Gender differences in patients who suffered an acute myocardial infarction with ST segment elevation: Women are treated differently?

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Introduction: The early myocardial reperfusion obtained by primary angioplasty can reduce morbidity and mortality from acute myocardial infarction. The delay in the decision-making plays a fundamental role in the evolution of ischemia.

Objective: Determine the differences of times of Myocardial infarction resolute differences in technique and/or adjuvants as well as the evolution in women who suffered an acute myocardial infarction with ST segment elevation less than 24 hours of evolution.

Material & Methods: 79 consecutive patients who suffered an acute myocardial infarction with ST segment elevation (STEMI) in <24 hrs admitted in our institution since April 2012 to June 2013 were selected and prospectively analyzed. All patients underwent coronary angioplasty with premedication: 300 mg aspirin, clopidogrel and heparin 70UI 600 mg/kg. It was the decision of the operator to use thrombus aspiration catheter and/or glycoprotein inhibitors IIbIIIa. The monitoring by medical history were embodied if the patients had reinfarction, major bleeding, minor bleeding, pain until arrival to hospital from time of onset, need for ventilatory assistance and use of balloon counterpulsation and hospital death. The above parameters were performed in the first 30 days.

Results: 30 women from 79 infarctions were analyzed. The characteristics observed were gender (women vs. men) with age 66 +/- 15 vs. 66 +/- 25, no differences with previous revascularization: 3/30 vs. 3/49, peripheral vascular disease: 13/30 (43%) vs. 23/49 (46%). There was no significant difference in the presence of chronic renal failure. They were presented in between 8:00-18:00 (on-hours, women vs. men): 13 (43%) vs. 21 (42%)% and 18:00-08:00 (off-hours, women vs. men): 17 (56%) vs. 28 (57%). The delay in opening the artery (center-to-balloon time) was 62.3 ± 40 min with no significant differences between genders. CPK peak value of 2093 IU / L vs. 2032UI / L (women vs. men) was observed . Major bleeding: (0% vs. 0%) was observed; thrombosis: 0 vs. 0; need for mechanical ventilation: 2 vs. 5; use of aortic balloon counterpulsation pump 2 vs. 5; deaths in 3 patients before discharge. At the time of hospitalization despite no significant difference, there was a tendency of much time with women (8 vs. 7 days).

Conclusions: The differences observed were mainly women were less smokers, they had less previous infarctions and less diabetes; but they had higher obesity rate that correlates with the frequency of dyslipidemia and had more hypertension. They had a higher percentage of infarctions corresponding with the territory of anterior descending artery and the presentation was at times off-hours. Women had more minor bleeding. It is mandatory to extend to large-scale studies to extrapolate the data in this small population analyzed. It is important to conclude that there is a significant delay in the onset of pain and arrival at the hospital that the KK producing them forward to a Class II or directly to a Class IV.

Biography
Paulina Cisneros have completed her first speciality like cardiologist in Havana university in 2007 when she was 26 years. After that she did a second speciality in Interventional Cardiologist and Hemodinamic from Buenos Aires university. She did some courses in Yale Hospital and Italian Hospital from Buenos Aires. She have presented and published some papers in reputed journals and in some congress like TCT, PCR, SOLACI and others.