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EFFECT OF ATORVASTATIN ON THE FUNCTIONAL STATE OF THE KIDNEYS IN PATIENTS WITH ACUTE CORONARY SYNDROME WHO UNDERWENT PERCUTANEOUS CORONARY ANGIOPLASTY

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According to current investigations statins may prevent contrast induced nephropathy in patients.

Aim. To assess the effects of atorvastatin on the functional state of the kidneys in patients with non S-T elevation acute coronary syndrome (NSTEMI-ACS) who had underwent percutaneous coronary angioplasty (PCA).

Material and methods. The study involved 278 patients with NSTEMI-ACS, they were 40 to 80 years old (on average 55 ± 6). All patients underwent CAG, followed by angioplasty of the infarct related artery. All patients were divided into 2 groups. The first group included 138 patients who received a high dose of atorvastatin 80 mg/day for 2 days before coronary angiography; The second group included 140 patients

who received atorvastatin 20 mg per a day. The serum creatinine and glomerular filtration rate was estimated before manipulation and after 72 hours.

Results. Acute kidney injury was diagnosed in 6 (2,16 %) patients: 1 (0,72 %) patient in the high dose atorvastatin group and 5 (3,57 %) patients in the control group. The level of serum creatinine in patients in the high dose atorvastatin group decreased by 15,6% more than in the control group. The glomerular filtration rate increased by 12,2% more in the 1-st group compared with the control group ($p < 0,005$)

Conclusion. Thus, the use of a high dose of atorvastatin before to CAG/PCI may lead to decreasing of serum creatinine and to increasing of GFR.

PROGNOSTIC VALUE OF BRAIN NATRIURETIC PEPTIDE IN ACUTE CORONARY SYNDROME

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Relevance. Researchers around the world are more interested to study and know the neurohormonal activation, and the role of the brain natriuretic peptide (BNP) in patients with Acute Coronary Syndrome (ACS). High concentration of BNP that is an independent predictor of repeated cardiovascular events and mortality in patients with ACS through ST elevation

Goal. Study the Dynamics of BNP concentrations in patients with ACS through ST elevation with

dependency on the localization of the lesion and re-vascularization methods.

Study population and methods. The study included examination of 70 patients aging 40–85 years old with diagnosis of ACS through ST elevation. The patients were subjected to determination of the level of BNP in the 1st, 3rd and 7th day by ELISA method and determining the level of troponin I, C-reactive protein, and ECG, Echocardiography.