



Ostalo

Other

Terapija akutnog infarkta miokarda u pacijenata s ulkusnom bolesti

Acute myocardial infarction therapy in patients with gastrointestinal ulcer

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U broju *Liječničkog vjesnika* za svibanj-lipanj 2009. godine¹ objavili smo izvorni rad pod naslovom "Utjecaj fibrinolitičke i heparinske terapije u akutnom infarktu miokarda na gastrointestinalno krvarenje kod asimptomatskih ulkusnih bolesnika".

Prikazali smo rezultate utjecaja streptokinaze i niskomolekularnog heparina u kombinaciji s acetilsalicilnom kiselinom i antisekretornom terapijom (inhibitori protonске pumpe ili blokatori H₂ receptora) na asimptomatske ulkusne bolesnike u liječenju akutnog infarkta miokarda. Htjeli smo pokušati potvrditi činjenicu da te dvije terapije praktički neće povećati učestalost hematemeze/melene (H/M) u asimptomatskih ulkusnih bolesnika.

Ispitivanje je provedeno od 1998. do 2007. godine u Koronarnoj jedinici Opće bolnice u Karlovcu. Ukupno je u ovo opservacijsko istraživanje bilo uključeno 826 bolesnika. Rezultati su bili sljedeći: kod heparinske terapije nije bilo značajnijeg povećanja učestalosti H/M u bolesnika s i bez ulkusne bolesti (3,4 vs 2,8%, n.s.), a isto tako niti kod fibrinolitičke terapije (5,9 vs 6,8%, n.s.). Nadalje, fibrinolitička terapija očekivano uzrokuje više H/M u odnosu na heparinsku terapiju kod ulkusnih bolesnika (5,9 vs 3,4%; $\chi^2 = 6,389$; $p = 0,011$), a isto tako i kod bolesnika bez ulkusne bolesti (6,8 vs 2,8%; $\chi^2 = 6,16$; $p = 0,013$). Kod bolesnika s H/M bilo je nesigifikantno više žena (42,4% vs 57,6%, n.s.).

Zaključili smo da asimptomatski ulkusni bolesnici mogu dobivati fibrinolitičku i heparinsku terapiju u liječenju akutnog infarkta miokarda bez značajnijeg rizika za pojavu H/M u odnosu na bolesnike bez ulkusne bolesti.

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Literature

1. Horvat D, Francetić I. Utjecaj fibrinolitičke i heparinske terapije u akutnom infarktu miokarda na gastrointestinalno krvarenje kod asimptomatskih bolesnika. *Liječ Vjesn.* 2009;131:119-21.

In the issue of the journal *Liječnički vjesnik* for May-June 2009¹ we published an original article entitled "The influence of fibrinolytic and heparin therapy in acute myocardial infarction upon gastrointestinal bleeding in patients with asymptomatic ulcerous disease".

We presented the results of impact of streptokinase and low molecular heparin in combination with acetylsalicylic acid and antisecretory therapy (proton pump inhibitors or H₂ receptor blockers) on asymptomatic gastrointestinal ulcer patients in treatment of acute myocardial infarction. We wanted to try to confirm the fact that such two therapies will practically not increase the frequency of hematemes/melena (H/M) in asymptomatic gastrointestinal ulcer patients. The study was carried out from 1998 till 2007 in the Coronary Care Unit of the Karlovac General Hospital. This observation research included a total number of 826 patients. The results were the following: Concerning the heparin therapy, there was neither significant increase in frequency of H/M in patients with and without ulcer disease (3.4 vs 2.8%, n.s.), nor with fibrinolytic therapy (5.9 vs 6.8%, n.s.). Further, fibrinolytic therapy expectedly causes more H/M compared with heparin therapy with gastrointestinal ulcer patients (5.9 vs 3.4%; $\chi^2 = 6.389$; $p = 0.011$), same as with patients without ulcer diseases (6.8 vs 2.8%; $\chi^2 = 6.16$; $p = 0.013$). There were insignificantly more women (42.4% vs 57.6%, n.s.) with patients with H/M.

We concluded that asymptomatic gastrointestinal ulcer patients may receive fibrinolytic and heparin therapy in treating acute myocardial infarction with no significant risk for the occurrence of H/M compared with patients without ulcer disease.