



DIASTOLIC DYSFUNCTION IN PATIENTS WITH CORONARY ARTERY DISEASE LATE AFTER CORONARY STENTING

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Objective: To evaluate the diastolic left ventricular function in the 9-year prospective follow-up after endovascular myocardial revascularization in patients with restenosis and without restenosis of coronary stents.

Material and Methods: The study involved 258 patients with coronary heart disease (cf. Age $49,5 \pm 0,7$ years.). In 153 patients (1 group), carried out a successful endovascular revascularization (ER), was not required in the long term repeat interventions for stent restenosis; in 105 patients reintervention for restenosis of coronary stents after primary stenting spacecraft performed several times (2 group).

At baseline and after 1, 3, 5, 7 and 9 years after stenting was performed according to echocardiography left ventricular diastolic function in patients with analysis groups depending on the degree of impairment of LV systolic function at the time of inclusion in the study: subgraphs. A (LVEF > 45%), subgraphs. B (LVEF 40-45%), subgraphs.C (LVEF <40%).

Results: At the time of inclusion in the study in patients without repeated interventions for stent restenosis (1st c.) Was diagnosed left ventricular diastolic dysfunction (DD) I of the type - 86.4% (subgraphs. A), signi. cantly less ($\chi^2 = 26, 31, df = 2, p = 0,0002$) recorded DD type II and III. Diastolic function (DF) LV 1 year after stenting has improved in 10% of patients in the subgroup A and 50% in the subgroup B by reversion of the II and III DD types Type I and normal diastolic function. After 3 years, 2.7% and 20% of A and B were recorded improved LV DF, which provided statistically signi. cant between-group differences. At subsequent stages of the structure of violations of DF in the 1st c. not undergone obvious changes. In patients with multiple reoperations (2 group) The initial period dominated by Type I diastolic dysfunction, but half of the patients identi. ed subgroup C Type II disorders diastole ($p = 0.04$). After 1 year, the type of DD in subgroups were not signi. cantly changed, and the third year of observation in the subgroups with moderately reduced and reduced <40% LVEF marked deterioration in DF due to the transition to a more severe





type of dysfunction ($p = 0.0005$). After 5 years after CA stenting violation of DF in the subgroup of patients with $EF < 40\%$ continued to worsen ($p = 0.001$). 7 and 9 years signi. cant dynamics of ventricular diastolic dysfunction were not observed. Noteworthy is the fact that if, in the subgroup of patients with preserved left ventricular ejection fraction is practically unchanged, while in the group with repeated ER noted its gradual decline, more pronounced in the subgroup with baseline reduced ejection fraction ($< 40\%$).

Conclusions: in patients without restenosis of coronary stents, regardless of initial LVEF showed improvement in left ventricular diastolic function by the reversal of type II and III to type I DD. Patients with repeated restenosis of coronary stents and reduced LVEF was recorded progressive deterioration of left ventricular diastolic function due to the rise of CHF.

