

## Introduction

Sustained ventricular tachycardia (SVT) complicates up to 20% of acute coronary syndromes (ACS) - it is important to assess its impact on prognosis and identify patients with higher risk of SVT.

**Objective:** To evaluate predictors of early onset (<48h) and late onset (≥48h) SVT.

## Material and Methods

- › Based on a multicenter retrospective study, data collected from admissions between 1/10/2010 and 4/09/2019.
- › Patients (pts) were divided in two groups (G):
  - › A – pts that presented early onset SVT (ESVT)
  - › B – pts that presented late onset SVT (LSVT)

## Results

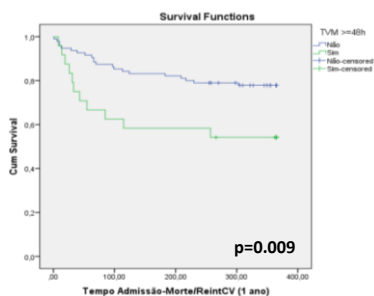
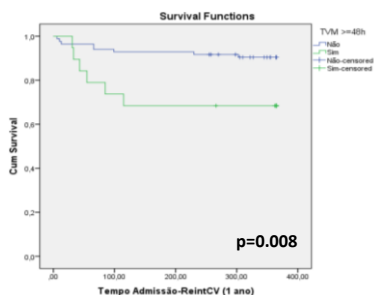
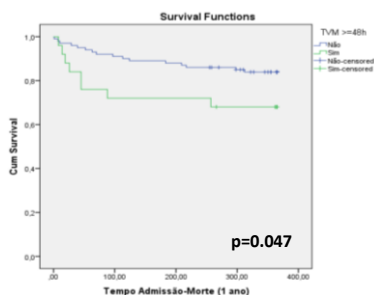
Pts with ACS: 29851

SVT: 364 (1.2%)

ESVT: 251 (69%)

LSVT: 91 (25%)

	ESVT	LSVT	p value
Age (years)	74±13	68±14	p=0.003
Admission directly to cath lab	10.1%	24.8%	p=0.003
Times symptoms to admission (minutes)	440	261	p<0.001
Previous stroke	14.4%	6.8%	p=0.028
NSTEMI	35.2%	23.1%	p=0.025
STEMI	53.8%	71.7%	p=0.002
SBP (mmHg)	130±33	122±33	p=0.050
Killip class ≥ 2	52.5%	35.5%	p=0.005
Atrial fibrillation	21.2%	12.4%	p=0.045
NT-pro-BNP (pg/ml)	1075	329	p<0.001
3 vessel disease	58.5%	70.8%	p=0.017
LV severe dysfunction	32.9%	15.4%	p<0.001
Non-invasive ventilation	23.1%	6.8%	p<0.001



**Conclusion:** LSVT was associated with poorer prognosis compared to ESVT.