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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 (NSTE-ACS) who had underwent percutaneous coronary angioplasty (PCA).

Material and methods. The study involved 278 patients with NSTE-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 revascularization methods.

Study population and methods. The study included examination of 70 patients aging 40–85 years old with diagnosis of ACS trough 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.

The targeted population were divided into groups based on localization of lesion and method of reperfusion therapy. As a result, the ST-segment elevation was in the anterior wall on EKG in 43,5%, 30,4% had it on the back of Antero, and lateral in 26,1% of targeted population.

BNP dynamics were determined depending on the size and location of ischemic damage and the ongoing reperfusion therapy.

Results. The average level of BNP in ACS Patients of the first day with ST elevation is upto 427,71±89 PG/ml. The Concentration of BNP in patients with lesions of the posterior wall on the left ventricle was higher i.e. 576,8±71,92 PG/ml in comparison with patients with lesions at the anterior wall i.e. 383,87±191,12 PG/ml.

The first day in 34,7% of patients had complications as, pulmonary edema found in 8,6% patients, cardiogenic shock in 8,6%, ventricular tachycardia in 17,3% and ventricular extrasystoles in the form of bigeminii in 8,6% of respondents, respectively.

After 3 days the TLT BNP level in patients has increased to 629,25±43,60 PG/ml, and in patients without revascularization to 612,72±97,65 pg/ml and after balloon angioplasty to 441,70±72,17 pg / ml while on day 7 the levels of BNP decreased in all groups. Angioplasty contributed as a significant decrease in the index – 153,17±48,60 pg/ml; and extra decrease in the index – 153,17±48,60 pg/ml; in the group of patients with TLT, from an average BNP level 498,98±93,69 pg/ml.

It was also determined that the troponin I – 4,29±6,5 ng/ml and C – reactive protein –19,48±5,32 PG/ml, high levels of which are risk factors for adverse outcome in ACS was identified as having direct correlation between increasing levels of BNP and the level of C – reactive protein ($r=0,4$, $p<0,05$).

Conclusion. 1. ACS patients with high level of BNP has high probability of cardiovascular events in the early period.

2. There is direct correlation between increasing levels of BNP and the level of C – reactive protein, high levels of which are risk factors for adverse outcome in ACS.

3. The decrease of BNP is significantly expressed in the group of patients who underwent balloon angioplasty.

EVALUATE EFFECTIVENESS TEACHING REHABILITATION SCHOOL PATIENT`S MYOCARDIAL INFARCTION WITH PATHOLOGICAL Q WAVE BASED ON HEMODYNAMIC PARAMETERS

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Background. An acute myocardial infarction (MI) is the main cause of premature death and substantially accounts for morbidity especially in the developed world. After acute MI cardiac rehabilitation (CR) consider important as medical treatment.CR has strong-based evidence in reducing morbidity and mortality rate. However, the form of rehabilitation must be comprehensive enough so as to achieve its purpose. The effect of rehabilitation after acute infarction cannot be over emphasized because of its far reaching benefits in terms of improve physical, social, emotional and the totality of life in general.

The purpose of study. evaluate effectiveness teaching rehabilitation school patient`s myocardial infarction with pathological Q wave based on hemodynamic parameters

Material and methods. For study was selected 79 patients with MIPQW 48 men and 31 women aged 56,6±7,8 years enrolled in therapeutic departments Cardioreanimation, Cardiology in the 1st clinic for TMA and 16-familiar polyclinic of city of Tashkent. For investigation were taken first time patients with ST elevation myocardial infarction. Diagnosis was demonstrated with laboratorial and instrumental methods. All the patients were treated recommended medical therapy. All were divided 2 groups: I group 42 patients are mainly group that strictly followed RP. II group 32 patients are control group that low compliance to RP. Patient`s condition were observed hospital and polyclinic condition. During in hospital period main group patients were taught rehabilitation lessons based rehabilitation school program. Lessons consist of 10 lecture include explanation disease, risk factors, patients condition, phase of rehabilitation program, drugs that intake after hospital period, motivational lessons. In hospital period acute event of disease and after 6 month all the patients were observed by echocardiography and results were compared.

Results. In hospital period echocardiographic parameters in main group who strictly followed RP EDD-LV- End diastolic diameter left ventricle was 55,8±4,1 mm, ESD-LV- End systolic diameter left ventricle was 40,4±3,2 mm, EDV-LV- End diastolic volume left ventricle was 152,4±7,4 ml, ESV End systolic volume was72,4±4,4 mm, LVM- left ventricle mass was 240,4±18,4 g, LVEF- Left ventricle ejection fraction was 52,4±3,7%, CO- Cardiac output was 97,2±5,6 ml. In control group results in hospital period: EDD-LV- End diastolic diameter left ventricle was 57,4±4,3 mm, ESD-LV- End systolic diameter left ventricle was 41,2±3,4 mm, EDV-LV- End diastolic volume left ventricle was 158,6±7,9 ml, ESV End systolic vol-