The Current Management and the Clinical Outcomes of Patients Presented with Acute ST Segment Elevation Myocardial Infarction in East Cairo Hospitals, A Multicenter Study

Thesis

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List of Abbreviations

Abb.	Full term
ACC	American college of cardiology
	Acute Cardiovascular Care Association
	Active Caratocascular Care AssociationAngiotensin-converting enzyme
	Angiotensin converting enzyme inhibitors
	Automated external defibrillators
	American heart association
	Advanced life support
	Advancea uje support Alanine aminotransferase
	Acute myocardial infarction
	Acute myocaratat injarction Apolipoprotein A-I
-	
_	Apolipoprotein B
	Apolipoprotein E
	Aspartate aminotransferase
	Body mass index
	Bare metal stents
	Coronary artery bypass grafting
	Coronary artery disease
CAMELOT	Comparison of Amlodipine vs Enalapril to Limit Occurrences of Thrombosis trial
CCU	Coronary care unit
CHD	Coronary heart disease
CK	Creatine kinase
CMRI	Cardiac magnetic resonance imaging
<i>CPK</i>	Creatine phosphokinase
<i>CPR</i>	Cardiopulmonary resuscitation
cTn	Cardiac troponin
CVD	Cardiovascular disease
D1	First diagonal branch
D2B	_

List of Abbreviations (Cont...)

Abb.	Full term
DAPT	.Dual antiplatelet therapy
	.Drug eluting stents
	.Diabetes mellitus
	.European Association of Percutaneous
E111 01	Cardiovascular Interventions
ECG	. Electrocardiogram
	.Emergency department
	Egyptian society of cardiology.
EHS-ACS-II	.The second Euro Heart Survey on acute
	coronary syndromes
<i>EMS</i>	.Emergency medical services
<i>ESC</i>	.European society of cardiology
<i>ESRD</i>	.End stage renal disease
<i>EU</i>	.European union
FBS	.Fasting blood sugar
FITT-STEMI	.Feedback Intervention and Treatment Times in
	ST-Elevation Myocardial Infarction
FMC-B1	.Time from first medical contact to balloon
CD A CE	inflation time
	.Global Registry of Acute Coronary Events
	.High-density lipoprotein
<i>HF</i>	
HTN	
	.Infarct-related artery
<i>IV</i>	
	Left anterior descending
LCX	
	.Low-density lipoprotein
<i>LM</i>	•
<i>Lp(a)</i>	. Lipoprotein(a)

List of Abbreviations (Cont...)

Abb.	Full term
<i>LV</i>	Loft ventriele
	Left Ventricular Ejection Fraction
	Major adverse cardiac and cerebrovascular events
<i>MI</i>	Myocardial infarction
MINOCA	Myocardial infacrtion with non obstructive coronary arteries
<i>MOH</i>	Ministry of health
MR	Mitral regurgitation
<i>MRA</i>	$ Mineralo cortico id\ receptor\ antagonist$
<i>NSL</i>	Non-significant lesions
<i>NSTEMI</i>	non ST elevation myocardial infarction
<i>OM</i>	Obtuse Marginal
p.o	Per os
PCI	Percutaneous Coronary Intervention
<i>PPCI</i>	Primary percutaneous coronary intervention
PPCI CC	Primary percutaneous coronary intervention capable center
PTCA	Percutaneous transluminal coronary angioplasty
<i>RBBB</i>	Right Bundle Branch Block
	Right coronary artery
	Oxygen Saturation
SFL	Stent for Life
SK	Strep to kinase
	ST elevation myocardial infarction
	Segmental wall motion abnormalities
TC	Total cholesterol
	Total cholesterol
<i>TG</i>	Trigly cerides

List of Abbreviations (Cont...)

Abb.	Full term
TIMI	Thrombolysis in Myocardial Infarction
TT	Thrombolytic therapy
<i>UA</i>	Unstable angina
<i>UFH</i>	Unfractionated Heparin
URL	Upper Refence Limit
<i>VSR</i>	Ventricular septal rupture

ABSTRACT

Patients who arrived at a PCI-capable center and were treated by a primary PCI had significant reduction in MACCE and all cause mortality during their hospital stay compared to those who received thrombolysis at a non-PCI capable center.

Follow up data at 6 months included bleeding, reinfarction, Angina or HF requiring re-hospitalisation, stroke and all cause mortality.

Patients who arrived at PCI-capable center and were treated by a primary PCI had significant reduction in reinfarction, Angina and HF requiring re-hospitalisation and all cause mortality compared to those who arrived at a non-PCI capable center and received thrombolysis and those who were transferred from a non-PCI to a PCI-capable center for the purpose of a primary PCI.

Keywords: Thrombolysis in Myocardial Infarction - ST elevation myocardial infarction

Introduction

orldwide, coronary artery disease (CAD) is the single most frequent cause of death. Over seven million people every year die from CAD, accounting for 12.8% of all deaths. Every sixth man and every seventh woman in Europe die from myocardial infarction. The in-hospital mortality of STEMI patients in the national registries of the European society of cardiology (ESC) countries varies between 6% and 14% (Steg et al., 2012).

Reperfusion therapy is the cornerstone of the treatment of patients with acute STEMI. It aims at reducing mortality and morbidity by achieving patency of the epicardial infarct related artery and by restoring myocardial tissue perfusion either pharmacologically or mechanically (*Ryan et al.*, 1999).

Percutaneous coronary angioplasty was first developed in 1977 by Andreas Gruentzig. The first procedure took place Friday Sept 16, 1977 at Zurich, Switzerland (*Meier et al.*, 2003). Primary percutaneous coronary intervention (1ry PCI) is now classified as class I indication in STEMI in the guidelines of the European Society of Cardiology (ESC) (*Ibanez et al.*, 2017).

However, many hospitals all over the world do not have CathLabs that are available and functioning with On-Call teams with primary PCI program 24/7, so they either give fibrinolysis or transfer the patients to a tertiary center to undergo a primary PCI (PPCI).



There is no definite protocol regarding the management of STEMI patients in Egypt with a remarkable variability between different hospitals.

Till the time being there is no precise data available regarding the management and outcomes of patients presented with STEMI in East Cairo hospitals. This Study was undertaken in East Cairo hospitals to track the different aspects of the current clinical management and the clinical outcomes of STEMI patients.