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diagnosis and are not managed appropriately despite being at risk for adverse events and ongoing chest pain.

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Differences in Cardiac Presentations Between the COVID and Pre-COVID Era: Single Tertiary Centre Experience

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Background: In Australia, overall COVID case burden in 2020 was low; however, government mandated lockdown resulted in reduced medical attendances. We assessed for differences in cardiac presentations and 30-day outcomes during the first lockdown period compared with the previous year.

Methods: We retrospectively analysed consecutive patients admitted to our hospital from March to July 2019 (pre-COVID era) and March to July 2020 (COVID era). For ST-elevation myocardial infarction (STEMI) presentations, we explored median times from symptom to balloon (S2B) and door to balloon (D2B).

Results: A total of 665 patients were analysed (COVID era, n=283, 42.6%; pre-COVID era, n=382, 57.4%). COVID era patients were younger with higher prevalence of family history of coronary disease and valvular heart disease. In the COVID era, more STEMI admissions (24.5 vs 14.1%, p=0.001) and more ambulance arrivals (54.1 vs 45.3%, p=0.025) were seen. There were no differences in rates of admission with heart failure (7.4 vs 8.4%), arrhythmia (17.4 vs 14.9%), syncope (3.2 vs 5.0%) or other cardiac conditions (18.8 vs 24.1%) in both groups (all p>0.05). Among STEMI patients there were no statistically significant differences in S2B time (median 193±95 vs 233±118 min, p=0.15) or D2B time (median 70±43 vs 62±41 min, p=0.46). There were no differences in

in-hospital death (2.1 vs 0.8%, p=0.18) or 30-day readmissions (14.1 vs 13.7%, p=0.90).

Conclusion: During the COVID-19 pandemic, there were fewer cardiac admissions with increased STEMI presentations and ambulance arrivals. No differences were noted in S2B or D2B times. Incidences of early outcomes were similar in both groups.

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Differences in STEMI, Door-to-Balloon Time and Mortality Between Pre-COVID and COVID Era: A Systematic Review

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Aims: The COVID-19 pandemic has been linked to worsening clinical outcomes in STEMI patients. We reviewed global differences in door-to-balloon time (D2BT) and mortality outcomes in STEMI patients in the context of the pandemic.

Methods: We searched PubMed, SCOPUS and Embase to perform a scoping review comparing D2BT times and mortality in STEMI patients in pre-COVID and COVID era. We included 12 studies reporting on both D2BT and early mortality (in-hospital or 30 days) (N=28,426).

Results: We observed an increase in D2BT (mean difference 5.5 min, 95% CI 0.65–10.34, p=0.03, Figure) with numerical but not statistically significant differences in early mortality (OR 1.12, 95% CI 0.88–1.42, p=0.37). Significant heterogeneity was noted across the global studies particularly for D2BTs.

Conclusion: The COVID-19 era was associated with longer STEMI D2BT with similar early mortality when compared to the pre-pandemic period.

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