

Directions for Therapy of Acute Myocardial Infarctions

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Much clinical research regarding the recanalization of acute myocardial infarctions has been verified, including improvement of acute and longterm rates of death, fewer cardiac events, preservation of cardiac function, etc. Recanalization treatments for acute myocardial infarctions have lately tended toward percutaneous coronary intervention over thrombolysis due to several advantages, such as higher recanalization percentage, lower reocclusion rate, fewer hemorrhagic complications, etc. Also, risks such as multiple vessels disease or left main trunk disease are more accurately evaluated by coronary angiography (with the limiting factors of CAG equipment and the skill of the operator). The introduction of stents also caused a remarkable reduction in the occurrence of acute occlusions and other improvements in the clinical results of PCI. Therefore, PCI with stenting has become the most widely used therapy for recanalization of AMI in recent years. Recent reports also show that treating thrombotic lesions by removing the thrombus with a small catheter helps prevent distal embolism and no reflow. Therefore, we would like to analyze and present data from cases done in this hospital, regarding the current direction of treatment for AMI. We investigated 408 cases of AMI treated by PCI between January 1997 and August 2001 in our hospital. Patient characteristics: Male 75%, average age 66.9 years. Infarcted vessel: LAD 43%, LCX 16%, RCA 32%, side branch 6%, left main trunk 2%, bypass graft 1%. Procedure and patient success rate was 97.8%. The percentage of cases involving stenting by year: 28% in 1997, 33% in 1998, 45% in 1999, 52% in 2000, 69% in 2001. The number of cases where a small catheter was used to remove thrombus was 20% in 2000, and 38% in 2001.

Case Presentation