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Markers for coronary flow patterns in patients with myocardial infarction

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Statement of the Problem: ST Elevation Myocardial Infarction (STEMI) is an emergency, which is the leading cause of sudden death in adults. Ischemia Modified Albumin (IMA) is an early diagnostic biomarker for coronary stenosis. Our purpose was to determine the probable related markers with the flow patterns of STEMI.

Methodology & Theoretical Orientation: We included 205 acute STEMI patients and separated them according to infarct related artery flow patterns. Thrombolysis in Myocardial Infarction (TIMI) flow grades were classified to four groups as 0,1,2,3. IMA level was also evaluated according to the presence of Spontaneous Reperfusion (SR) which is described as an initial TIMI 3 flow at infarct related artery.

Findings: IMA levels were not significantly different in terms of TIMI grades ($p>0.05$). There was a borderline significance for IMA levels according to SR (60 patients SR+ vs. 165 patients SR-, $p=0.053$). 43 of 205 patients suffered from no-reflow phenomenon and IMA level was not found to be significant to associate in those with SR. Unlike, left ventricular ejection fraction, age, glucose, triglyceride, troponin-I, door-balloon time, stent length and diameter values were significantly different in terms of SR and no-reflow ($p<0.05$ for all).

Conclusion & Significance: Although, IMA has been verified for coronary ischemia, there was not a marked significance in those with coronary flow patterns. In addition, left ventricular ejection fraction, age, glucose, triglyceride, troponin-I, door-balloon time, stent length and diameter were much more different for STEMI flow patterns.

Biography

Oğuz Akkuş has his expertise in Adult Cardiology since 2012. After working state and educational and training hospitals until 2017, he has been working and teaching at Mustafa Kemal University, Department of Cardiology. His main area of interest is interventional cardiology.

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