Liječenje bolesnika s akutnim infarktom miokarda sa ST elevacijom koji kasno zatraže liječničku pomoć

Management of patients with acute myocardial infarction with ST-elevation presenting late

Jasna Čerkez Habek*,
Jozica Šikić,
Dario Gulin

Klinička bolnica „Sveti Duh“,
Zagreb, Hrvatska
University Hospital „Sveti
Duh“, Zagreb, Croatia

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***ADDRESS FOR CORRESPONDENCE:** Jasna Čerkez Habek, Klinička bolnica „Sveti Duh“, Sveti Duh 64, HR-10000 Zagreb, Croatia. / Phone: +385-95-923-7216 / E-mail: jasna.habek@gmail.com
ORCID: Jasna Čerkez Habek, <http://orcid.org/0000-0003-3177-3797> · Jozica Šikić, <http://orcid.org/0000-0003-4488-0559> Dario Gulin, <http://orcid.org/0000-0001-8502-7816>

Uvod: Smjernice Europskog kardiološkog društva za liječenje akutnog koronarnog sindroma sa ST elevacijom nedvojbeno navode reperfuzijsku terapiju kao najvažniju mjeru liječenja ako je od početka simptoma prošlo manje od 12 sati, a ako je prošlo od 12 do 24 sati od nastanka bolova korist od promptne reperfuzije imaju bolesnici sa znakovima ishemije u EKG-u uz i/ili dalje prisutnu bol u prsima. Nema konsenzusa o postupku s asimptomatskim bolesnicima nakon 12 sati od početka bolova; kada i kome učiniti perkutanu reperfuziju i koja je dugoročna korist od kasne rekanalizacije okudirane arterije u infarctanom području.^{1,2} **Cilj:** Utvrditi način liječenja i ishod bolesnika s kasnom prezentacijom ST elevacijskog infarkta miokarda na Zavodu za bolesti srca i krvnih žila Kliničke bolnice „Sveti Duh“.

Pacijenti i metode: Retrospektivno smo analizirali povijesti bolesti hospitaliziranih bolesnika na Zavodu u razdoblju od 1. 1. 2014. do 31. 8. 2016. godine s elevacijskim infarktom miokarda i osvrtno na način liječenja i ishod bolesnika (smrtni ishod, kardijalna dekompenzacija, reinfarkt miokarda i ponovna perkutana intervencija).

Rezultat: Na Zavodu je hospitalizirano ukupno 281 bolesnika, 204 (72%) muškaraca i 77 (28%) žena sa ST elevacijskim infarktom miokarda prosječne dobi 64 godine. Ukupno 207 (73,6%) bolesnika imalo je bol u prsima kraće od 12 sati, njih 195 (94%) bolesnika liječeno uspješnom primarnom PCI, a umrlo je ukupno 12 (5,7%) bolesnika. Kod 4 (1,9%) bolesnika zabilježena akutna in-stent tromboza, kod 24 (11,5%) bolesnika je učinjena perkutana intervencija na preostalom signifikantnim stenozama, a 6 (2,9%) bolesnika imalo je restenozu u stentu. Kasno se prezentiralo 74 (26,3%) bolesnika, u ovoj skupini uspješna primarna PCI je izvedena kod 37 (50%) bolesnika, bez reperfuzijske terapije 37 (50%) bolesnika zbog komorbiditeta, mortalitet u ovoj skupini iznosi 9% (7 bolesnika) i svi su bili bez reperfuzijske terapije. Nakon rekonarografije u idućoj hospitalizaciji 7 bolesnika je upućeno na kardiokiruršku revaskularizaciju.

Zaključak: Kod bolesnika s kasnom prezentacijom ST elevacijskog infarkta miokarda rijeđe je učinjena perkutana reperfuzija uz povišeni mortalitet u odnosu na bolesnike koji se javljaju do 12 sati od početka bolova. Rezultati su uspoređeni s recentnim literaturnim navodima.

Introduction: The European (ESC) Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation (STEMI) undoubtedly state reperfusion therapy as the superior therapeutic measure if less than 12 hours have elapsed from the onset of symptoms; in case that 12-24 hours have elapsed from pain onset, patients with signs of ongoing ischemia in ECG and/or persisting chest pain will benefit from prompt reperfusion. There is no consensus on the procedure in asymptomatic patients presenting beyond 12 hours of pain onset; when to perform percutaneous reperfusion and in which patients; it has not yet been defined what is long-term benefit of late recanalization of occluded artery in the infarction area.^{1,2} **Aim:** To determine the mode of treatment and outcome in late presenting STEMI patients at Cardiovascular Department University Hospital „Sveti Duh“.

Patients and Methods: Data on STEMI patients hospitalized at Department from January 1, 2014 to August 31, 2016 were retrospectively analyzed with special reference to the mode of treatment and patient outcome (mortality, heart failure, myocardial reinfarction and repeat percutaneous coronary intervention (PCI)).

Results: A total of 281 STEMI patients, 204 (72%) male and 77 (28%) female, average age 64 years, were hospitalized during the study period. Chest pain present for less than 12 hours was reported by 207 (73.6%) patients; 195 (94%) of them were successfully treated by PCI, while 12 (5.7%) patients died. Acute stent thrombosis was recorded in 4 (1.9%) patients, 24 (11.5%) patients underwent PCI on major residual stenoses, and stent re-stenosis developed in 6 (2.9%) patients. In the group of 74 (26.3%) patients with late presentation, primary PCI was successfully performed in 37 (50%) patients, while it could not be applied in the rest of 37 (50%) patients due to comorbidities; 7 patients died (9%), all of them was without reperfusion therapy; 7 patients were referred for cardiac surgery revascularization following re-coronography on their next hospitalization.

Conclusion: Percutaneous reperfusion was performed less frequently in STEMI patients with late presentation, resulting in higher mortality rate as compared with patients presenting within 12 hours of symptom onset. Results were compared with literature data.

LITERATURE

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