中文題目：敗血症對急性心肌梗塞病人存活率之影響

英文題目：The impact of sepsis on survival among patients after first acute myocardial infarction

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Background: Although the correlation between systemic infection and cardiovascular events has been identified, an uncertainty still exists in the incidence and prognosis of sepsis in acute myocardial infarction (AMI). The purpose of our research was to evaluate the impact of sepsis on survival after first AMI.

Methods: This was a nationwide cohort study by retrospectively analyzing the data from the Taiwan National Health Insurance Research Database between 2000 and 2012 for patients with a primary diagnosis of first AMI. Among the 186,112 prospective patients, sepsis was diagnosed in 13,065 (7.0%) patients. We used a propensity score matching technique to match patients with sepsis and AMI for similar baseline characteristics. Cox proportional hazards regression models, including sepsis, percutaneous coronary intervention (PCI), and comorbidities, were performed to further assess the different influences on the mortality risk of patients hospitalized for first AMI.

Results: Sepsis was an independent risk factor for mortality in patients after AMI, and resulted in lower 12-year survival rate, in comparison to those without sepsis (log rank P-value < 0.001; hazard ratio, 1.78; 95% confidence interval, 1.72-1.83). Age is another leading risk factor of mortality in patients with a first AMI. Interventional management with PCI or coronary artery bypass grafting (CABG) improved survival in both sepsis and non-sepsis patients after first AMI.

Conclusion: In conclusion, sepsis significantly increased the mortality risk of patients after first AMI, second to increasing age. PCI may improve the long-term survival of patients in comparison to those managed conservatively.