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CLINICAL CHARACTERISTICS OF 53 CASES OF NON-ST-SEGMENT ELEVATION ACUTE MYOCARDIAL INFARCTION

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Objectives To explore the clinical features of non-ST-segment elevated acute myocardial infarction.

Methods The differences between non-ST-segment elevation group (group A) and ST-segment elevation group (group B) were compared, such as risk factors of coronary heart disease, clinical presentation and prognosis (angina pectoris during peri-infarction period, infarct extension or reinfarction, cardiac pump failure, incidence of atrial fibrillation and ventricular arrhythmias, and hospital mortality within 4 week), peak serum myocardial enzymes and the results of coronary angiography.

Results No significant differences were found in risk factors of coronary heart disease, infarct extension or rein fraction ($p>0.05$). The incidence of angina pectoris during peri-infarction period in group A was higher than that in group B, but cardiac pump failure, incidence of atrial fibrillation and ventricular arrhythmias, and hospital mortality within 4 week were lower than that in group B ($p<0.05$). Serum myocardial enzymes reached the peak after (14.2 ± 2.6) h in group A and (23.6 ± 15.6) h in group B ($p<0.05$). Significant differences were found in incidence of multi-vessel lesions (81.1% vs 38.2%, $p<0.05$) and single-vessel lesion (18.9% vs 61.8%, $p<0.05$) by Coronary angiography between group A and group B.

Conclusions Clinical symptoms are often mild and hospital complication rate is often lower in patients with non-ST-segment elevated

acute myocardial infarction. But because of its more multi-vessel lesions and severe underlying diseases, so its long-term prognosis is poor. Intravenous or intracoronary thrombolysis is often not beneficial. Percutaneous transluminal coronary angioplasty or coronary artery bypass grafting is the best choice to improve the long-term prognosis.