

Kirurška revaskularizacija u liječenju akutnog koronarnog sindroma bez ST elevacije

Role of surgical revascularization in treatment of acute coronary syndrome without ST elevation

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U skladu sa sadašnjim smjernicama za liječenje akutnog koronarnog sindroma bez ST elevacije (ACS-NSTEMI) kirurška revaskularizacija je indicirana kod otprilike 12 % pacijenta koji su primljeni u bolnicu sa tom dijagnozom.¹

Cilj rada je bio da re-evaluiramo ulogu kirurške revaskularizacije kod pacijenta hospitaliziranih u Klinici za kardiovaskularnu kirurgiju i kardiologiju Magdalena s dijagnozom ACS-NSTEMI u razdoblju od tri godine od 1. siječnja 2012. do 1. siječnja 2015. (radi se o pacijentima sa ACS-NSTEMI koji su unutar 24 sata od početka simptoma hospitalizirani u našoj klinici radi daljnjeg liječenja). U navedenom vremenskom razdoblju ukupno je primljeno u bolnicu 174 bolesnika s uputnom dijagnozom ACS-NSTEMI. Od tih 174 bolesnika kod svih je napravljena koronarna angiografija. S obzirom na nalaz koronarografije kod 127 bolesnika (73 %) učinjena je perkutana koronarne intervencija (PCI), kod 27 bolesnika (15 %) indicirana je daljnja konzervativna terapija, a kod 20 bolesnika (11 %) učinjeno je aortokoronarno premoštenje (CABG). Bolnički mortalitet kod bolesnika kojima je učinjena CABG je bio 1,7% (3 bolesnika). U strategiji liječenja ACS-NSTEMI ključna je uloga "heart-team"-a koji postavlja indicaciju za adekvatnu revaskularizacijsku strategiju (PCI naspram konzervativno liječenje naspram CABG).

Dobiveni rezultati pokazuju značajnu i nezamjenjivu uloga kardijalne kirurgije u revaskularizaciji kod pacijenta sa ACS-NSTEMI.

In accordance with the current guidelines for the treatment of acute coronary syndrome without ST elevation (NSTEMI ACS) surgical revascularization is indicated in approximately 12% of patients who were admitted to hospital with the diagnosis.¹

The aim of study was to re-evaluate the role of surgical revascularization in patients hospitalized in University Clinic for Cardiovascular Diseases Magdalena with a diagnosis of ACS NSTEMI for a period of three years from 1st January 2012 to 1st January 2015 (we included patients who were admitted to our clinic within 24 hours of onset of symptoms for further treatment). During this time period there were a total of 174 hospitalized patients with the diagnosis of ACS-NSTEMI. Of these 174 patients in all was coronary angiography performed. In view of the findings of coronary angiography in 127 patients (73%) underwent PCI, in 27 patients (15%) further conservative therapy was indicated, and in 20 patients (11%) underwent coronary artery bypass graft surgery (CABG). Hospital mortality in patients who underwent CABG was 1.7% (3 patients). In the treatment strategy for ACS-NSTEMI there is key role of heart-team - which sets indication for adequate revascularization strategy (PCI vs. conservative therapy vs. CABG).

The obtained results have shown significant and irreplaceable role of cardiac surgery in revascularization in patients with ACS NSTEMI.

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LITERATURE

1. Roffi M, Patrono C, Collet JP, Mueller C, Valgimigli M, Andreotti F, et al; Management of Acute Coronary Syndromes in Patients Presenting without Persistent ST-Segment Elevation of the European Society of Cardiology. 2015 ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation: Task Force for the Management of Acute Coronary Syndromes in Patients Presenting without Persistent ST-Segment Elevation of the European Society of Cardiology (ESC). *Eur Heart J.* 2016;37(3):267-315. DOI: <http://dx.doi.org/10.1093/eurheartj/ehv320>