李貽恆

國立成功大學醫學院及附設醫院 內科教授

When STEMI patients enter the emergency department, the most important point is to consider reperfusion therapy as soon as possible. Rapid restoration of flow in the infarct-related artery can be achieved by primary percutaneous coronary intervention (PCI) or thrombolytic therapy. The time from symptom onset, risk of STEMI, time required for transport to PCI-capable hospitals will be considered before the selection of reperfusion therapy and the strategy should be determined as early as possible. Patients with STEMI should receive reperfusion with primary PCI with door-to-balloon time within 90 minutes or by thrombolytic therapy with door-to-needle time within 30 minutes. The pharmacological treatment after admission includes dual antiplatelet drugs, anticoagulation drugs, beta blockers, angiotensin converting enzyme inhibitors/angiotensin receptor blockers and statins. The Taiwan STEMI guideline makes an extensive review of the current evidences and makes suggestions regarding the reperfusion therapy and pharmacological treatment after admission and long term follow-up in patients with STEMI.