

ONCOLOGY AND BIOMARKERS SUMMIT

November 27-28, 2017 | Atlanta, USA

Discussion on the value of combined hs-TnT and NT-proBNP with ultra-window stable of STEMI patient's risk of stratification and prognosis in direct percutaneous coronary intervention

Lao Yi

Sun Yat-sen University, China

Objective: The objective of this study was to investigate the value of hs-TnT and NT-proBNP levels in predicting the stratification and prognosis risk of patients with STEMI undergoing percutaneous coronary intervention directly.

Method: Eighty-six patients with STEMI were divided into four groups according to hs-TnT and NT-proBNP levels. Group A: TNT \leq 1 ng/L, BNP $>$ 1800 ng/L, 22 patients. Group B: TNT \leq 1 ng/L, BNP \leq 1800 ng/L, 21 patients. Group C: TNT $>$ 1 ng / L, BNP $>$ 1800 ng/L, 24 patients. Group D: TNT $>$ 1 ng/L, BNP \leq 1800 ng/L, 19 patients. Every group has carried out Percutaneous Coronary Intervention (PCI) immediately after admission into hospital and followed up for 30 days. The cardiac death of patients in each group was compared with hospitalization and within 30 days. The onset of MACE (Major Advance Cardiovascular Events) within 30 days, the changes of LVEF and left ventricular shortening (FS) about emergency PCI treatment immediately after surgery 7 days and 30 days should be collected.

Results: One patient (1/22, 4.5%) was died in Group A, no patient was died in Group B, 3 patients (3/24, 12.5%) was died in Group C and 1 patient (1/19, 5.3%) was died in Group D. 12 patients (12/22, 54.5%) were occurred MACE in Group A, 1 patient (1/21, 4.8%) was in Group B, 19 patients (19/22, 86.4%) were in Group C and 4 patients (4/19, 21.2%) were in Group D during hospitalization. 1 patients (1/21, 4.8%) in were occurred MACE in Group A, 1 patient (1/21, 4.8%) was

in Group B, 8 patients (8/22, 36.4%) were in Group C and 3 patients (3/18, 16.7%) were in Group D and followed up for 30 days. Compared with other groups, the level of LVEF and FS were the lowest (46 ± 0.10 , 23.33 ± 5.68 , $p=0.001$) after the surgery immediately and the level of LVEF (0.09 ± 0.09 ($p=0.003$), 0.09 ± 0.08 ($p=0.000$)) within 7 days and 30 days were significantly improved in Group A. The level of LVEF and FS were the highest (60 ± 0.08 , 32.16 ± 5.85 , $p=0.001$) within 30 days in Group B, which was higher than after the surgery immediately (0.05 ± 0.06). The level of LVEF and FS were the lowest (48 ± 0.11 , 24.41 ± 5.13) within 30 days in Group C, which were decreased significantly (-0.03 ± 0.10 , $p=0.000$) after the surgery immediately. In Group D, the level of LVEF and FS (55 ± 0.07) were lower slightly within 30 days than after surgery immediately.

Conclusion: Cast aside the limit of different time when ultra-window stable STEMI patients seek treatment. Based on the level of hs-TnT and NT-proBNP risk stratification, both the patients of low level of hs-TnT and NT-proBNP and low level of hs-TnT and high level of NT-proBNP can benefit more from emergency PCI treatment. The above situation was possible to break the STEMI guidelines defined that the window time of treatment in the emergency PCI. The concept and strategies of the STEMI treatment should be optimized and improve the prognosis of patients and the overall level of STEMI treatment.

e: yilaoyilao@126.com