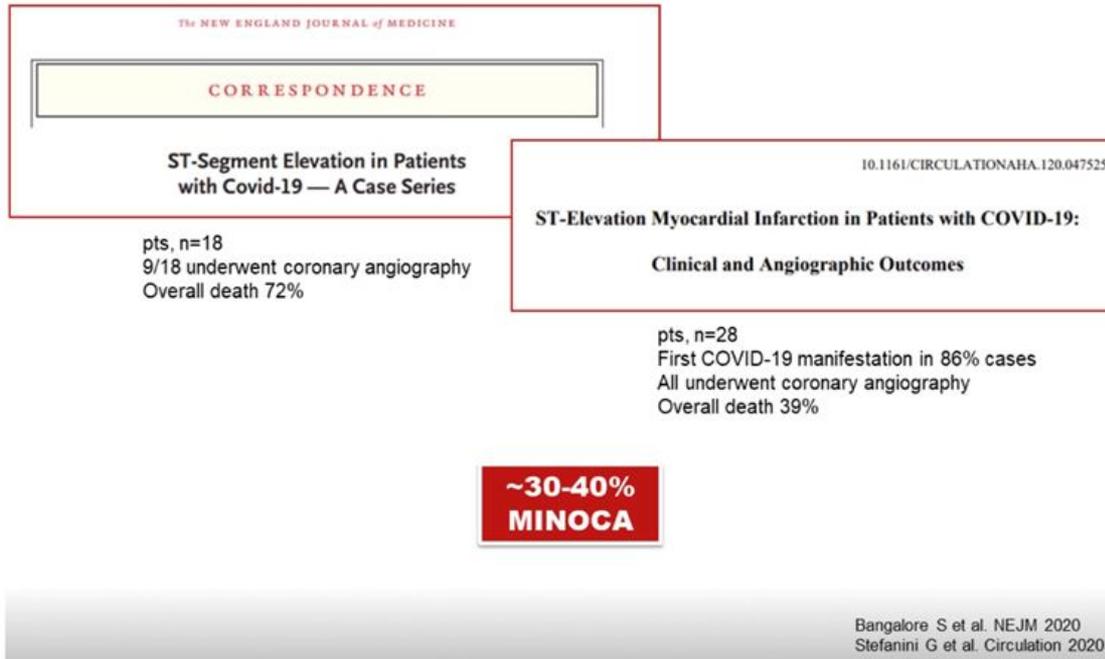
**PROGETTO SCA
GESTIONE CLINICA DELLA SINDROME
CORONARICA ACUTA IN REGIONE LAZIO**

GIOVEDÌ 11 FEBBRAIO 2021



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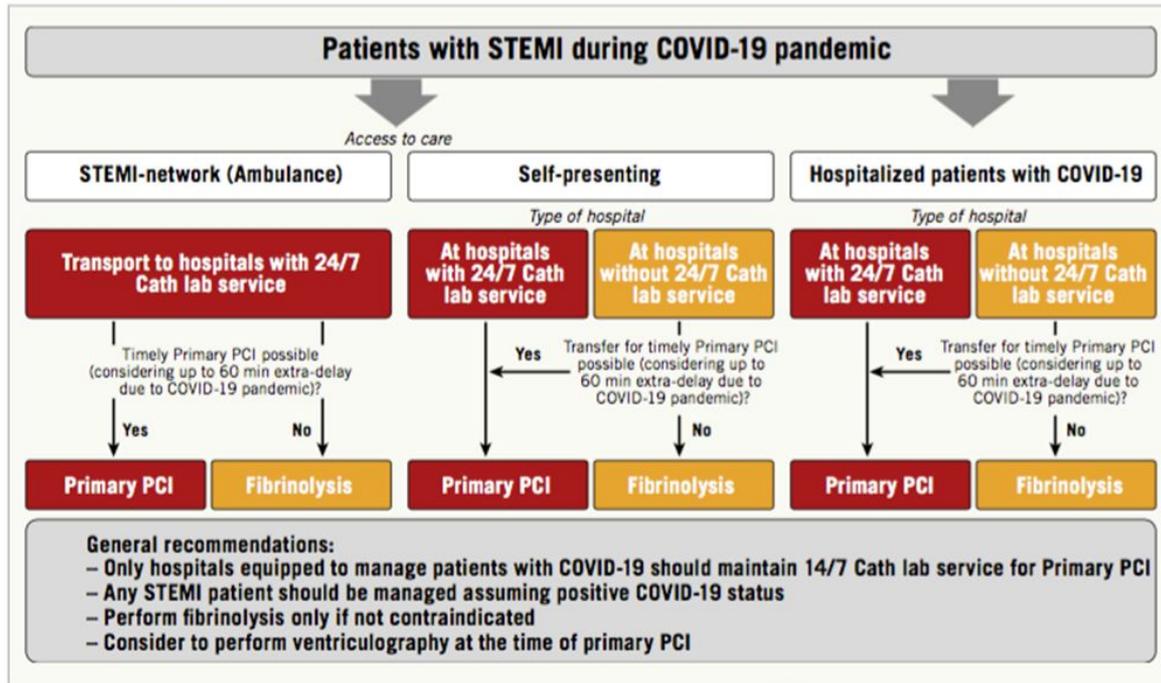
STEMI and COVID-19

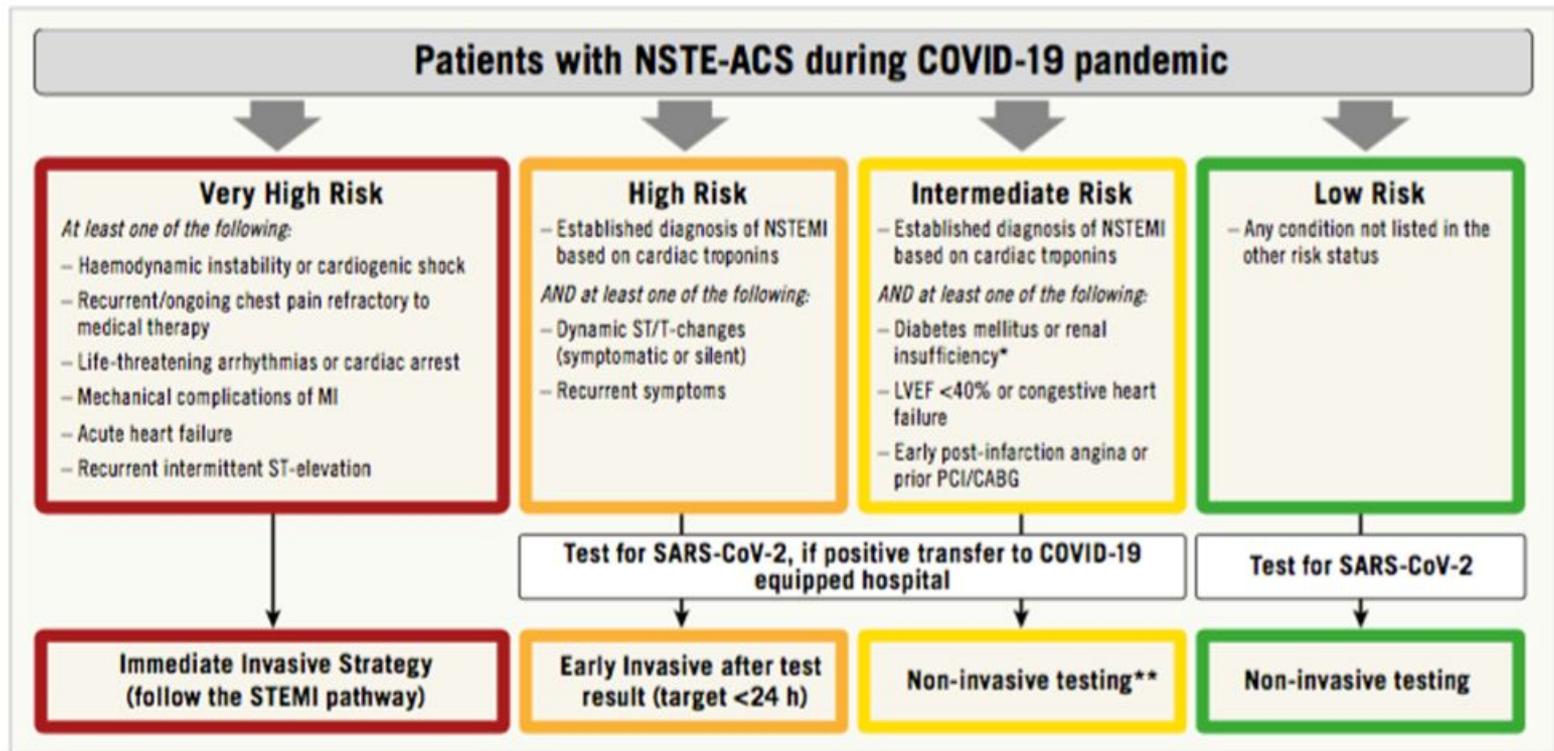


CORONARY INTERVENTIONS
 EAPCI Position Statement on Invasive Management of Acute Coronary Syndromes during the COVID-19 pandemic



Alberto Chiello¹, Giulio G. Stefanini², Susanna Price³, Emanuele Barbato⁴, Giuseppe Tarantini⁵, Nicolo' Karam⁶, Raul Moreno⁷, Gill Louise Buchanan⁸, Martine Gilard⁹, Sigrid Halvorsen¹⁰, Kurt Huber¹¹, Stefan James¹², Franz-Josef Neumann¹³, Helge Möltenau¹⁴, Marco Romli¹⁵, Guido Tavazzi¹⁶, Josepa Mauri Ferré¹⁷, Stephan Windecker¹⁸, Dariusz Dudek¹⁹, Andreas Baumhuch²⁰





Infarto, drastica riduzione di ricoveri in Italia. Vince la paura del contagio da coronavirus



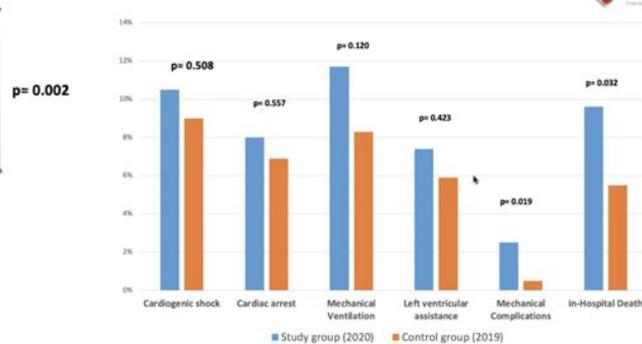
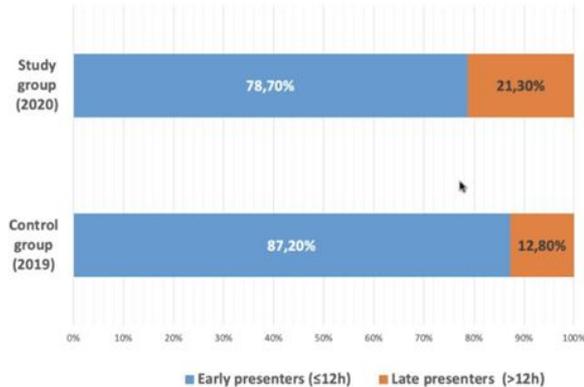
Il Presidente GISE Giuseppe Tarantini: "Per la riduzione del danno cardiaco ogni minuto è prezioso. I protocolli ospedalieri Covid-19 dedicati al paziente cardiopatico permettono di gestire le urgenze, evitare la dilatazione delle liste d'attesa e salvare vite in sicurezza"

LA STAMPA

PUBBLICATO IL 25 Marzo 2020

La paura del Covid allontana dal Pronto Soccorso: cala del 50% rispetto al 2019 il numero di accessi per infarto

Il monitoraggio sulla settimana 12-19 marzo 2020. L'indagine condotta dalla Società Italiana di Cardiologia (SIC) e con il contributo di...



SALUTE 14 aprile 2020
Infarto, dimezzati accessi in PS per paura contagio da Covid-19. Indolfi (Sic): «Temiamo aumento mortalità per malattie cardiovascolari»

CORRIERE DELLA SERA / CARDIOLOGIA

Coronavirus, triplicati i morti per infarto: non si va in ospedale

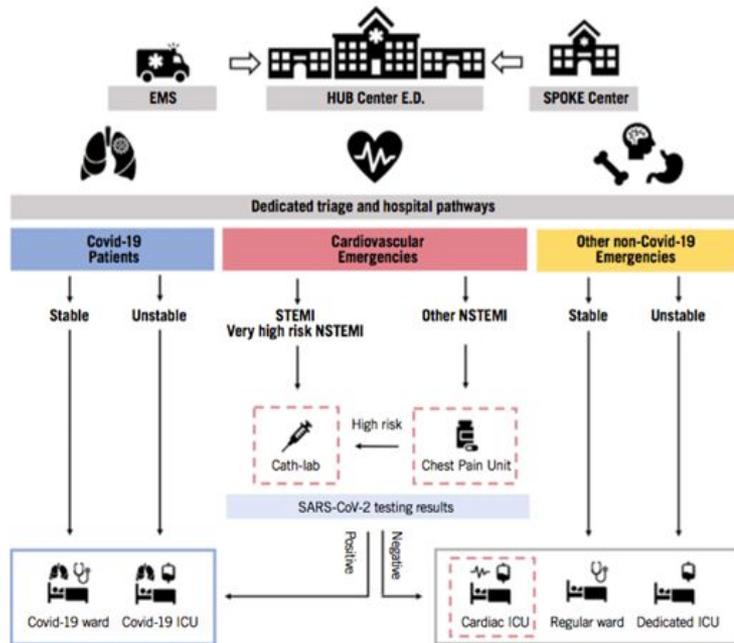
no di Milano conferma i dati internazionali. Ivi. Nuovo appello a non rimandare le cure



Is the reduction in emergency access for acute coronary syndromes during the COVID-19 pandemic due to fear of contagion only?

Achille Gaspardone, MPhil, MD^a, Francesco Versaci, MD^b, Fabrizio Tomai, MD^c, Giuseppe Biondi Zoccai, MD, MStat^d, Gregory A. Sgueglia, PhD, MD^a, Gaetano Giofrè, MD^a, Enrico Romagnoli, MD^e, Massimo Mancone, MD^f, Simone Calcagno, MD^g, Iginio Proietti, MD^g, Francesco L. Rotolo, MD^g, Massimiliano Scappaticci, MD^h, Rebecca Casati, MD^h, Alessandro Sciahbasi, MDⁱ, Gaetano Tanzilli, MD^f, Elena Cavarretta, PhD, MD^g, Enrica Mariano, MD^j, Alessandro Russo, MD^f, Francesco Romeo, MDⁱ

of contagion. Actually, the reduction of STEMI resulted to be comparable to that of NSTEMI. For this latter, there is, generally, a less pressing need to have access to a medical check-up into the hospital. The fact that all the clinical manifestations of acute coronary disease were reduced suggests that a real reduction in has occurred. A variety of factors could be implicated in this effective reduction. The sudden change in life habits that led to a reduction in stress due to workload, fixed working hours and daily traffic jam could have played an important role. The massive change in work methodology with the large-scale implementation of home-based work could certainly have led to a quieter job and a reduction in work stress. All this in turn may have contributed to eliminating or reducing an important causal component in the pathogenesis of acute coronary syndromes (). Finally, another possible additional explanation is related to the reduction of atmospheric pollution due to traffic blockage. In fact, the restrictions imposed by the



Phase 2

Reactivation of the STEMI Network/CCUs

- 118 contact → Suspect/confirmed COVID-19 → COVID-19 “free” bed available?
- Naso-pharyngeal swab and fast-track to the cath-lab FOR pPCI (full disinfection of the pathway)
- Full PPE for the operators during pPCI
- SARS CoV2 negative (after pPCI) → transferred to the COVID-19 “free” CCU area
- SARS CoV2 positive (after pPCI) → maintain isolation within the COVID-19 CCU area