

Abstract

Statement of the problem. According to the latest guidelines(1,2) , the leading symptom that initiates the diagnostic and therapeutic algorithm in patients with myocardial infarction(MI) is chest pain. Depending on the presence of pain and electrocardiographic changes, MI are classified in MI with persistent ST elevation (STEMI) and without persistent ST elevation (NSTEMI).The most common atypical clinical manifestation in MI are :heart failure, atypical location of the pain,central nervous system manifestation stroke-like, syncope, apprehension ,acute indigestion (3) .Methodology and theoretical orientation.Anginal pain is considered to be the typical clinical manifestation in MI but a significant percentage of patients experience atypical manifestations.These atypical signs can be clinical , electrocardiographic and combined.Atypical electrocardiographic manifestations are:left and right bundle branch block, ventricular paced rhythm that masks electrical signs of ischemia,posterior MI, Avr ST elevation(2) .Clinical trials at the beginning of the revascularization era in MI(4) but also the most recent, describe that the most common atypical manifestations are dyspnea, diaphoresis,nausea and vomiting, syncope.The Grace(5) study has shown that a quarter of patients with atypical manifestation at presentation are undiagnosed.Also, patients with atypical manifestation(6,7,8) exhibit a more unfavourable outcome during hospitalization than those with typical signs as follows:acute pulmonary edema (33% vs 14.9%) ,cardiogenic shock(8.6% vs 3.8%), acute kidney failure (10.3% vs 3.4%) and death (13% vs 4.3%).The main prediction factors for atypical manifestation, in a recently published study(9) are following :Killip class heart failure,NSTEMI, age, diabetes mellitus.Conclusions and significance;Patients with MI and atypical manifestations have a higher mortality, regardless of type of infarction.The access of these patients to admission to a coronary care department, revascularization procedures and subsequent rehabilitation and monitoring by a cardiologist is much lower.

Biography

Camelia Nicolae is an Assistant Professor in Internal Medicine and Cardiology Department at Carol Davila University of Medicine and Pharmacy, Bucharest. She has been working in the Coronary and Intensive Care Unit. In clinical activity, she was interested in diagnosis and treatment of acute coronary syndrome, acute cardiac failure and pulmonary thromboembolism. She had a special pre-occupation about ventricular remodelling post-acute myocardial infarction, which was reflected in her Doctoral thesis.

Camelia Nicolae research Interests are Coronary ischemic disease

References

1. 2015 ESC Guidelines for the [management of acute coronary syndromes in patients presenting without persistent ST-segment elevation](#). European Heart Journal (2016) 37, 267–315.
2. 2017 ESC [Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation](#). European Heart Journal (2017) 00, 1–66
3. [Braunwald's Heart Disease](#). Tenth Edition; pg. 1085.
4. M F Dorsch, R A Lawrance, R J Sapsford, N Durham, J Oldham, D C Greenwood, B M Jackson, C Morrell, M B Robinson, A S Hall, for the EMMACE Study [Group Poor prognosis of patients presenting with symptomatic myocardial infarction but without chest pain](#). Heart 2001;86:494–498.
5. David Brieger, Kim A. Eagle, Shaun G. Goodman, P. Gabriel Steg, Andrzej Budaj, Kami White, Gilles Montalescot, for the GRACE Investigators. [Acute Coronary Syndromes Without Chest Pain, An Underdiagnosed and Undertreated High-Risk Group](#). Insights From The Global Registry of Acute Coronary Events. Chest. 2004 Aug;126(2):461-9
6. Masashi Fujino, Masaharu Ishihara, Hisao Ogawa, Koichi Nakao, Satoshi Yasuda, Teruo Noguchi, Yukio Ozaki, Kazuo Kimura, Satoru Suwa, Kazuteru Fujimoto, Yasuharu Nakama, Takashi Morita, Wataru Shimizu, Yoshihiko Saito, Atsushi Hirohata, Yasuhiro Morita, Teruo Inoue, Atsunori Okamura, Masaaki Uematsu, Junya Ako, Michikazu Nakai, Kunihiro Nishimura, Yoshihiro Miyamoto on behalf of the J-MINUE Investigators [Impact of symptom presentation on in-hospital outcomes in patients with acute myocardial infarction](#). Journal of Cardiology 70 (2017) 29–34.
7. Kristi Reynolds, Alan S. Go, Thomas K. Leong, Denise M. Boudreau, Andrea E. Cassidy-Bushrow, Stephen P. Fortmann, Robert J. Goldberg, Jerry H. Gurwitz, David J. Magid, Karen L. Margolis, Catherine J. McNeal, Katherine M. Newton, Rachel Novotny, Charles P. Quesenberry Jr, Wayne D. Rosamond, David H. Smith, Jeffrey J. VanWormer, Suma Vupputuri, Stephen C. Waring, Marc S. Williams, and Stephen Sidney, [Trends in Incidence of Hospitalized Acute Myocardial Infarction in the Cardiovascular Research Network](#) (CVRN). Am J Med. 2017 March ; 130(3): 317–327.
8. Ayman El-Menyar, Mohammad Zubaid, Kadhim Sulaiman, Wael AlMahmeed, Rajvir Singh, Alawi A. Alsheikh-Ali (MD, MS), Jassim Al Suwaidi (MBChB) for the Gulf Registry of Acute Coronary Events (Gulf RACE) [Investigators Atypical presentation of acute coronary syndrome: A significant independent predictor of in-hospital mortality](#). Journal of Cardiology (2011) 57, 165–171

Organization / University Logo

