

POSTER PRESENTATION

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Impact of periprocedural myocardial necrosis on short term clinical outcome

M Hamdi*, Y Hagag, M Khaled, A Elhadidy

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Objectives

To assess the prognostic value of periprocedural myocardial injury during elective in the early post intervention period.

Background

Elevations in the biochemical markers of myocardial damage are frequently detected after percutaneous coronary revascularization, but their clinical significance is still uncertain.

Methods

CK, CK-MB, and cTn I were prospectively assessed in 100 patients who underwent elective PCI during the period between Jan 2012 and Jan 2013.

Patients were subjected to history taking, routine laboratory investigations, electrocardiogram (ECG), cardiac biomarkers assay, and Echocardiography pre and post PCI.

The primary end point was death, myocardial infarction or severe, recurrent ischemia at 90 days.

Results

Overall, 30 patients (30%) had elevated cardiac biomarkers after PCI. Elevated cardiac biomarkers were associated with significantly higher risks of the primary end point (MACE) in the early post intervention period (43.3% vs. 12.9%; $p < 0.001$) and a significantly higher risk of 3 months follow up MACE (66.7% vs. 14.3%; $p < 0.001$).

Elevation of cardiac biomarkers is more likely in older patients ($p = 0.034$), diabetics (96.7% vs. 11.4%; $p < 0.001$), those with history of old MI (76.7% vs. 11.4%; $p < 0.001$), and patients who had CHF (30% vs. 4.3%; $p < 0.001$) while the gender, previous history of CVS,

COPD, and liver cirrhosis were non significant predictors of elevated cardiac biomarkers.

Conclusions

Elevated cardiac biomarkers, often observed after elective PCI in patients with IHD, is associated with worse early post intervention and 90-day clinical outcomes. This marker, therefore, is a useful prognostic indicator in such patients.

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