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ОСТРЫЙ КОРОНАРНЫЙ СИНДРОМ

VODIY AXOLISIDA O'TKIR MIOKARD INFARKTINING «ZAMONAVIY QIYOFALANISHI»

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RIKIATM AF va AndDavTI, Andijon, O'zbekiston

Ishning maqsadi – vodiy axolisida o'tkir miokard infarktining (O'MI) klinik kechishi xususiyatlarini o'rganish va baholash.

Materiallar va usullar. Vodiy davolash muassasalarida O'MI bilan davolangan 248 ta erkak va 164 ta ayol bemorlarda 3 yillik klinik – epidemiologik monitoring bajarildi. Statistik tahlil «Statistica v.6.1» dastur paketidan foydalanib amalga oshirildi.

Natijalar. O'MIning an'anaviy shakli (anginoz og'riq bilan ifodalangan turi) 63,3% bemorda uchraydi (erkaklarda – 62,2% va ayollarda – 6,7%) va noan'anaviy (og'riqsiz) ko'rinishda kechishi bo'lsa 4,9% ga yetib aniqlanadi xolos (r<0,001). O'MIni boshqa klinik variantlarda namoyon bo'lishlari quyidagicha chastotalarda qayd qilinadi: astmasimon turi – 7,1% (erkaklarda 6,9% va ayollarda – 6,7%, r<0,05), abdominal shakli – 5,8% (erkaklarda – 3,2% va ayollarda – 4,3%, r<0,05), serebrovaskulyar shakli – 2,7% (erkaklarda – 2,4%; r<0,05), kollaptoidsimon shaklda ifodalanishi – 4,9% (erkaklarda – 4,8% va ayollarda – 5,0%; r>0,05), aritmik shakli – 7,0% (erkaklarda – 7,3% va ayollarda – 6,7%; r>0,05) va kardiogen shok bilan asoratlangan turi – 2,7% (erkaklarda – 5,2% va ayollarda – 2,4%, r<0,05).

O'ng qorincha O'MI 1,9% (erkaklarda 2,0% va ayollarda – 1,8%, r>0,05) bemorlarda kuzatiladi va Q tishchali va Q tishchasiz O'MI – 70,6% va 29,5% dan qayd etiladi (r<0,01).

Ma'lum bo'ldiki, O'MI noan'anaviy kechishi, astmatik shakli, abdominal varianti, kollaptoidli va serebrovaskulyar turlari to 50 yoshgacha juda kam uchraydi yoki ko'pincha uchramaydi.

Xulosalar. Olingan natijalar ma'lum darajada O'MI «zamonaviy qiyofalanishini» vodiy sharoitida ko'rsatadi va ulardan kelib terapevtik amaliyotlar o'tkazilsa maqsadga muvofiq bo'ladi.

RISK FACTORS IN YOUNG PATIENTS WITH MYOCARDIAL INFARCTION

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Relevance. Cardiovascular disease (CVD), in particular myocardial infarction (MI), remains the leading cause of death in young adults.

The aim of the work is to study the characteristics of risk factors for MI at a young age.

Materials and research methods. The study included 108 consecutive patients aged 18 to 45 years with a confirmed diagnosis of ST-elevation and non-ST elevation MI admitted to the cardio intensive care unit of the TMA multidisciplinary clinic from January 1, 2020 to January 1, 2022. The comparison group consisted of 35 elderly patients with MI aged 60 to 75 years. Exclusion criteria for the study were acute and chronic diseases in the acute stage, atrial fibrillation, type 1 diabetes mellitus, severe liver and kidney dysfunction, mental illness, dementia.All patients included in the study signed a voluntary informed consent to participate in it. Upon admission to the clinic, an assessment of clinical and anamnestic and laboratory and instrumental data was carried out. The indicators of general and biochemical blood tests, lipid spectrum, indicators of the hemostasis system, urinary albumin excretion were evaluated. Comparison of mean values in the case of a normal distribution was carried out by calculating the Student's t-test, in the absence of a normal distribution, the Mann-Whitney U-test. Nominal data were compared using Pearson's χ^2 test. Differences in indicators were considered statistically significant at a significance level of $p<0.05$.

Results. Upon admission to the hospital, the average age in the group of young patients was 41.0 (38.0-43.0) years, in the group of elderly patients it

was 67.5 (64.0-71.3) years (p=0.000). In the young cohort, STEMI was 1.7 times more common (84.3 vs. 48.5%, p=0.000). It was found that among young patients, males were 2.3 times more common (85.2% vs. 37.1%, p=0.000). Young patients with MI were 3.4 times more likely to smoke (70.2% vs. 20.6%, p=0.000) and 3.4 times more likely to have heredity burdened by the early onset of coronary heart disease (CHD) (54.6% vs. 16.0%, p=0.001). Among elderly patients, the main risk factors for MI were arterial hypertension (88.2% vs. 58.8%, p=0.002) and type 2 diabetes mellitus (29.4% vs. 7.4%, p=0.000). In both groups, there was a high prevalence of overweight and obesity: 68.2% among the young and 71.4% among the elderly, as well as physical inactivity: 68.5% among the young and 66.7% among the elderly. When assessing laboratory data upon admission to the clinic, dyslipidemia was detected in 92.2% of young patients and 100% of elderly patients. In both groups, a high aggregation activity of platelets with adenosine diphosphate was observed: 8.0 (6.0-10.0) seconds in the young and 7.0 (6.0-7.0) seconds in the elderly. Most of the patients had a high excretion of albumin in the urine: 71.1% among young and 88.9% among elderly patients.

Conclusion. The predominant risk factors for MI among young patients, compared with the elderly, are male sex, smoking, and heredity burdened by the early onset of coronary artery disease. In contrast, hypertension and type 2 diabetes are more common in the elderly. However, more than half of the young patients had a history of arterial hypertension. Attention is drawn to the high prevalence of dyslipidemia, overweight and obesity, as well as physical inactivity in both age groups. Thus, according to the study, the profile of risk factors for myocardial infarction at a young age includes: male gender, smoking, heredity aggravated by the early onset of coronary artery disease, arterial hypertension, dyslipidemia, overweight and obesity, physical inactivity, thrombogenic orientation of the platelet hemostasis link, endothelial dysfunction and the phenomenon of early vascular aging.

THE EFFECT OF REVASCULARIZATION ON HEART RATE TURBULENCE IN PATIENTS WITH MYOCARDIAL INFARCTION AND PRESERVED EJECTION FRACTION

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Prediction of adverse outcomes in patients after myocardial infarction remains a serious and not completely resolved problem, which prompts researchers to search for new technologies. One of the promising relatively new non-invasive methods for predicting sudden coronary death in patients with coronary heart disease and ventricular arrhythmias may be an assessment of heart rate turbulence (HRT). Given its important prognostic role, primarily in patients after myocardial infarction, the aim of this work was to study the relationship between heart rate turbulence and cardiovascular remodeling in patients with ventricular cardiac arrhythmias after myocardial infarction.

Objective: to study the effect of revascularization with percutaneous intervention on the indicators of heart rate turbulence in patients with ventricular arrhythmias, who have suffered a myocardial infarction and preserved ejection fraction.

Materials and methods of research: The study included 239 elderly patients of both sexes (82.8% men) (mean age 63.6 ± 8.3 years) who had survived prior myocardial infarction (MI) with various localization. All patients underwent 24 hour Holter ECG before percutaneous intervention (PCI). Coronary artery lesions were assessed using diagnostic selective coronary angiography and all patients underwent PCI associated artery infarction. All patients evaluated revascularizated vessels of the affected coronary arteries is 70.5%. Monitoring was determined using two indicators, in accordance with the international standard: Turbulence Onset (To) – the beginning of turbulence (%) and Turbulence Slope (TS) – the slope of turbulence (ms/RRi). The first indicator reflects the period of increase in heart rate, the second – the period of its decrease. According to the works of G. Schmidt, the following parameters were taken as the physiological norm of these parameters: To <0% and Ts >2.5 ms/RRi. In order to standardize the values of HRT, 3 categories of HRT reduction was distinguished: patients with normal mean values of To and Ts were assigned to category 0, patients with a pathological deviation of one of the mean values of To or Ts were assigned to category 1, and patients with pathological values of both indicators of HRT were assigned to category 2. If the patient did not have a sufficient number of ventricular premature to measure HRT, then was also assigned to category 0, since it was shown that patients in both groups had an equally good prognosis. Dynamic results evaluated after 1 year based on 24 hour ECG monitoring.

Results: HRT indicators were initially To (%)-0.93±1.91, median 0.81±[-2.2; 0.15], Ts (ms/RRi) – 4.92±4.18, median 4.07 [1.59; 6.93], category of HRT