



6TH MACEDONIAN CONGRESS of CARDIOLOGY

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ЗБОРНИК НА АПСТРАКТИ ABSTRACT BOOK



**ШЕСТИ КОНГРЕС НА
МАКЕДОНСКОТО ЗДРУЖЕНИЕ
ПО КАРДИОЛОГИЈА СО
МЕЃУНАРОДНО УЧЕСТВО**

**SIXTH CONGRESS OF THE
MACEDONIAN SOCIETY
OF CARDIOLOGY WITH
INTERNATIONAL PARTICIPATION**

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of cardiac biomarkers in ACS patients in differential prognostication of heart failure (HF) versus ischemic events in correlation with left ventricular systolic function: reduced, mid-range and preserved at the index event point. **Material and methods:** 150 patients treated for ACS with PCI revascularization are included in the study. Beside clinical data, biomarkers such as: stress glycaemia, fasting blood glucose (FBG), HbA1c, hsTn, NT-proBNP, creatinin, estimated glomerular filtration rate (eGFR), blood urea (BUN), are measured at index event and at three months. Also, echocardiography at index event and after 3 months is/will be performed to classify patients with ACS, as having reduced, mid-range and/or preserved LVEF, and to identify transition of patients (especially those from mid-range EF group). Planned follow-up period is one year from the index event. **Results:** preliminary data of ongoing study identifies cardiac troponins, stress glycaemia, HbA1c as predictors of short and mid-term prognosis in patients with ACS. With respect to NPs, our preliminary data suggests prognostic role of NPs in prediction of heart failure (after correction for eGFR), but also possible role in prediction of recurrent ischemic events more significantly in patients with mid-range LVEF. **Conclusion:** this data suggests that prognostic models that incorporates simple biomarkers and estimated LVEF at index event and after three months can be developed to identify patients with differential risk of HF versus recurrent ischemic events.

P27. Can subileus provoke MI?

S. Dokuzova, G. Kamceva, B. Vasilev, N. Trokovski, S. Nikolov

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Introduction. Coronary angiography is a common examination in the scenario of suspected coronary artery disease. **Case report.** P.D. 73 years old, male, non smoker with abdominal discomfort and pain in the past 15 days was hospitalized at our department, Dg: Collica abdominalis. After 10 hours of hospitalization, he had melaena and develop bradycardia and hypotension. On the new ECG in unit of intensive coronary care we found ST elevation in DII, DIII, aVF and the patient was immediately transferred for emergent coronarography. Echotomography of abdomen and urogenital tract-ren polycisticus lat.sin, coronarography-LAD prox 95%,TIMI<2mm,RCAp-100%,thrombus TIMI 0;Thromboaspiration and patient got two DES-XCIENCE; RCap/m=100%TIMI0-0%TIMI 3, and echocardiography-EF=51%,posterior hypokenesia- at department of angiography, CT with contrast of abdomen-Highly suspected Tu rectosygmidea, with recommendation for colonoscopy, RTG abdomen, ECG, Laboratory:

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P28. Aortic dis

S. Dokuzova

Department

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Results and

Cardiovascul
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d-dimers=7073;CRP=273. **Results and conclusion.** Discharged after 5 days from department of angiography but still with abdominal pain, patient had another hospitalization at our department for evaluation and then was transferred for surgical intervention with. Dg: Ileus;Tu sigma. Postoperative siagnosis: Adenocarcinoma colonis sigmoidales; St.post hemicolectomia lat.sin. Hartman. Every three months he goes to oncologist,and every six months visits cardiologist. Multidicyplinary treatment in these patients is crucial.

P28. Aortic dissection noticed after PCI procedure

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Introduction. An ascending aorta aneurism is defined as localize dilatation of aorta. This is a disease which is initially mostly asymptomatic. Clinical presentation depends on the size and rate of growth of the itself which sometimes makes it difficult to recognize until first complications arise and is unfortunately in many cases initially presented by aortic dissection.V.S. 56 years old, female with chest pain and neck pain, hypotension was hospitalized at our unit of intensive care. on smoker, on therapy for HTA and hypothyreosis.

Aim. Aortic dissection noticed after PCI procedure is not always favorable for treating or with happy ending.

Methods and materials: ECG and laboratory findings not excluded ACS, echocardiography (repeated);coronarography-at department of angiography-Dg: APNS;Effusio pericardii; HTA; HLP;LAD mid=40%, CT pulmoangiography-no signs for thromboembolism, distorsion of vascular structures, CT aortography, on second echocardiography after PCI was seen disectional flap from sinus Valsalva to arcus even arcus was in dissection. Ao ascendens-47mm,Arcus aortae-33mm,Ao abd=18mm,Ao descendens =25mm.Pericardial effusion of 14 mm in front of RV. Doppler of carotid arteries and thyroid gland-hypodensity.

Results and conclusion. This patient was transferred to Private Cardiovascular surgery center were was succefully operated with implantation of artificial prosthesis on ascedening aorta and repair of aortic valve. Pt then started rehabilitation in Ohrid. She is some of the rarest patient that was not diagnosed at the begging aortic dissection is a diagnose with high rate of mortality but has a happy ending.

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