



AN OBSERVATIONAL STUDY ON THE TIMING OF APPEARANCE OF CORONARY COLLATERALS IN ACUTE ST ELEVATION MYOCARDIAL INFARCTION (STEMI) PATIENTS UNDERGOING PHARMACOVASIVE THERAPY

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STUDY BACKGROUND

- The appearance of coronary collaterals after STEMI is usually associated with the duration of coronary occlusion.
- We aim to determine the timing of the angiographic appearance of coronary collaterals in acute STEMI patients undergoing pharmacoinvasive therapy.

METHODS & MATERIALS

- This study was conducted in our centre during the period from July 2017 to August 2017.
- About 121 acute STEMI patients who had undergone thrombolysis and coronary angiogram under pharmacoinvasive therapy were selected.
- Out of 121 patients, about 30 patients had collaterals in their diagnostic coronary angiogram and they were selected for this study and risk factors were analysed.

EXCLUSION CRITERIA

- Previous coronary bypass surgery,
- Left main stenosis and
- Nonculprit lesion with a stenosis of more than 80% diameter.

STATISTICAL METHODS

- To analyze the temporal appearance of coronary collaterals, subjects were grouped according to time units. The time intervals were determined arbitrarily.
- Using logistic regression analyses, we examined preinfarction angina, hypertension, smoking, DM, dyslipidemia and age as potential determinants of collateral appearance.

BASELINE CHARACTERS OF TOTAL 121 Pts	NO. (%)
Age mean (range 36-73yrs)	52.8 ± 10.7
Male	104 (85.9%)
Smoker	61 (50.44%)
DM	42 (34.71%)
SHT	58(48.03%)
Dyslipidemia	53 (43.82%)
Anterior infarction collaterals	72 (59.5%) 30 (24.79%)
PCI	41 (33.88%)
Time of coronary angio mean hrs	15.9 ± 4.95
Collaterals	
Rentrop 0	91 (75.2%)
Rentrop I	18(14.8%)
Rentrop II	12(9.9%)
Rentrop III	0
Time of appearance of collaterals (30 pts)	
<6hrs	0(0%)
6-12hrs	7(23.33%)
12-18hrs	12(40%)
18-24 hrs	11(36.67%)
IRA	
LAD	72(59.5%)
LCX	13(10.74%)
RCA	36(29.75%)



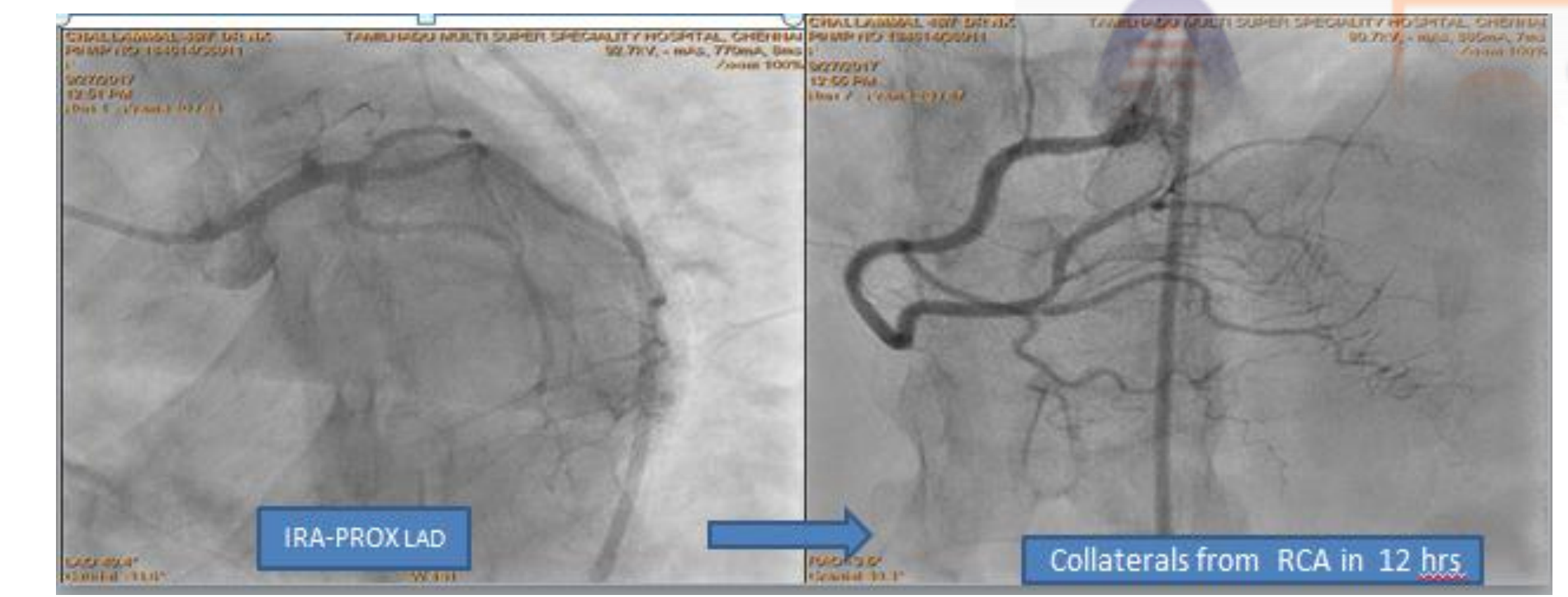
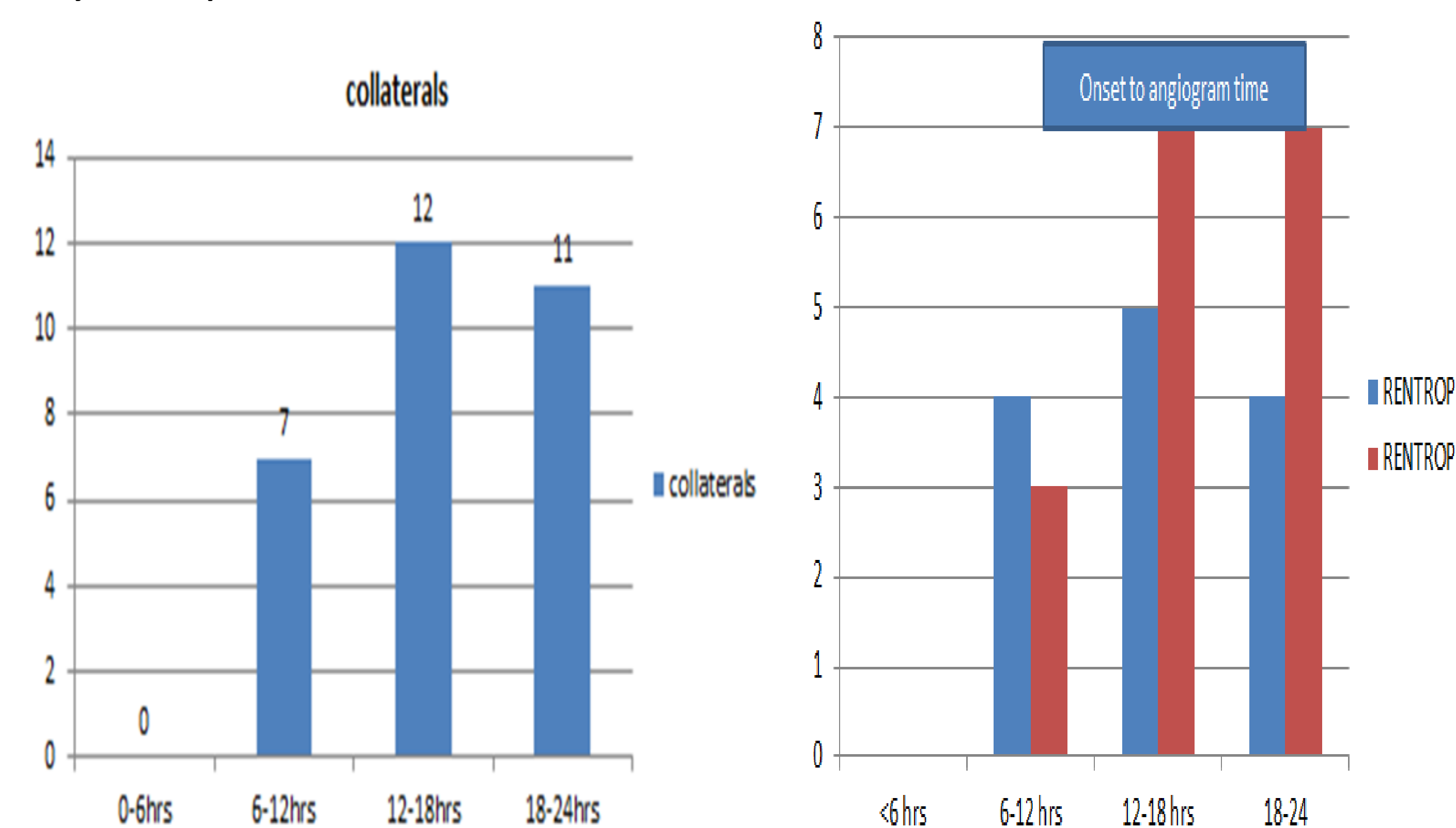
Comparison of parameters between Rentrop 0 & 1 and Rentrop 2&3 collaterals within 24 hrs after STEMI

	Age	Male(%)	SHT (%)	Diabetes (%)	Dyslipidemia (%)	Preinfarction angina (%)	Smoking (%)	Onset of angiography hrs
All	51.9±10.7	104(85.9)	58(47.9)	42 (34.7)	53 (43.8)	7 (0.5)	61(46.7)	15.9±4.9
Rentrop 0 & I (109 pts)	52.9±11.4	93(50)	53(48.7)	38 (34.8)	47 (43.1)	1 (0.9)	56 (50.5)	14.6±4.5
Rentrop 2 & 3 (12 pts)	49.8±9.6	11(91.7)	5 (41.6)	4(33.3)	6 (50)	6 (50)	5 (41.6)	17.9±5.1
ODDS ratio	1.1	0.9	1.3	0.99	0.8	1.1	1.4	0.82
95% CI	0.6-1.8	0.05-4.4	0.4-4.4	0.3-3.8	0.2-2.5	0.8-2.3	0.4-4.7	0.3-2.3
P value	0.9	0.6	0.72	0.9.	0.6	0.0001	0.7	0.8

RESULTS

About 30 patients had collateral formation in coronary angiogram. 26 were male patients (21.5%). Mean age was 51.9 ±10.67. For the onset-to-angiography groups of 0–6, 6–12, 12–18, 18–24 hr the prevalence of angiographic collaterals (Rentrop classification) were 0, 5.78%, 9.9% and 9.1%, respectively (p < 0.001).

Rentrop collateral grade I were in 18 patients (14.9%) and grade II in 12 patients (9.9%). About 23 patients (19%) developed collaterals within 12 hrs to 24 hrs after thrombolysis. Among the clinical factors, preinfarction angina (5.8%) was the only independent determinant



DISCUSSION

Presence of collaterals increases significantly during the first 24 h, with 24.8% of patients showing collaterals at 24 hrs versus 5.8% of patients within 12 hrs.

Elsman *et al.* – About 1059 patients who underwent PCI within 6 hr after STEMI and reported a prevalence of collaterals of 10%. In our study it is 5.8% within 12 hrs.

Sunanto Ng, Sunarya Soerianata *et al.* Presence of collaterals within 9hrs of onset of MI was 31% and within 24 hrs - 41%. In our study 24.8% in 24 hrs.

Preinfarction angina was the independent determinant of the presence of collaterals during acute MI.

LIMITATION

- Limited population.
- Collaterals less than 100 µm not identified.
- Since the study is observational and retrospective, it is difficult to adjust all clinical determinants.

CONCLUSION

In our study, about 24.8% patients developed coronary collaterals within 24 hours of STEMI. Among the clinical factors, preinfarction angina was the only statistically significant independent determinant.

References

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