

DOPORUČENÍ PRO ANTITROMBOTICKOU LÉČBU 2024:

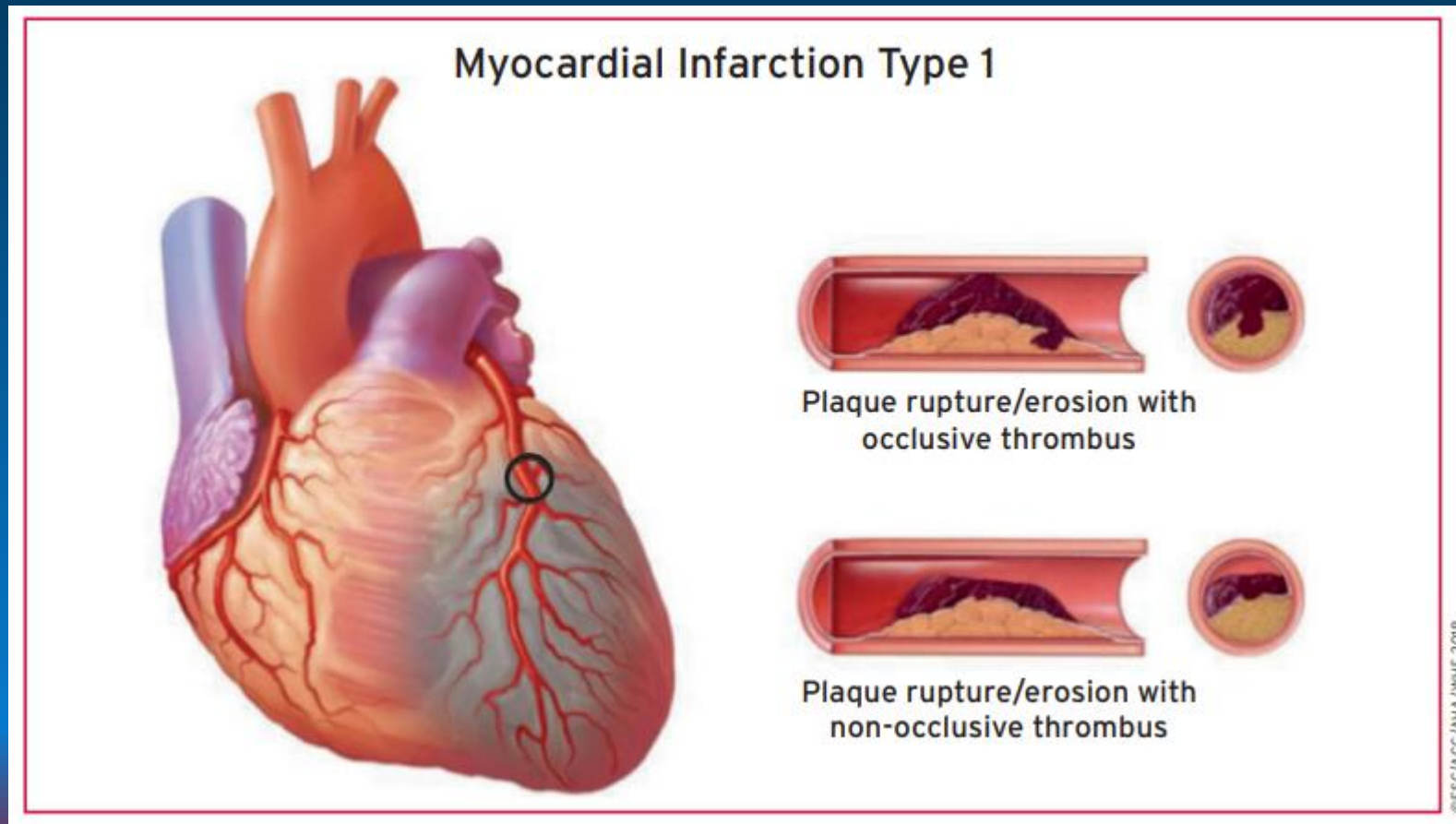
AKUTNÍ INFARKT MYOKARDU I.TYPU

Ivo Varvařovský

Kardiologické centrum Agel Pardubice

XXXII. výroční sjezd ČKS, Brno, 6.5.2024

ANTITROMBOTICKÁ LÉČBA INFARKTU MYOKARDU I.TYPU

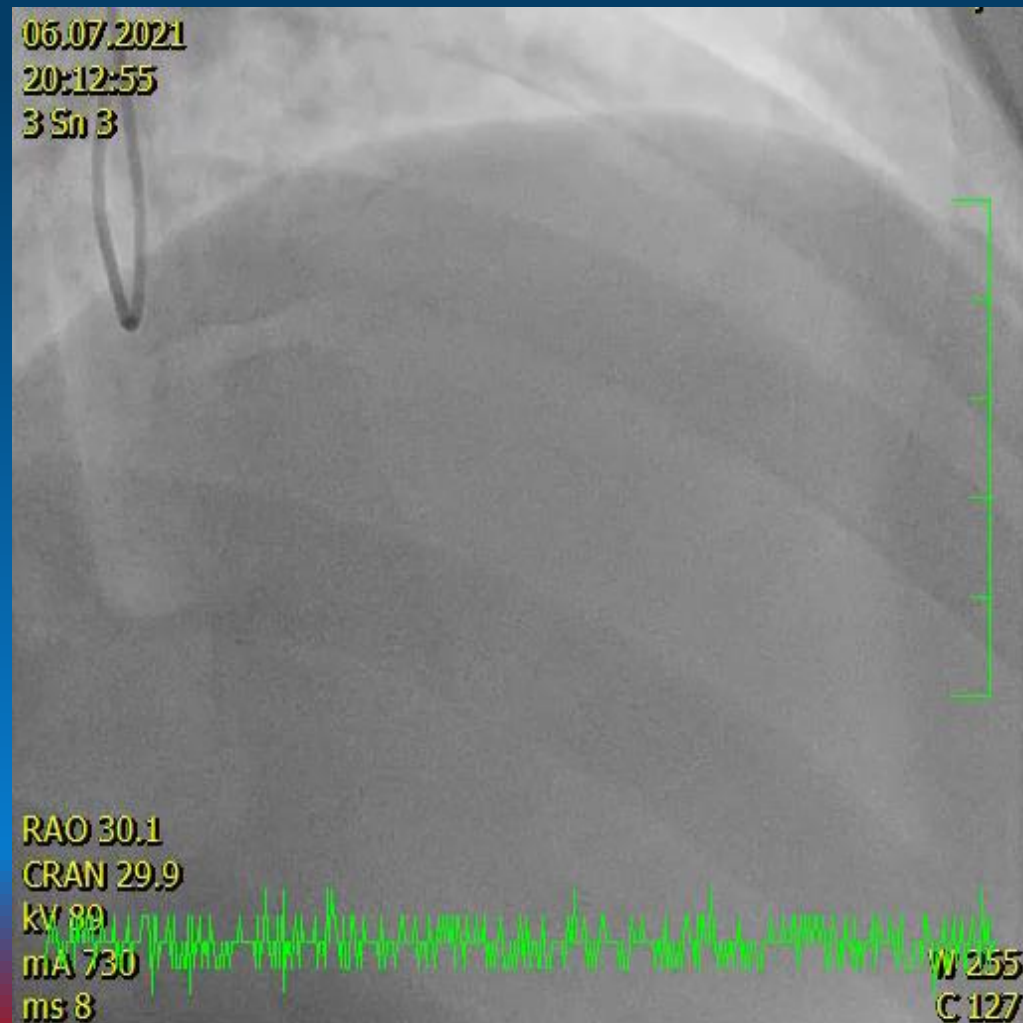


KRITERIA PRO DIAGNÓZU INFARKTU MYOKARDU 1.TYPU

vzestup a pokles hodnoty troponinu spolu s:

1. Klinické symptomy ischemie myokardu
2. Nové ischemické změny na EKG
3. Nové kmity Q na EKG
4. Nová porucha kinetiky odpovídající v povodí koronární tepny
5. Detekce **koronárního trombu** (angiografie, patologie)

ANTITROMBOTICKÁ LÉČBA INFARKTU MYOKARDU I.TYPU



ANTITROMBOTICKÁ LÉČBA INFARKTU MYOKARDU I.TYPU : **OBECNĚ**

Kyselina acetylsalicylová (ASA)

+

Inhibitor P2Y12

+

Antikoagulační lék

ANTITROMBOTICKÁ LÉČBA INFARKTU MYOKARDU I.TYPU : **INDIVIDUÁLNĚ**

Klinická manifestace (STEMI, NSTEMI)

+

Riziko krvácení (nízké, vysoké, velmi vysoké)

+

Iniciální strategie (invazivní, konzervativní)

ANTITROMBOTICKÁ LÉČBA INFARKTU MYOKARDU I.TYPU : **STEMI**

invazivní

+

ASA + heparin (UFH)

+

Po PCI volba P2Y₁₂ podle rizika krvácení po PCI

P2Y₁₂ PŘI LÉČBĚ STEMI PRIMÁRNÍ PCI: SILNÉ P.O.INHIBITORY

Infarct size following loading with Ticagrelor/Prasugrel versus Clopidogrel in ST-segment elevation myocardial infarction

Muhammad Sabbah^{a,*}, Lars Nepper-Christensen^{a,1}, Lars Køber^{a,1}, Dan Eik Høfsten^{a,1},

10

M. Sabbah et al. / International Journal of Cardiology 314 (2020) 7–12

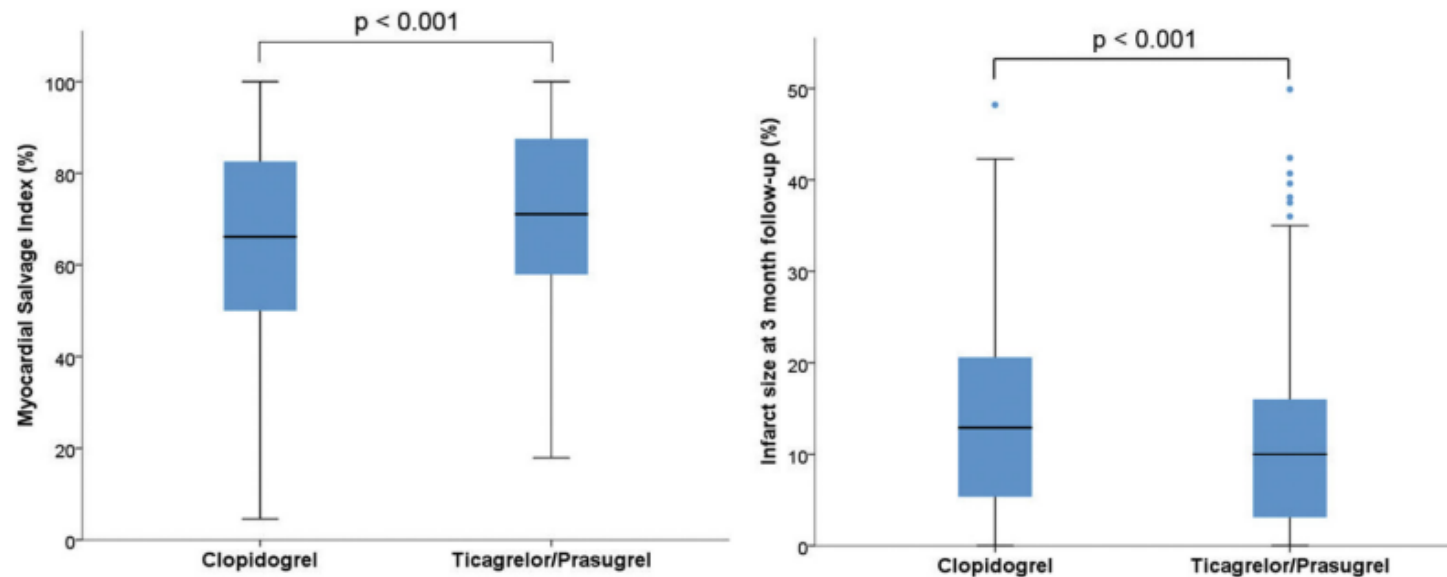


Fig. 2. Infarct size and myocardial salvage index at three-month follow-up according to anti-platelet treatment. Legend: Median, interquartile and total range of myocardial salvage index (left) and infarct size (right) according to treatment group (Clopidogrel vs Ticagrelor). There was a significant difference between treatment groups (Ticagrelor/Prasugrel vs Clopidogrel) for both infarct size and myocardial salvage index, $p < 0.001$ (see text for details).

PRASUGREL PŘI STEMI : ROZDRČENÝ NEBO VCELKU ?

ORIGINAL RESEARCH

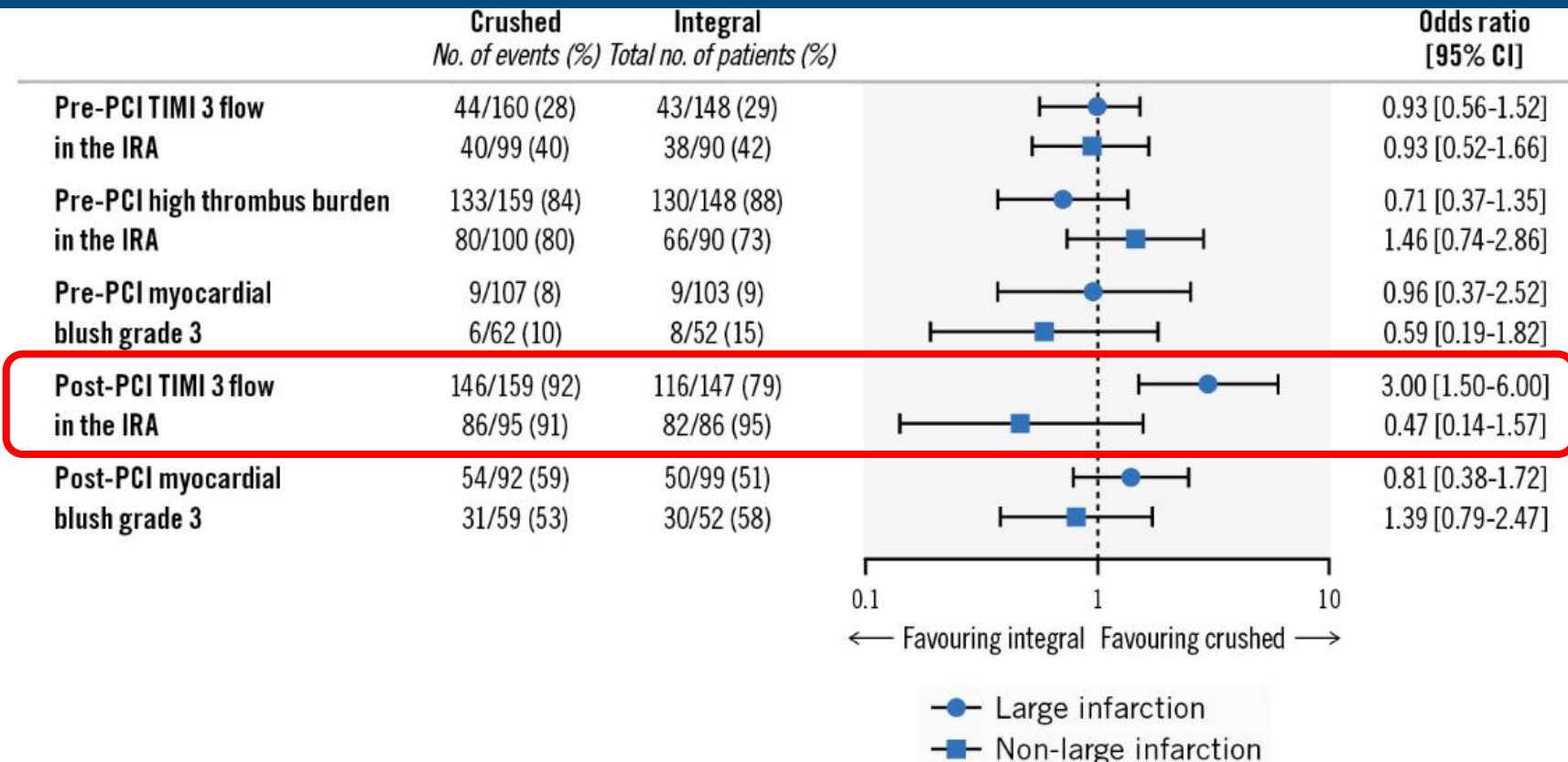
DOI: 10.4244/EIJ-D-23-00618

Prehospital crushed versus integral prasugrel loading dose in STEMI patients with a large myocardial area

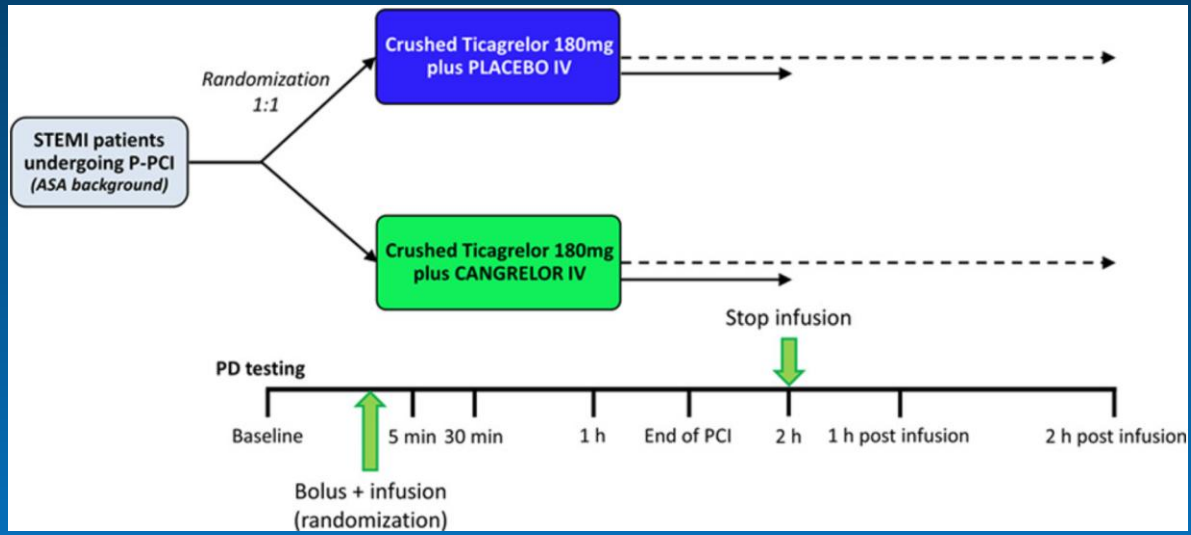
EuroIntervention

2024;20:e436-e444

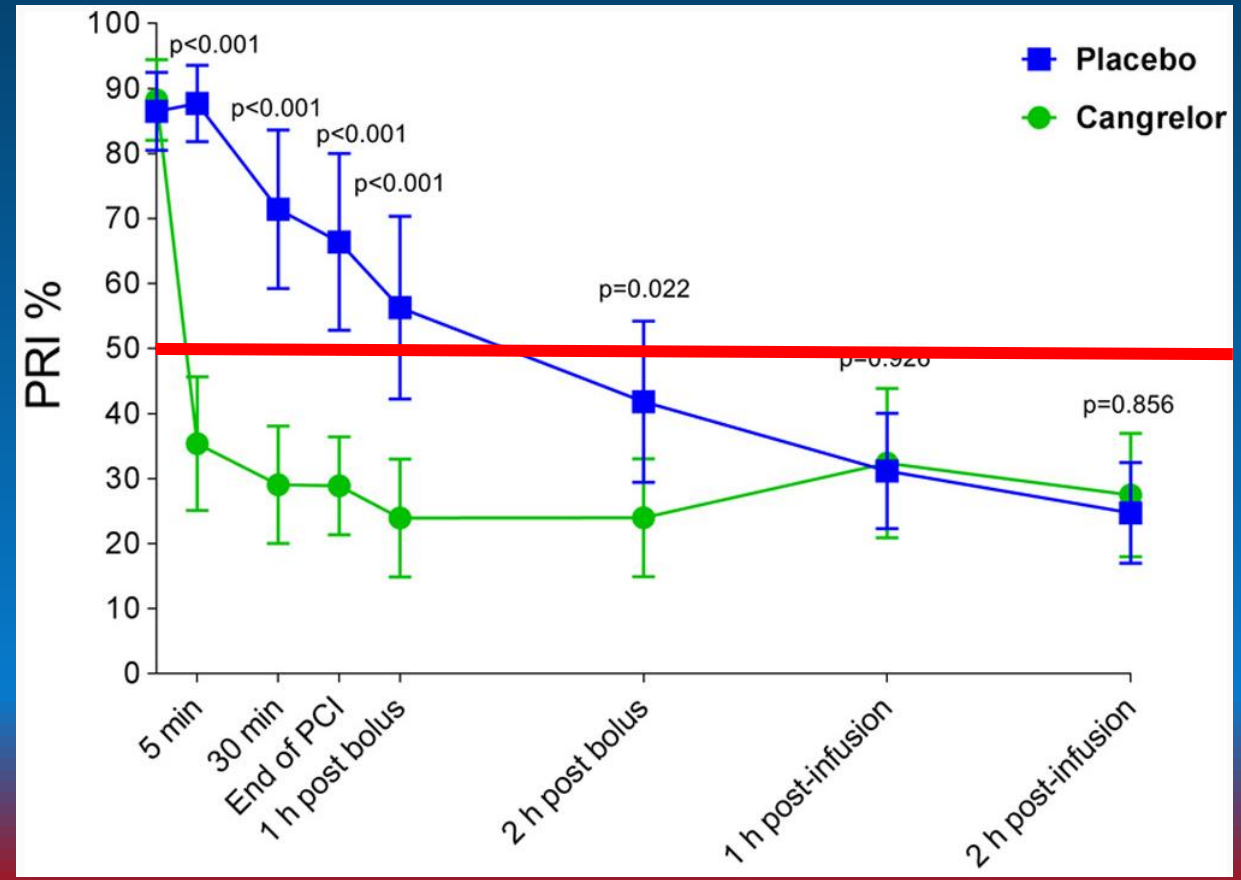
Jeroen M. Wilschut¹, MD; Rosanne F. Vogel^{2,3}, MD; Jacob J. Elscot¹, BSc; Ronak Delewi³, MD, PhD; published online e-edition April 2024



CANGRELOR : SROVNÁNÍ SE SILNÝMI INHIBITORY P2Y₁₂ (CANTIC STUDY)



Circulation. 2019;139:1661-1670



ANTITROMBOTICKÁ LÉČBA INFARKTU MYOKARDU I.TYPU : **NSTEMI**

časně invazivní (do 24 hodin)

+

ASA + heparin (UFH) / LMWH

+

Po PCI volba P2Y₁₂ podle rizika krvácení po PCI

ANTITROMBOTICKÁ LÉČBA INFARKTU MYOKARDU I.TYPU : **NSTEMI**

časně konzervativní (SKG za více než 24 hodin)

+

ASA + LMWH / fondaparinux

+

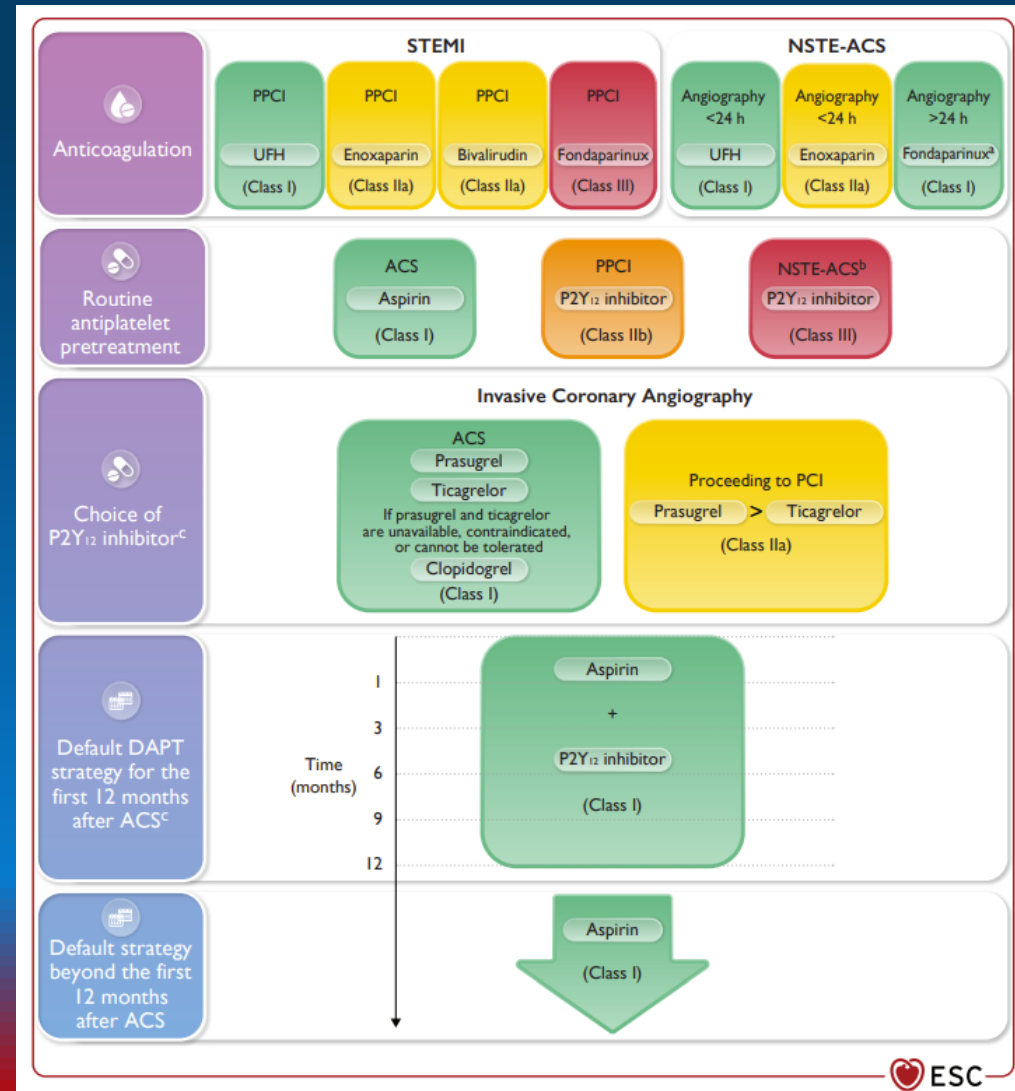
P2Y₁₂ podle rizika krvácení (T nebo C)

ANTITROMBOTICKÁ LÉČBA INFARKTU MYOKARDU I.TYPU

ANTIKOAGULAČNÍ LÉKY

II. Anticoagulant drugs	
UFH	Initial treatment: i.v. bolus 70–100 U/kg followed by i.v. infusion titrated to achieve an aPTT of 60–80 s. During PCI: 70–100 U/kg i.v. bolus or according to ACT in case of UFH pre-treatment.
Enoxaparin	Initial treatment: for treatment of ACS 1 mg/kg b.i.d. subcutaneously for a minimum of 2 days and continued until clinical stabilization. In patients whose CrCl is below 30 mL per minute (by Cockcroft–Gault equation), the enoxaparin dosage should be reduced to 1 mg per kg o.d. During PCI: for patients managed with PCI, if the last dose of enoxaparin was given less than 8 h before balloon inflation, no additional dosing is needed. If the last s.c. administration was given more than 8 h before balloon inflation, an i.v. bolus of 0.3 mg/kg enoxaparin sodium should be administered.
Bivalirudin	During PPCI: 0.75 mg/kg i.v. bolus followed by i.v. infusion of 1.75 mg/kg/h for 4 h after the procedure. In patients whose CrCl is below 30 mL/min (by Cockcroft–Gault equation), maintenance infusion should be reduced to 1 mg/kg/h.
Fondaparinux	Initial treatment: 2.5 mg/d subcutaneously. During PCI: A single bolus of UFH is recommended. Avoid if CrCl <20 mL/min.

ANTITROMBOTICKÁ LÉČBA INFARKTU MYOKARDU I.TYPU : SOUHRN



ANTITROMBOTICKÁ LÉČBA INFARKTU MYOKARDU I.TYPU

