Farmakoinvazivna strategija i njezino mjesto u zbrinjavanju bolesnika s akutnim infarktom miokarda s elevacijom ST-segmenta

Pharmacoinvasive strategy and its role in the management of patients with ST-segment elevation myocardial infarction

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Učinkovita, rana i brza reperfuzijska terapija je najvažniji cilj u liječenju bolesnika s akutnim infarktom s elevacijom ST-segmenta (STEMI).

Pravovremeno učinjena primarna perkutana koronarna intervencija (pPCI) je nesumnjivo strategija izbora u liječenju STEMI i u posljednjih desetak godina pPCI kao način revaskularizacijske strategije je zamijenila fibrinolitičku terapiju. Mnoga klinička istraživanja su pokazala da bolesnike liječene fibrinolizom treba rutinski premjestiti u invazivni kardiološki centar radi elektivne perkutane koronarne intervencije (PCI) unutar 24 sata te da ovakva rana invazivna strategija dovodi do stabilizacije ciljne lezije i manje pojavnosti rekurentne ishemije. Najnovije Smjernice Europskog kardiološkog društva za zbrinjavanje bolesnika sa STEMI farmakoinvazivnoj strategiji daju klasu I indikacija. U ovom predavanju su prikazana najvažnija klinička istraživanja o farmakoinvazivnoj strategiji i mjesto ovog načina liječenja STEMI.

Ovakav način reperfuzije dovodi do značajnog smanjenja reinfarkta i rekurentne ishemije bez povišenog rizika od krvarenja te bi implementiranje ove strategije u regionalne protokole zbrinjavanja bolesnika sa STEMI povećalo broj bolesnika kojima je pružena pravilna i pravodobna primjena reperfuzijske terapije.

Effective, early and rapid reperfusion therapy is the most important goal in the treatment of patients with acute ST-segment elevation myocardial infarction (STEMI).

Timely performed primary percutaneous coronary intervention (pPCI) is undoubtedly the strategy of choice in the treatment of STEMI and in the last decade pPCI has replaced fibrinolytic therapy as a revascularization strategy. Many clinical studies have shown that patients treated with fibrinolysis should be routinely moved to the invasive cardiology center for elective percutaneous coronary intervention (PCI) within 24 hours and that this early invasive strategy leads to a stabilization of the target lesion and lowers incidence of recurrent ischemia. The latest European Society of Cardiology Guidelines for the management of patients with STEMI award the Class I indication to the pharmacoinvasive strategy. This presentation presents the most important clinical research on pharmacoinvasive strategy and importance of this method of treatment of STEMI.

This method of reperfusion leads to a significant reduction in reinfarction and recurrent ischemia without increased risk of bleeding and implementing this strategy in regional protocols for management of patients with STEMI would increase the number of patients who are to receive proper and timely reperfusion therapy.

LITERATURE

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