

# **Registry for Acute ST Elevation Myocardial Infarction**

## **A Thesis**

Submitted For Partial Fulfillment of Master Degree  
in Cardiology

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## **List of Abbreviations**

<b>1ry</b>	: Primary
<b>ABP</b>	: Arterial blood pressure
<b>ACAD</b>	: Atherosclerotic coronary artery disease
<b>ACC/AHA</b>	: American college of cardiology/ American heart association
<b>ACE</b>	: Angiotensin converting enzyme
<b>ACS</b>	: Acute coronary syndrome
<b>AKUH</b>	: Agha Khan University hospital
<b>AMI</b>	: Acute Myocardial infarction
<b>Atm.</b>	: Atmospheres
<b>BMS</b>	: Bare metal stent
<b>CAD</b>	: Coronary artery disease
<b>CBC</b>	: Complete blood count
<b>CCU</b>	: Coronary care unit
<b>CIN</b>	: Contrast induced nephropathy
<b>COMMIT</b>	: Clopidogrel and Metoprolol in Myocardial Infarction Trial
<b>CPK</b>	: Creatine Phospho Kinase
<b>CPR</b>	: Cardio pulmonary resuscitation
<b>CRP</b>	: C reactive protein
<b>CVA</b>	: Cerebrovascular accident
<b>D2B</b>	: Door to balloon
<b>D2N</b>	: Door to needle
<b>DBP</b>	: Diastolic blood pressure

## **List of Abbreviations** *(Cont...)*

<b>DES</b>	: Drug eluting stent
<b>DM</b>	: Diabetes Mellitus
<b>ECG</b>	: Electro cardiogram
<b>EF</b>	: Ejection Fraction
<b>EHS</b>	: Euro heart survey
<b>ER</b>	: Emergency room
<b>ESC</b>	: European society of cardiology
<b>FDA</b>	: Food and drug administration
<b>FMC</b>	: First medical contact
<b>GP</b>	: Glycoprotein
<b>GUSTO</b>	: Global Use of Strategies to Open Occluded Arteries
<b>HR</b>	: Heart rate
<b>hrs.</b>	: Hours
<b>HTN</b>	: Hypertension
<b>HUS-STEMI</b>	: Helsinki-Uusimaa Hospital District registry of STEMI
<b>IABP</b>	: Intra-aortic balloon pump
<b>ICH</b>	: Intra cranial hemorrhage
<b>IL</b>	: Interleukin
<b>ISIS</b>	: International Studies of Infarct Survival
<b>JVP</b>	: Jugular venous pressure
<b>KIR</b>	: Karachi institute registry

## **List of Abbreviations** *(Cont...)*

<b>LAD</b>	: Left Anterior Descending artery
<b>LBBB</b>	: Left bundle branch block
<b>LCX</b>	: Left Circumflex artery
<b>LDL</b>	: Low density lipoprotein
<b>LM</b>	: Left Main artery
<b>LV</b>	: Left ventricle
<b>min.</b>	: Minute
<b>mm</b>	: Millimeter
<b>mos.</b>	: Months
<b>MR</b>	: Mitral regurgitation
<b>NRMI</b>	: National registry of myocardial infarction
<b>NSTEMI</b>	: Non ST elevation myocardial infarction
<b>OM</b>	: Obtuse Marginal artery
<b>PCI</b>	: Percutaneous coronary intervention
<b>RAAS</b>	: Renin angiotensin aldosterone system
<b>RCA</b>	: Right Coronary artery
<b>SBP</b>	: Systolic blood pressure
<b>SK</b>	: Streptokinase
<b>STEMI</b>	: ST elevation myocardial infarction
<b>TACSR</b>	: Thai Acute Coronary Syndrome Registry
<b>TIMI</b>	: Thrombolysis in Myocardial Infarction
<b>TnI</b>	: Troponin I
<b>TnT</b>	: Troponin T

## **List of Abbreviations** *(Cont...)*

<b>t-PA</b>	: Tissue Plasminogen activator
<b>UFH</b>	: Unfractionated heparin
<b>URL</b>	: Upper reference limit
<b>US</b>	: United States
<b>VSD</b>	: Ventricular septal defect
<b>WHO</b>	: World Health Organization
<b>wks.</b>	: Weeks

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## Introduction

**A**therosclerosis is said to be the 21st century pandemic. It is almost universally present in adults in both developed and developing countries accounting for major economic losses and consuming healthcare funds. <sup>(1)</sup>

In affluent societies, coronary artery disease causes severe disability and more death than any other disease, including cancer. It manifests as angina, silent ischemia, unstable angina, myocardial infarction, arrhythmias, heart failure, and sudden death. <sup>(2)</sup>

ST-elevation myocardial infarction is by far the most serious presentation of ACAD carrying the most hazardous consequences & patients with ST elevation are triaged immediately for reperfusion therapy, according to ACC/AHA & ESC guidelines for acute MI. <sup>(3)</sup>

Acute STEMI is defined as the detection of a rise in cardiac biomarkers, with at least one value above the 99<sup>th</sup> percentile of the upper reference limit, together with evidence of myocardial injury or necrosis which are symptoms and electrocardiographic changes suggestive of new ischemia as new ST-elevation, new left bundle branch block or development of pathologic Q waves on electrocardiogram. <sup>(4)</sup>