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FEATURES OF THE ACUTE PERIOD OF MYOCARDIAL INFARCTION WITH ST ELEVATION IN PATIENTS AFTER RESTORING CORONARY BLOOD FLOW

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Introduction: The aim of the study is to establish the clinical features of the acute period of STEMI in patients after restoring of coronary blood flow.
Methods: 100 patients with STEMI in the acute period were examined. They were divided into 3 groups: 1st (n = 46) – after primary percutaneous coronary intervention (PCI), 2nd (n = 33) – after thrombolytic therapy (TLT), 3rd (n = 21) – patients with standard drug therapy.
Results: In patients of group 1, compared with group 3, the LV end-systolic diameter was significantly lower by 5.73% (p = 0.0471) as well as the LV myocardial mass index by 10.06% (p = 0.0076). Among patients of the 1st group, compared with the 2nd group, significantly less often were determined pulmonary hypertension – by 17.72% (p = 0.028), the formation of hypokinesis zones by 26.15% (p = 0.0293) and LV systolic dysfunction by 1.99% (p = 0.0135), and compared with group 3 less often the formation of LV dyskinesia zones by 19.46% (p = 0.027). Acute LV failure in group 2 occurred less frequently compared with groups 1 and 3 (by 24.34%, p = 0.0067 and 7.7%, p = 0.0049).
Conclusions: In patients after PCI there were better intracardiac hemodynamics, less pulmonary hypertension and systolic dysfunction. Reperfusion syndrome in the PCI group was more often manifested like acute LV failure, in contrast to the group with TLT, where extrasystolic arrhythmia occurs more often. LV aneurysm is more likely to occur in patients who have not received reperfusion therapy.

Keywords: ST-elevation myocardial infarction, STEMI, percutaneous coronary intervention, thrombolytic therapy