

Breakthrough findings for the treatment of heart attack patients with cardiogenic shock

October 11 2018



Credit: ARTTIC S.A.S.

Heart attacks with cardiogenic shock represent a major European healthcare concern with mortality rates between 40-70 percent. So how can it be treated best? The breakthrough findings of the five-year long CULPRIT-SHOCK multi-center study give a clear answer to this question and even lead to a change of the Guidelines of the European Society of Cardiology.

Cardiogenic shock complicating acute [myocardial infarction](#) (AMI) represents a major European healthcare concern with [mortality rates](#) between 40-70 percent. The clinician is faced with the decision to either intervene only on the culprit lesion acutely responsible for the initiation of cardiogenic shock, or treat additional lesions considered hemodynamically significant but not acutely triggering the shock cascade as well.

Current guidelines recommend [percutaneous coronary intervention](#) (PCI) of all critical lesions. However, due to a lack of randomized trials, these recommendations are solely based on registry data and pathophysiological considerations. The aim of the randomized CULPRIT-SHOCK trial has therefore been to compare immediate multivessel PCI versus culprit-lesion-only PCI in patients with AMI complicated by cardiogenic shock.

For the study, a total of 706 cardiogenic shock patients have been randomized in 11 European countries. CULPRIT-SHOCK clarified the role of different percutaneous revascularization strategies in patients with cardiogenic shock secondary to myocardial infarction and multivessel disease. CULPRIT-SHOCK is now the largest randomized controlled clinical trial in patients with cardiogenic shock ever conducted and will inform patients, healthcare providers, and decision-makers about which percutaneous revascularization strategy is most effective.

Provided by CORDIS

Citation: Breakthrough findings for the treatment of heart attack patients with cardiogenic shock (2018, October 11) retrieved 27 April 2024 from <https://medicalxpress.com/news/2018-10-breakthrough-treatment-heart-patients-cardiogenic.html>

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