

Impella for STEMI.



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In-hospital mortality rates of STEMI complicated by CS are around 50%, despite reperfusion by primary percutaneous coronary intervention (PCI). The IABP was introduced in the setting of CS in 1968 and is still the most frequently used method of mechanical cardiac assistance. However, IABP therapy has failed to show clinical benefit in STEMI patients. Impella™ technology offers the opportunity for mechanical LV support in many clinical settings. Both the Impella™ 2.5 and the percutaneously implantable Impella™ 5.0 may be a preliminary answer to the need for a minimally invasive and easy

deployable mechanical assist device that provides superior hemodynamic support compared to IABP. After four decades of IABP support, the development and increasing clinical experience with percutaneous left ventricular assist devices heralds the dawn of a new era of superior hemodynamic support to eventually improve outcome in STEMI patients with and without CS.