Rehospitalizacije bolesnika koronarografiranih zbog akutnog koronarnog sindroma u Županijskoj bolnici Čakovec

Patient readmission after coronarography of patients with acute coronary syndrome in Čakovec County Hospital

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UVOD: Vjerojatnost da će pacijenti s preboljelim akutnim koronarnim sindromom (AKS) doživjeti ponovni koronarni incident je veća od vjerojatnosti prvog AKS-a. Može se pretpostaviti da pacijenti koji su preboljeli AKS imaju veliku vjerojatnost rehospitalizacije. Rizik ponovne hospitalizacije u našim uvjetima (županijska bolnica bez laboratorija za kateterizaciju) nije do sada dobro istražen, kao ni specifični prediktori koji bi mogli ukazivati na bolesnike s povećanim rizikom rehospitalizacije nakon AKS-a. To je barem dijelom posljedica nedostatka registra AKS u RH, pa tako i našoj županiji.

PACIJENTI I METODE: Analizirana je medicinska dokumentacija putem bolničkog informacijskog sustava, svih koronarografiranih bolesnika koji su hospitalizirani zbog prvog AKS-a od siječnja 2010. do siječnja 2013. godine. Bolesnici su invazivno obrađeni u tercijarnoj ustanovi u Zagrebu. Analizirane su rehospitalizacije unutar godinu dana od inicijalnog AKS-a.

REZULTATI: Prikupljeni su podatci o 160 pacijenata, 113 muškaraca i 47 žena. AKS s elevacijom ST-segmenta imalo je 77, a bez elevacije ST-segmenta kod 83 bolesnika. 31% bolesnika s AKS-om kod kojih je učinjena invazivna obrada zahtijevalo je rehospitalizaciju unutar godinu dana, od kojih je 37% imalo kardiološku indikaciju. Unutar godinu dana 7% bolesnika je rekronarografirano, 5% je podvrgnuto perkutanoj koronarnoj intervenciji (PCI), a 2% aortokoronarnom premoštenju. Češće su bile rehospitalizacije kod AKS-a bez elevacije ST-segmenta, u odnosu na AKS s elevacijom ST-segmenta (64% prema 36%). Među rehospitaliziranim radi kardiološke indikacije u dobnoj skupini do 60 god. zastupljeniji su bili muškarci, a u skupini iznad 60 god. žene.

ZAKLJUČAK: U našim uvjetima rehospitalizacije su češće kod žena. Veća je učestalost rehospitalizacija onih bolesnika kod kojih je inicijalno učinjena PCI, u odnosu na one kod kojih je primijenjena optimalna medikamentozna terapija, odnosno kardiokirurška revaskularizacija. Rekronarografirani muškarci češće su pušači dok rekronarografirane žene češće imaju pretilost, dijabetes i hipertenziju. Hipertenzija je podjednako zastupljena u oba spola.

INTRODUCTION: Patients with history of acute coronary syndrome (ACS) are more likely to experience another cardiac event than those with no history of ACS. Patients who experience an ACS should have a high likelihood for readmission. Readmission rates in our environment (general hospital without cath lab), have not been well explored, and comorbidities useful in identifying patients at greatest risk for readmission are not well known. This is a consequence of a lack of Register of ACS in Croatia.

PATIENTS AND METHODS: Data was collected from hospital information system of all patients who were initially hospitalized for ACS from January 2010 to January 2013, and who have consequently undergone coronarography. Coronarography was done in tertiary hospital centers in Zagreb. Readmissions within a year of this initial hospitalization for ACS were analyzed.

RESULTS: A total of 160 patients (113 male and 47 female) were included in our study. 77 had ACS with ST-segment elevation; 83 had no ST-segment elevation. 31% of patients with ACS who had undergone coronarography were readmitted within a year. 37% of patients readmitted within a year had a cardiac indication for readmission. Within one year, 7% patients had to undergo a recoronography, 5% had percutaneous coronary intervention (PCI) and 2% coronary artery bypass graft (CABG). Patients initially without ST elevation were more often readmitted for cardiac indications, compared to those with STEMI (64% vs 36%). Patients readmitted for cardiac indications under 60 were more often men; in those older than 60, women were more numerous.

CONCLUSION: Women were more often readmitted for cardiac indications than men. Patients who initially had undergone PCI were more often readmitted in comparison with patients treated conservatively or who had undergone CABG. Men who had undergone a coronarography are more often smokers, while women are more often obese, and with history of diabetes mellitus and hypertension. Hyperlipidemia was equally found in medical history of both women and men.

LITERATURE

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