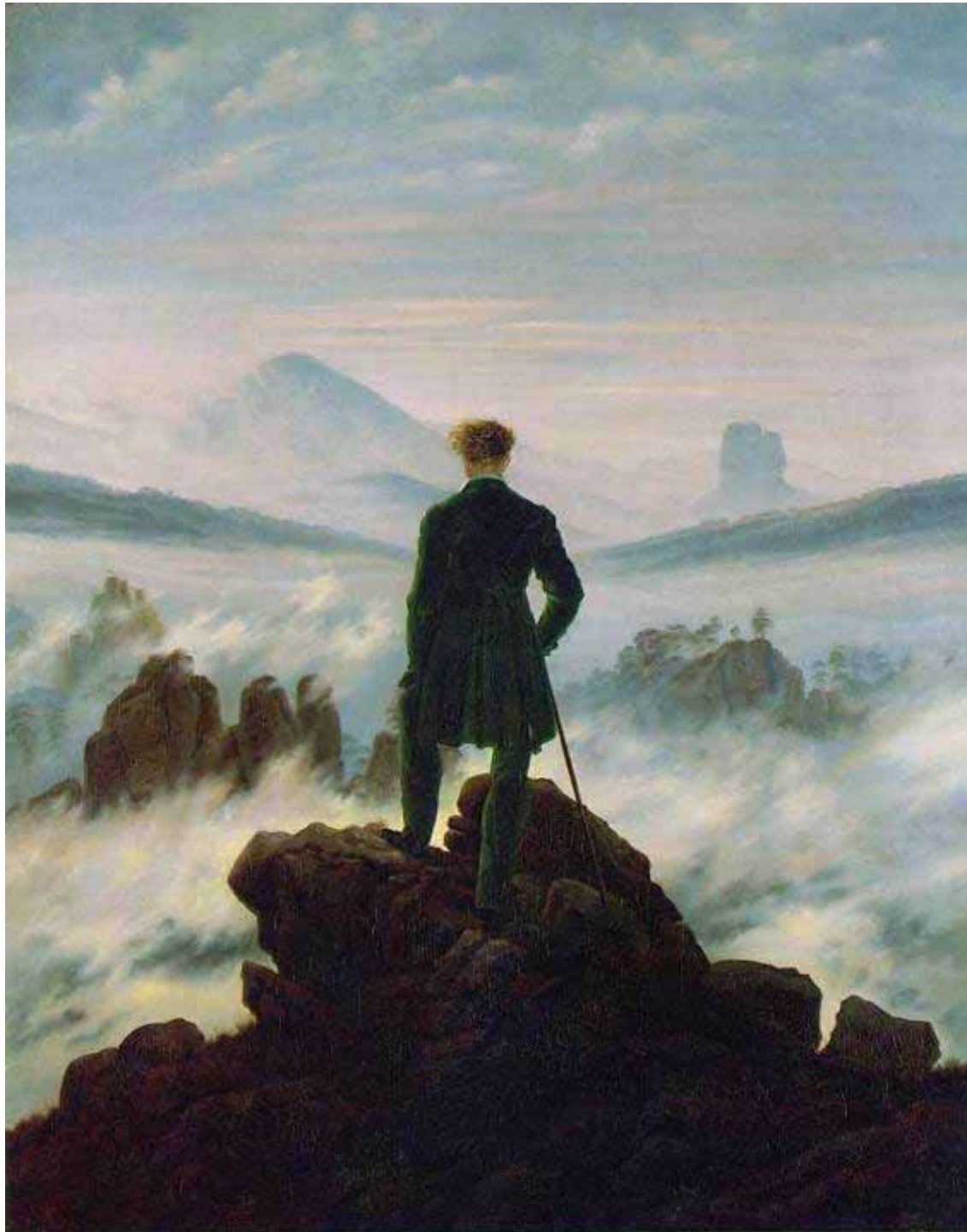


# Aktuelle Therapie des akuten Koronarsyndroms

**Peter W. Radke**

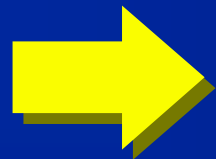
*Medizinische Klinik II  
Universitätsklinikum Schleswig-Holstein  
Campus Lübeck*

*24. Bielefelder Seminar über aktuelle Fragen in der Kardiologie  
3. Februar 2007*

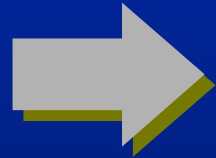


**Caspar David Friedrich, 1818**  
*Der Wanderer über dem*  
*Nebelmeer*  
**Kunsthalle Hamburg**

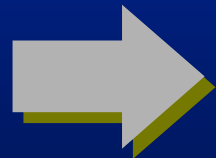
# Akutes Koronarsyndrom



**Leitlinien**



**Medikation**



**Strategie**



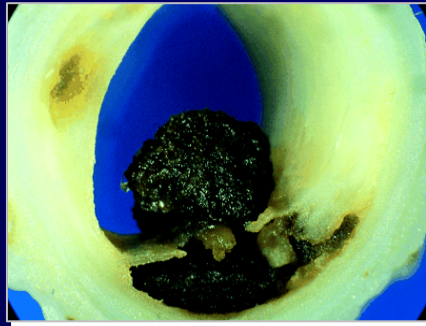
**Synopsis**

**Präsentation**

**Thorakaler Schmerz**

**Arbeits Dx**

**Akutes Koronarsyndrom**



**EKG**

**keine ST Elevation**

**ST Elevation**

**neg**

**pos**

**Troponin**

**Instabile Angina**

**NSTEMI**

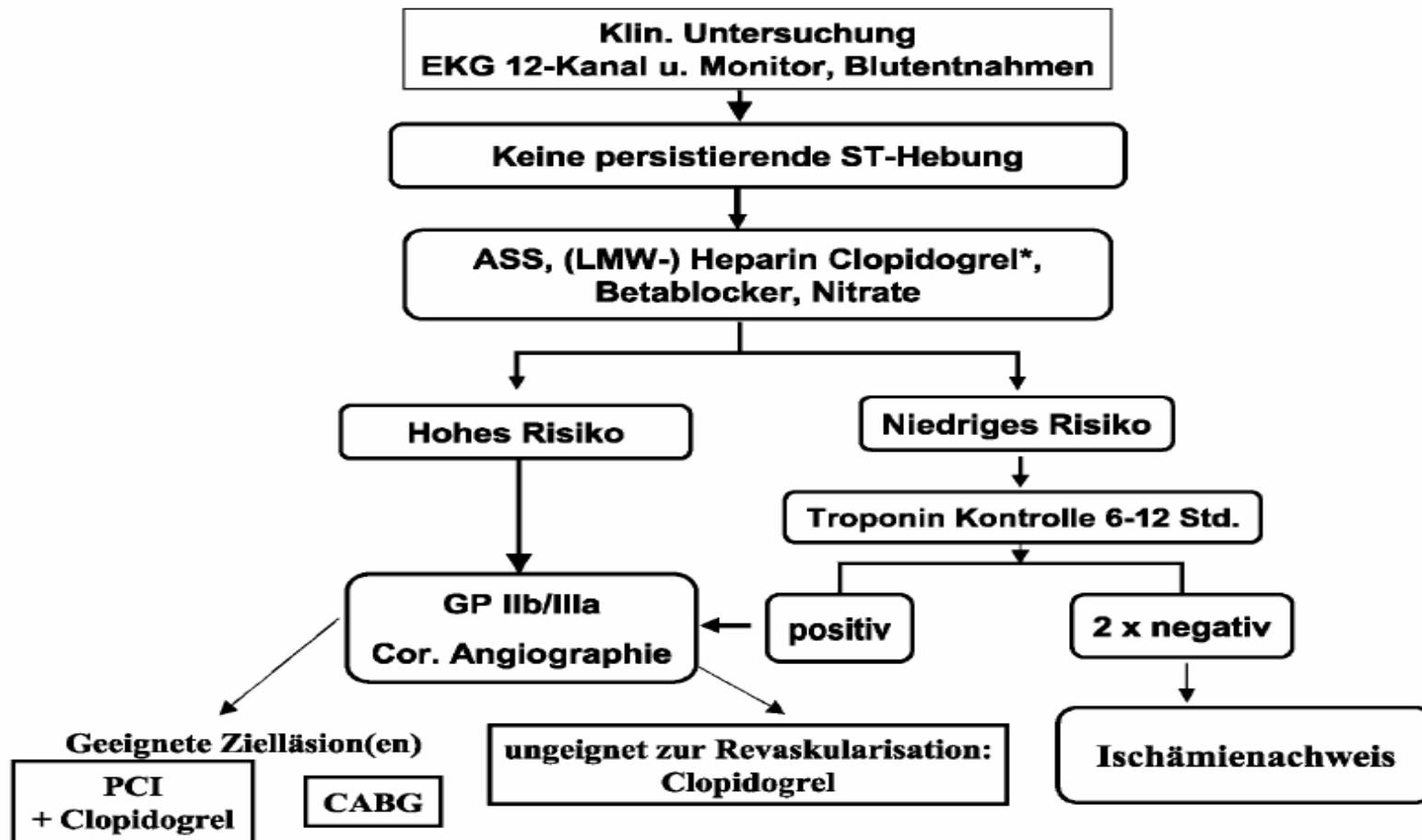
**STEMI**

**Finale Dx**

# Leitlinien DGK 2004

## Akutes Koronarsyndrom ohne ST-Elevation

### Klinischer Verdacht: Akutes Koronarsyndrom

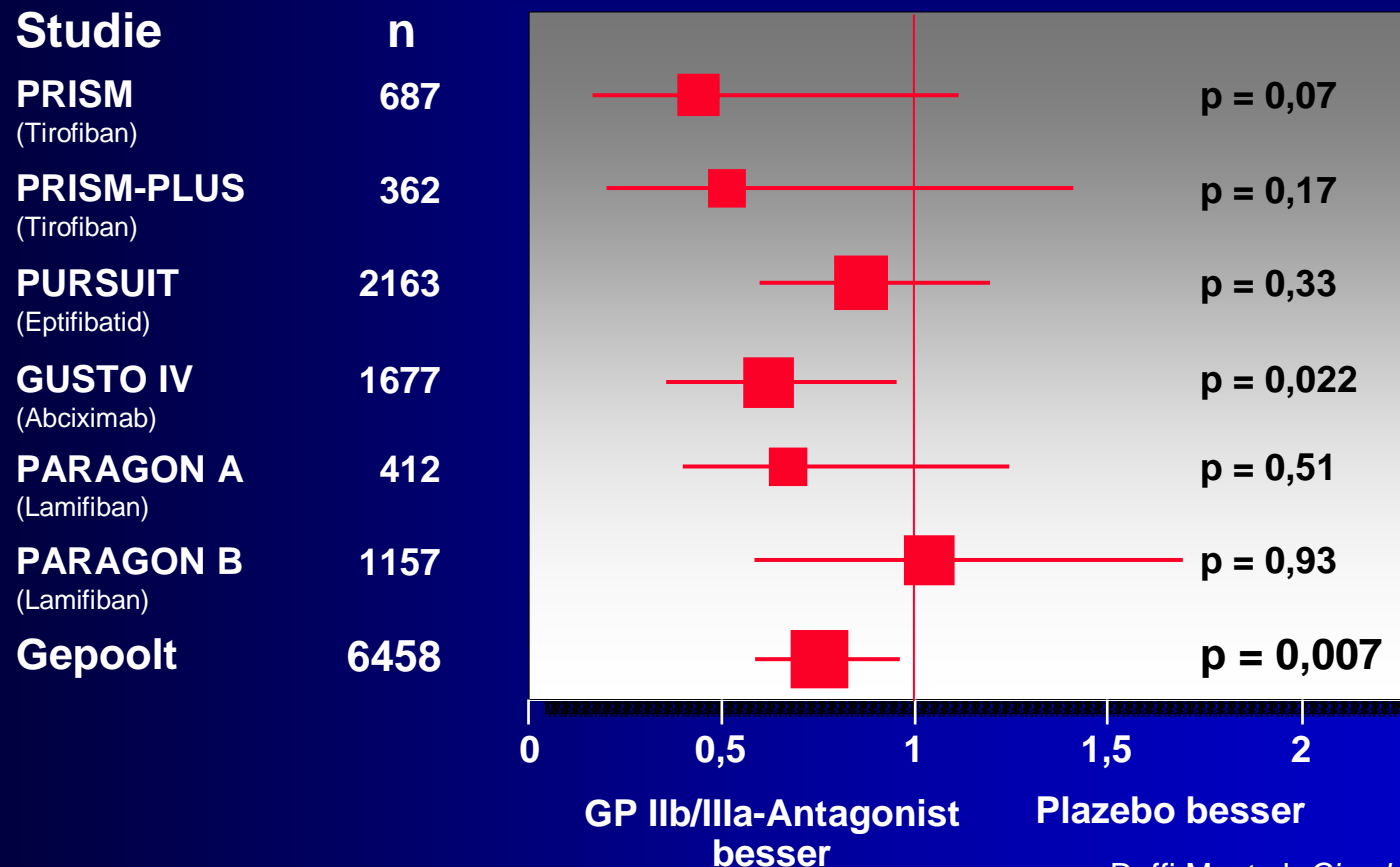


# Diabetes und akutes Koronarsyndrom

## GP IIb/IIIa-Antagonisten

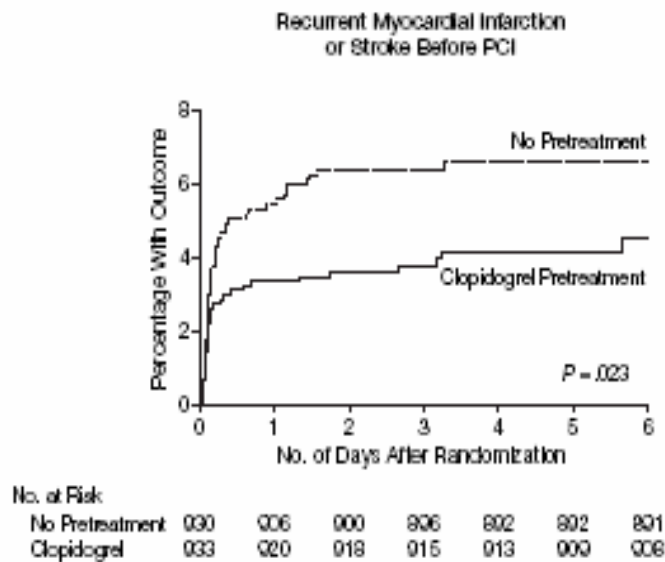
### Mortalität am Tag 30

Risikoreduktion (95% CI)

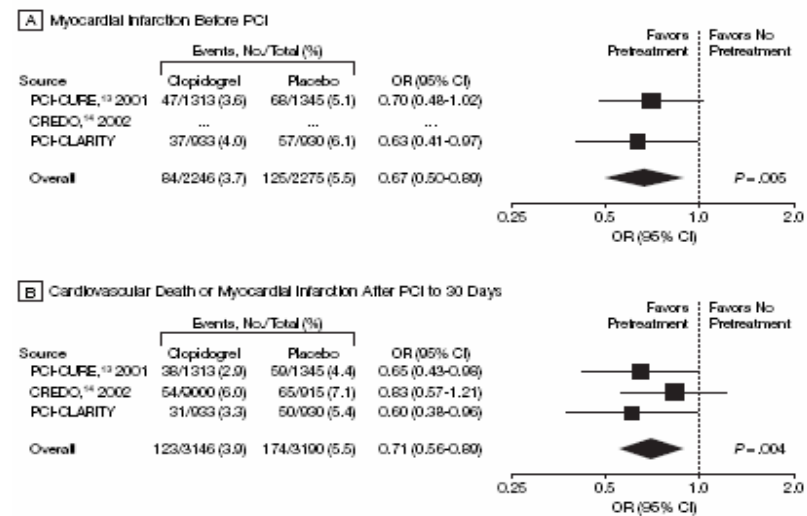


# Effect of Clopidogrel Pretreatment Before Percutaneous Coronary Intervention in Patients With ST-Elevation Myocardial Infarction Treated With Fibrinolytics

## The PCI-CLARITY Study



**Figure 4.** Meta-analysis of Clopidogrel Pretreatment in Percutaneous Coronary Intervention (PCI)

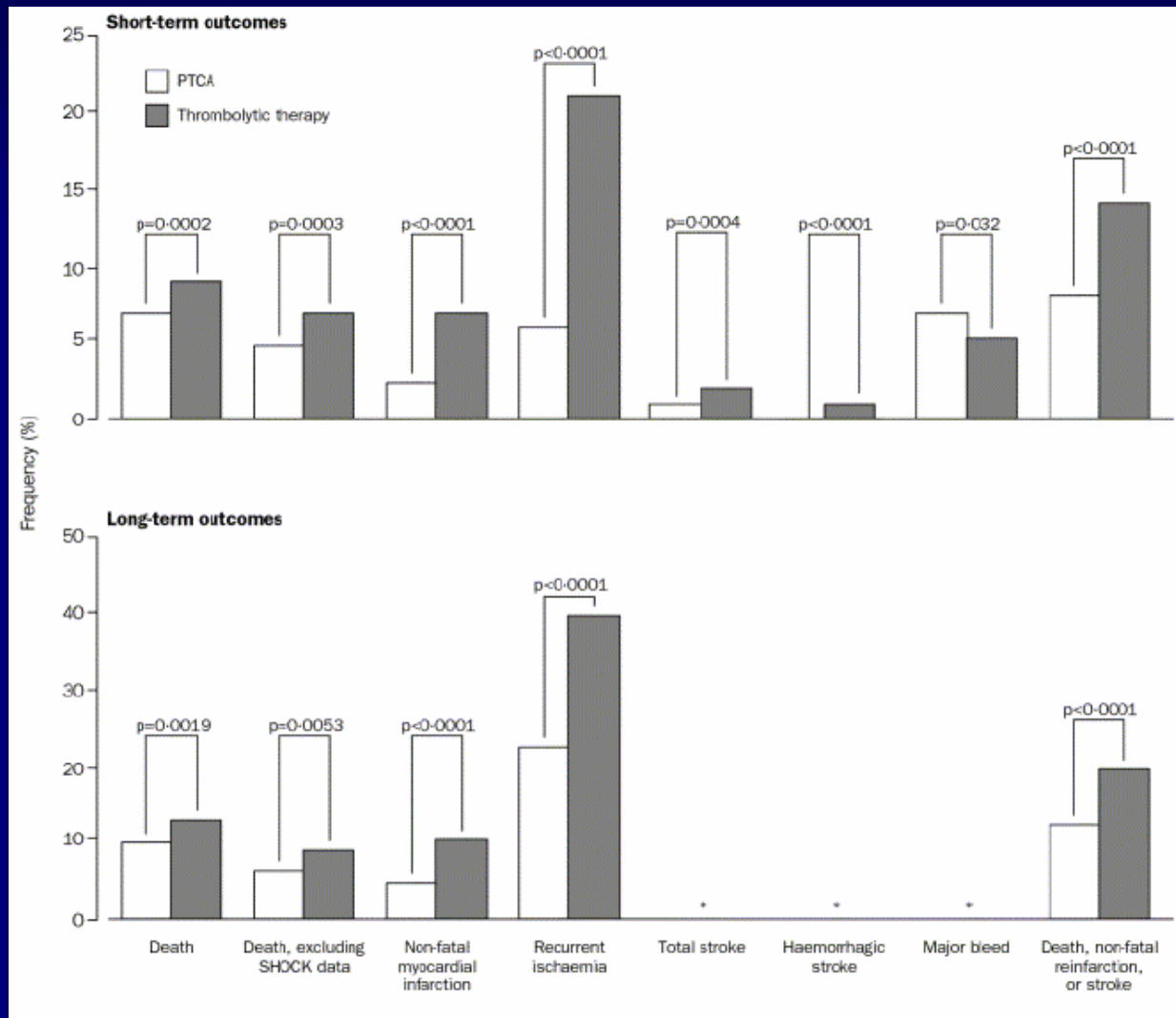


# ST Elevations Myokardinfarkt

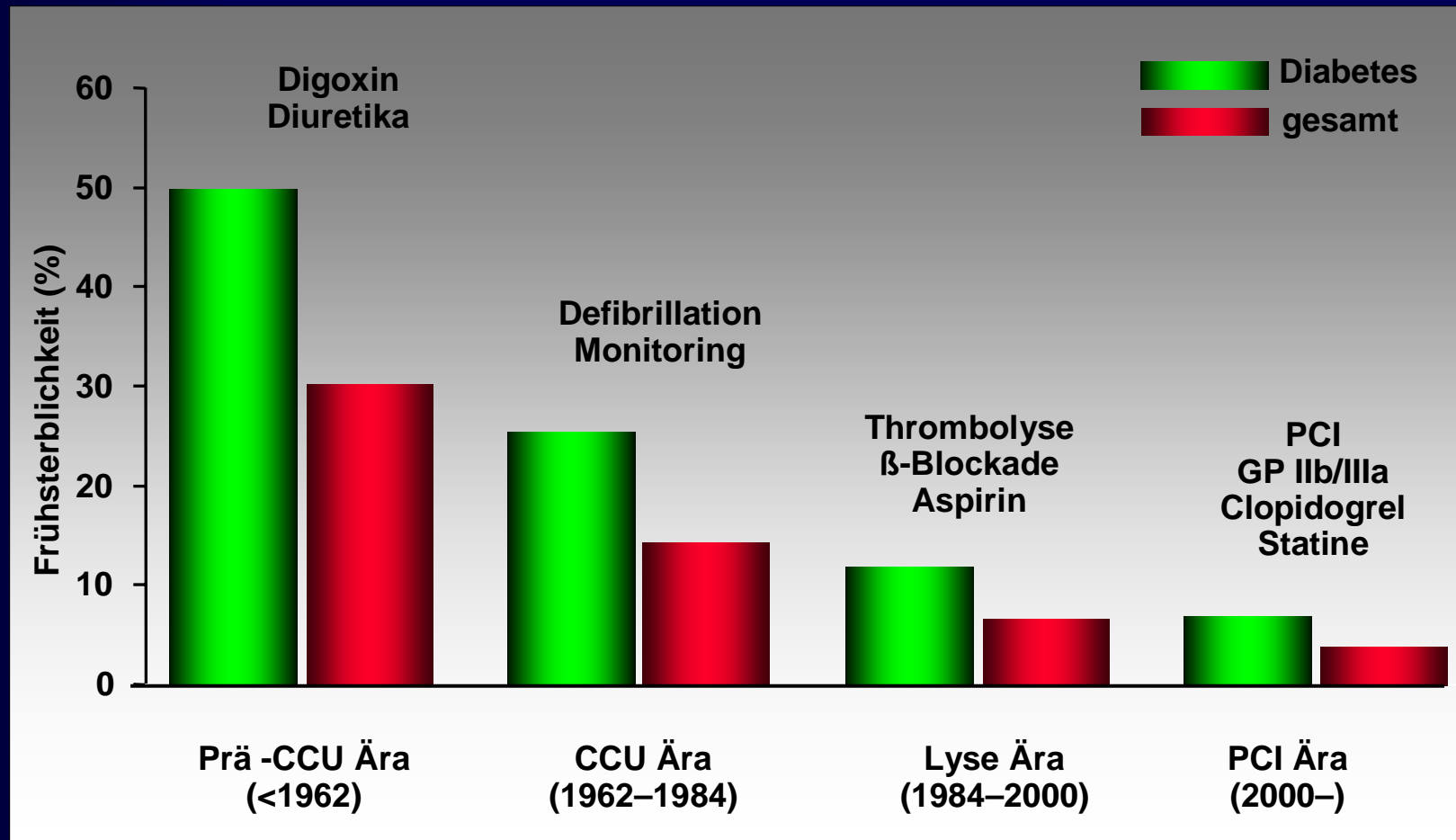
## Primäre PTCA versus Lysetherapie

1000 primäre Interventionen führen im Vergleich zur Lysetherapie zu:

20 geretteten Leben  
43 verhinderten Re-Infarkten  
15 verhinderten intrakraniellen Blutungen

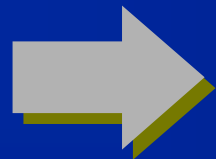


# Infarktbehandlung und Diabetes

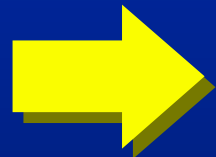


adaptiert Braunwald E. *N Engl J Med.* 1997;337:1361

# Akutes Koronarsyndrom



**Leitlinien**



**Medikation**



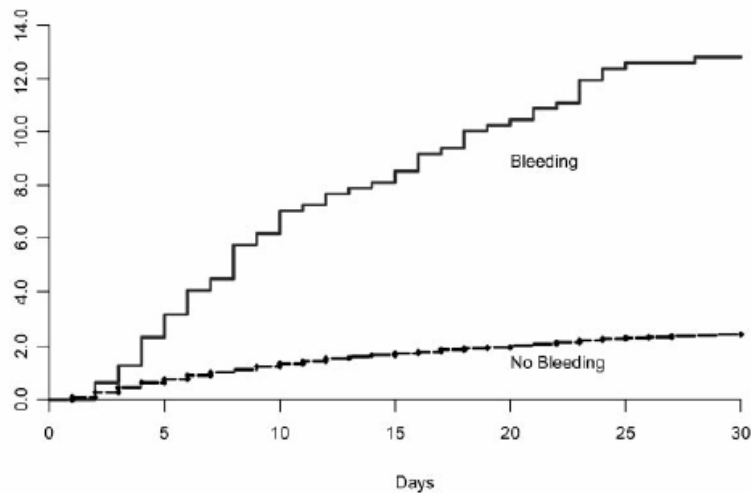
**Strategie**



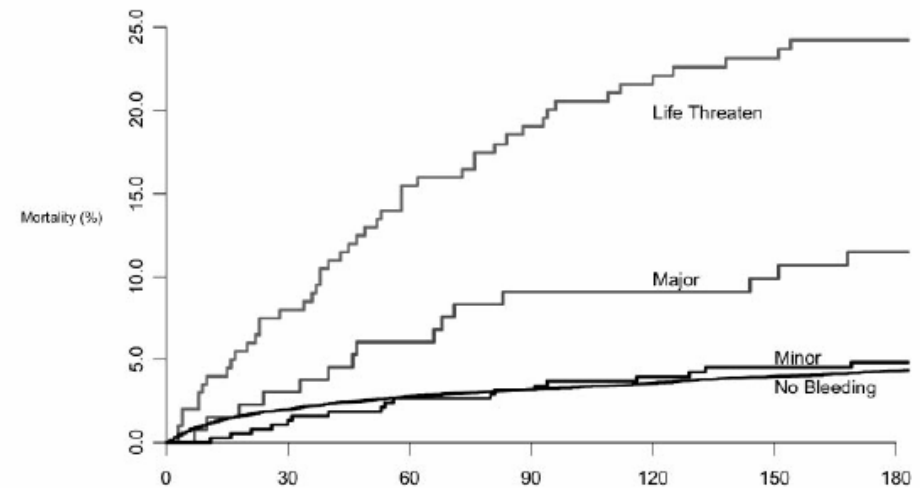
**Synopsis**

# Blutungskomplikationen und Mortalität

n=34146 Patienten (OASIS, CURE)



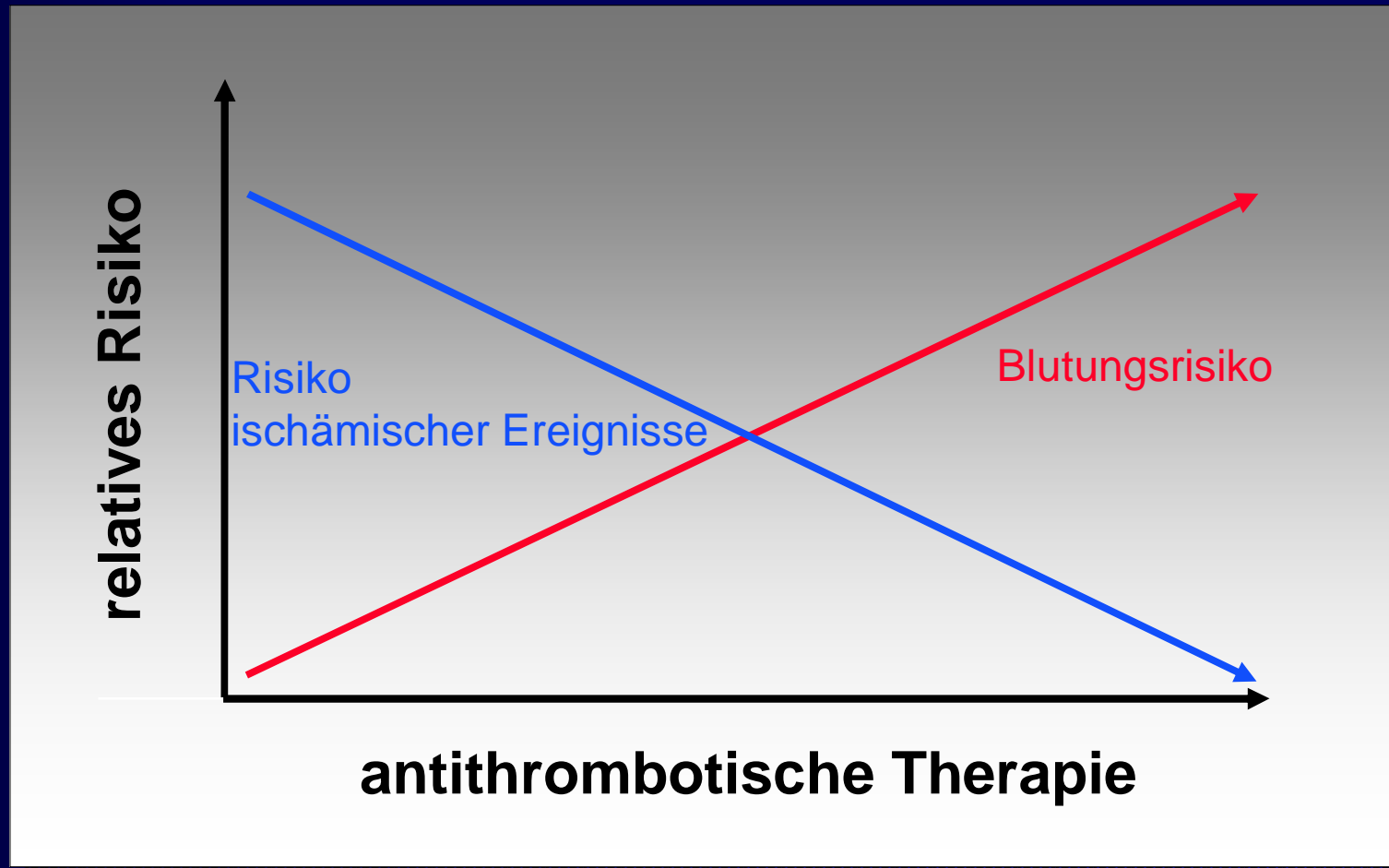
**Mortalität (%) über 30 Tage**



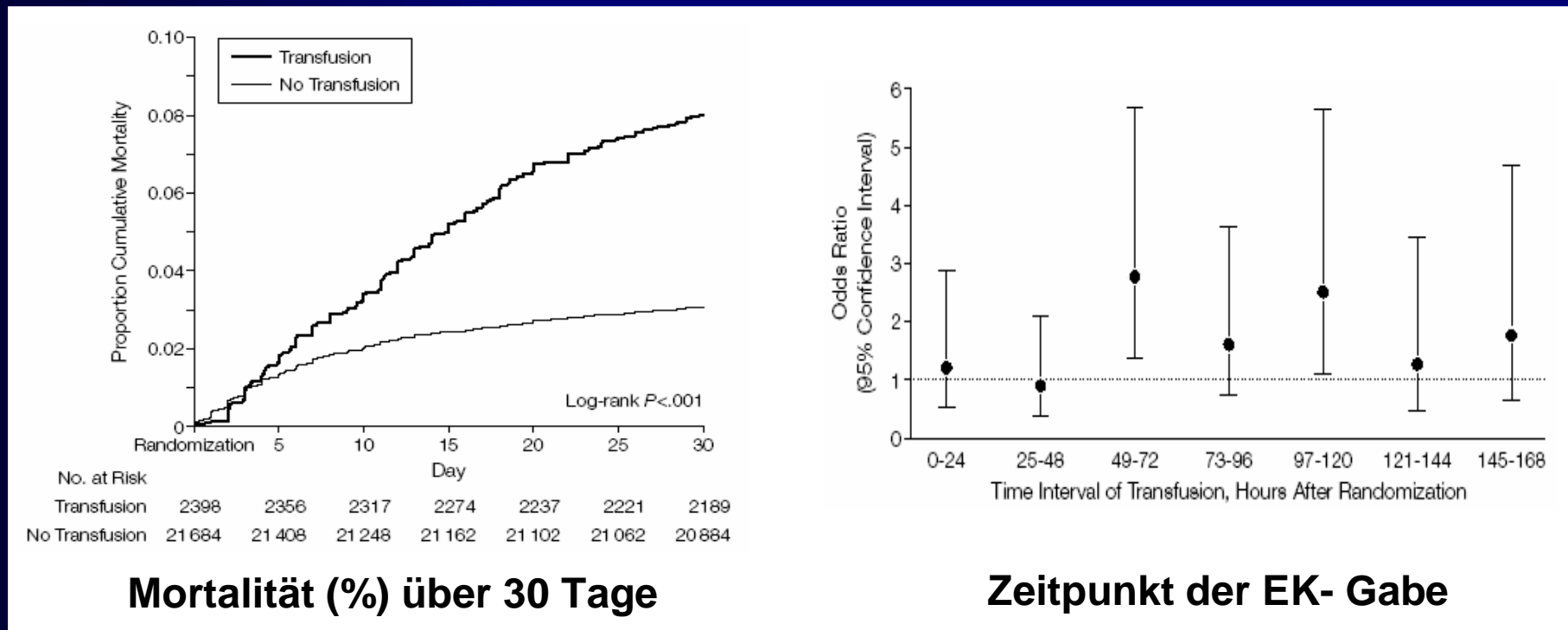
**Mortalität (%) über 6 Monate**

# Nutzen- Risiko Verhältnis

## Therapie des akuten Koronarsyndroms

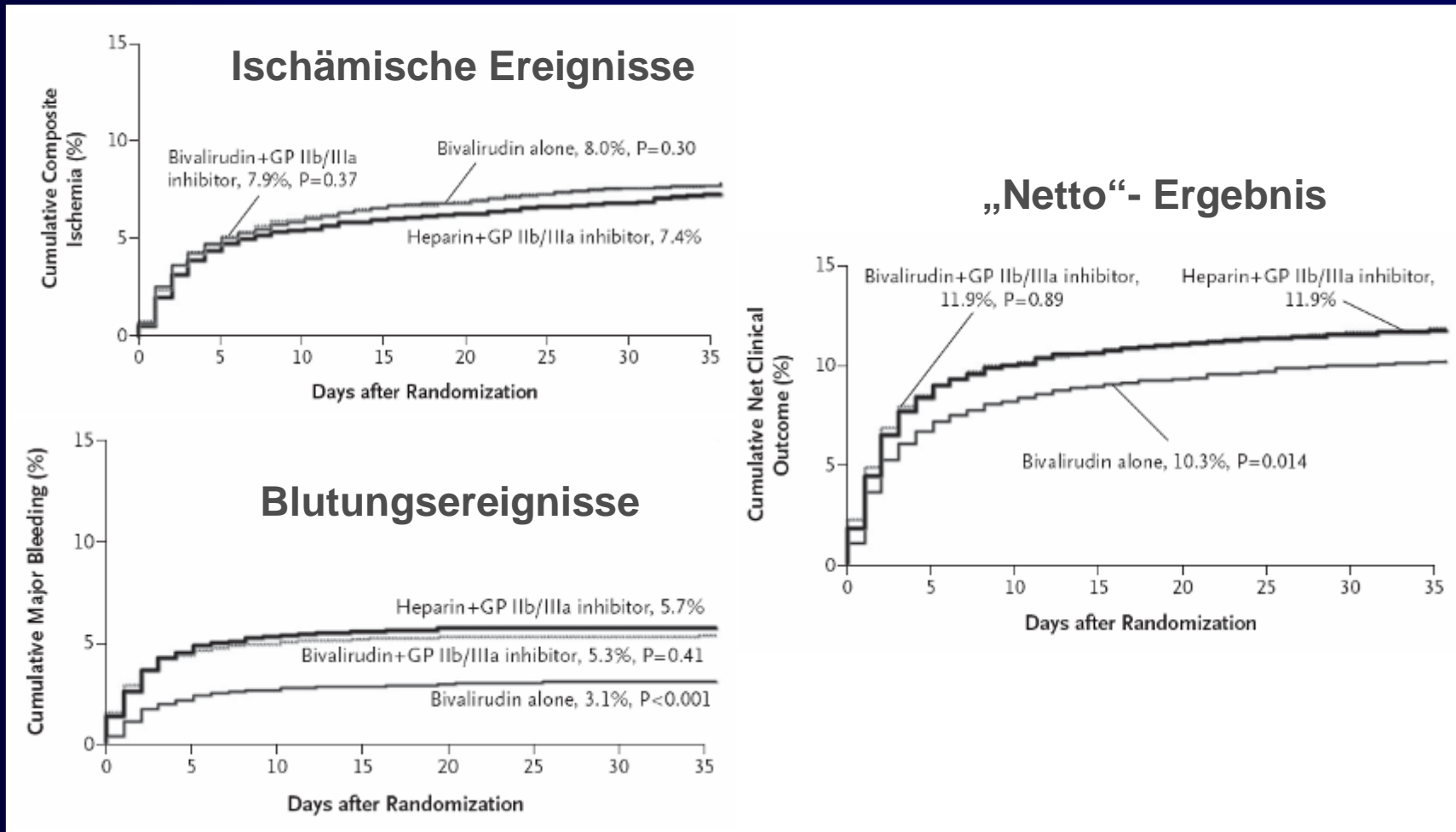


# Bluttransfusion und Mortalität bei Myokardinfarkt



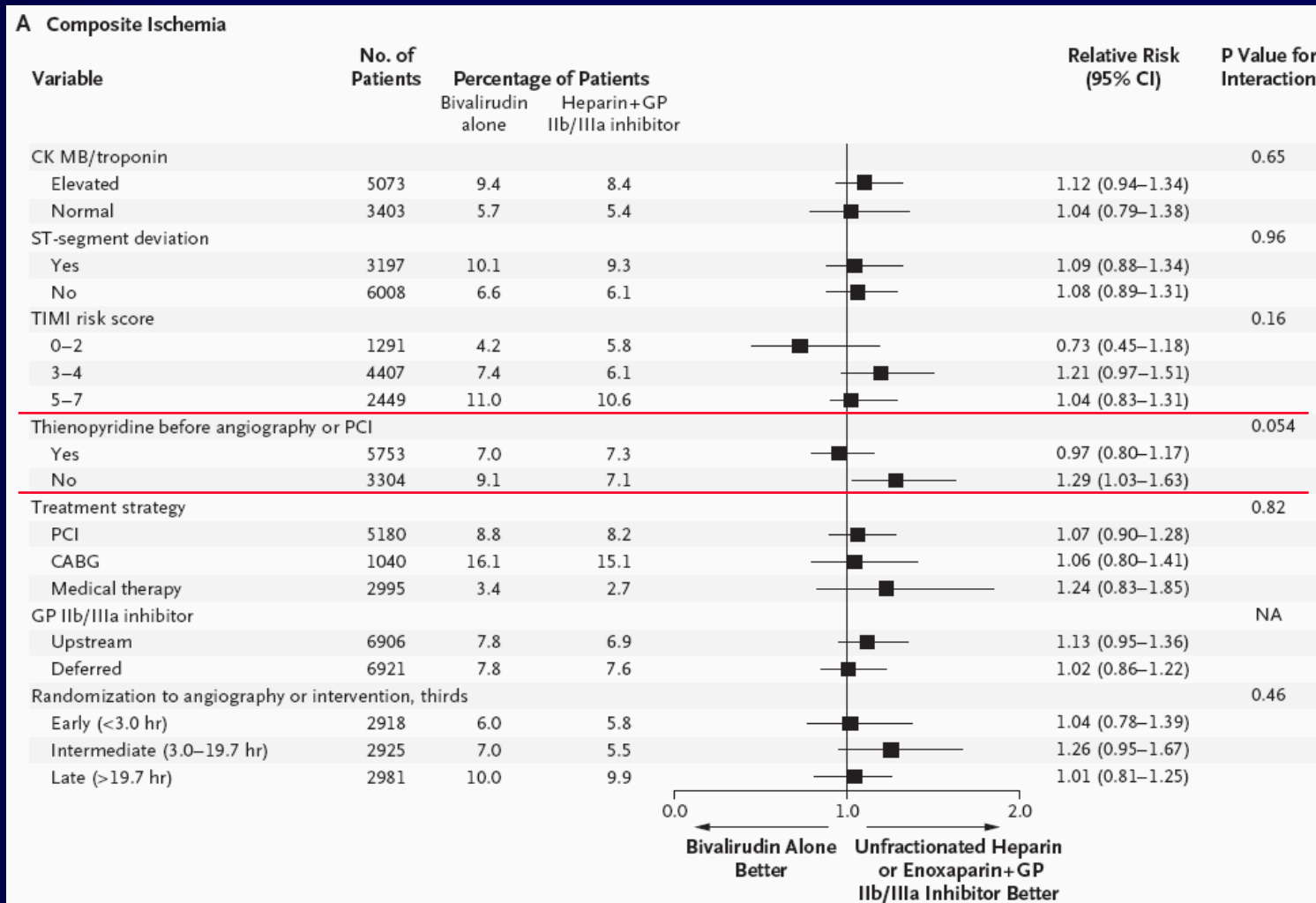
# ACUITY

## kombinierter ischämischer Endpunkt



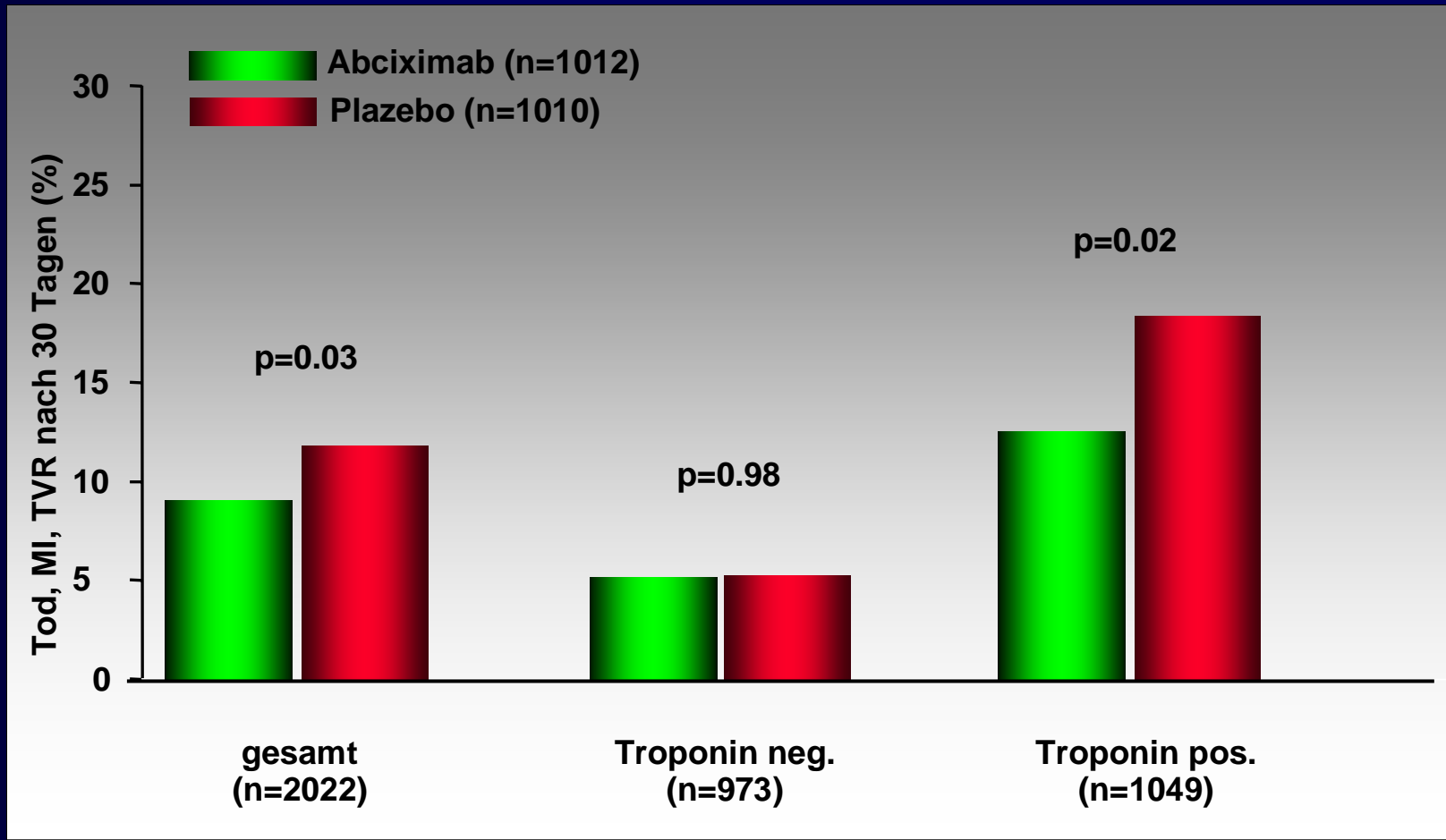
# ACUITY

## kombinierter ischämischer Endpunkt

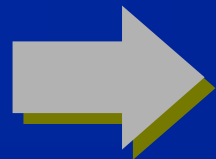


# ISAR-REACT 2 Studie

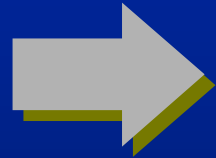
## Clopidogrel Vorbehandlung bei NSE-ACS



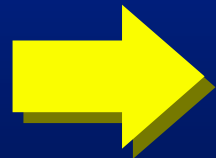
# Akutes Koronarsyndrom



**Leitlinien**



**Medikation**



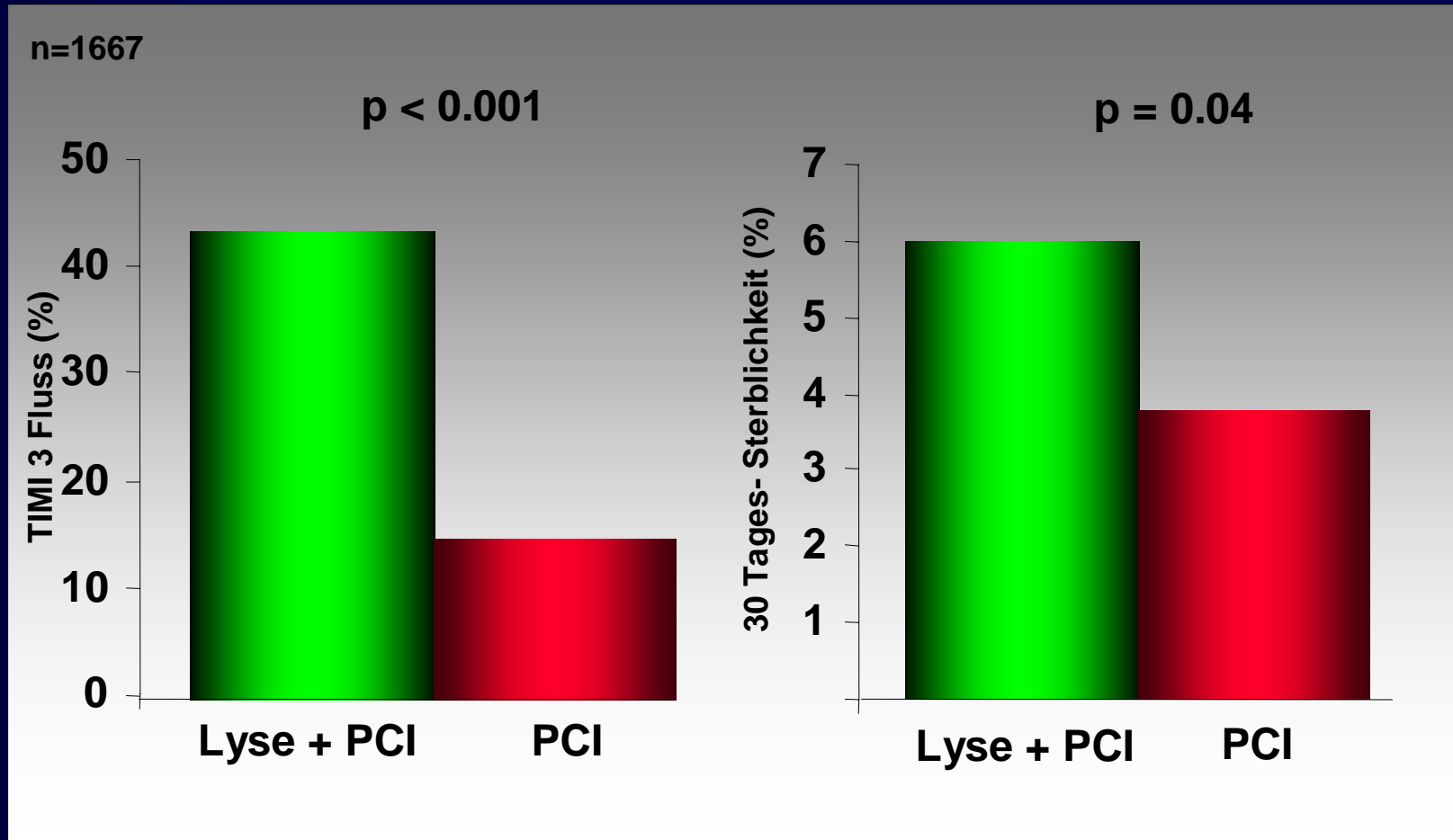
**Strategie**



**Synopsis**

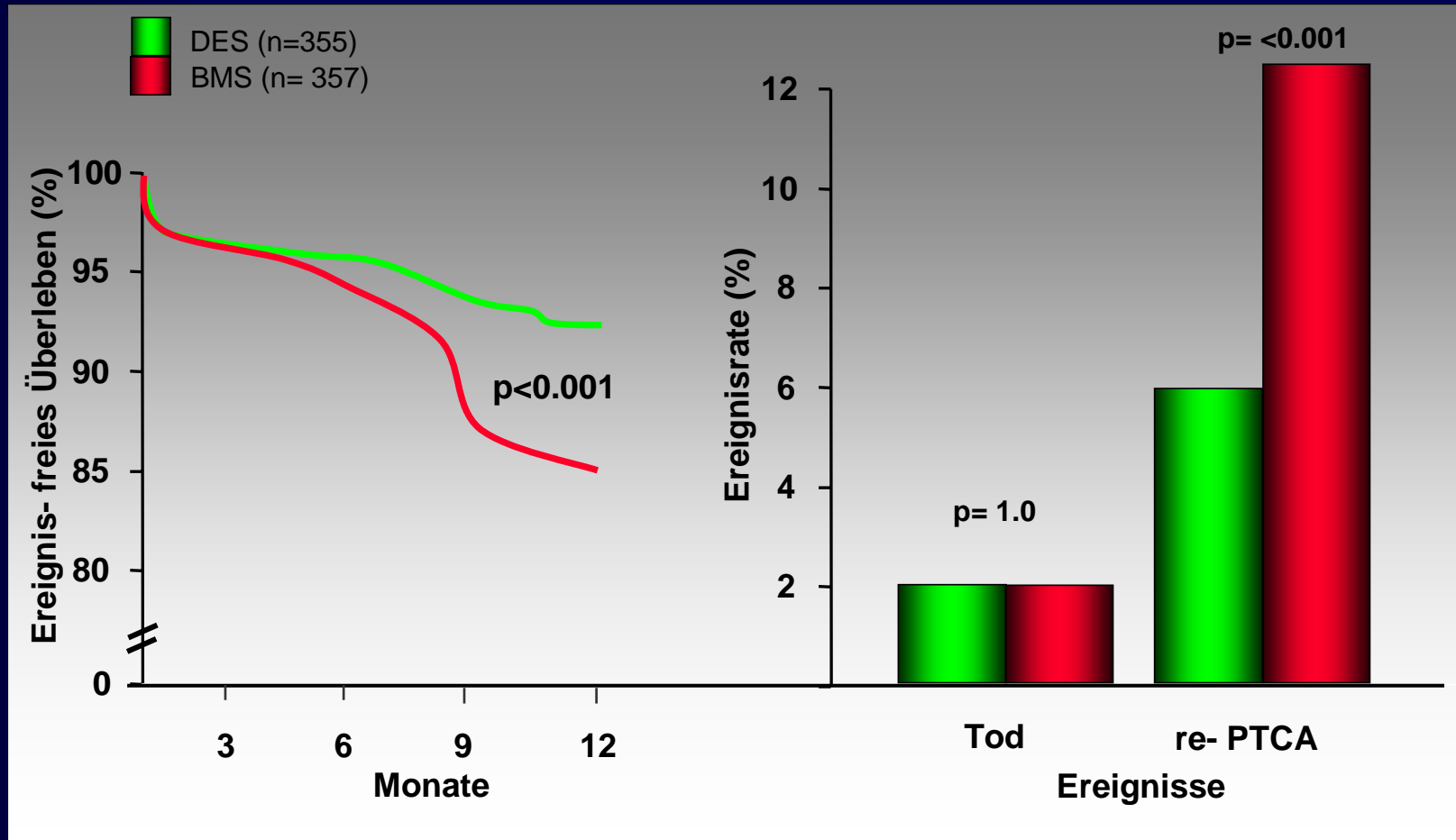
# ASSENT- 4 Studie

## Überlegenheit der direkten Katheterintervention



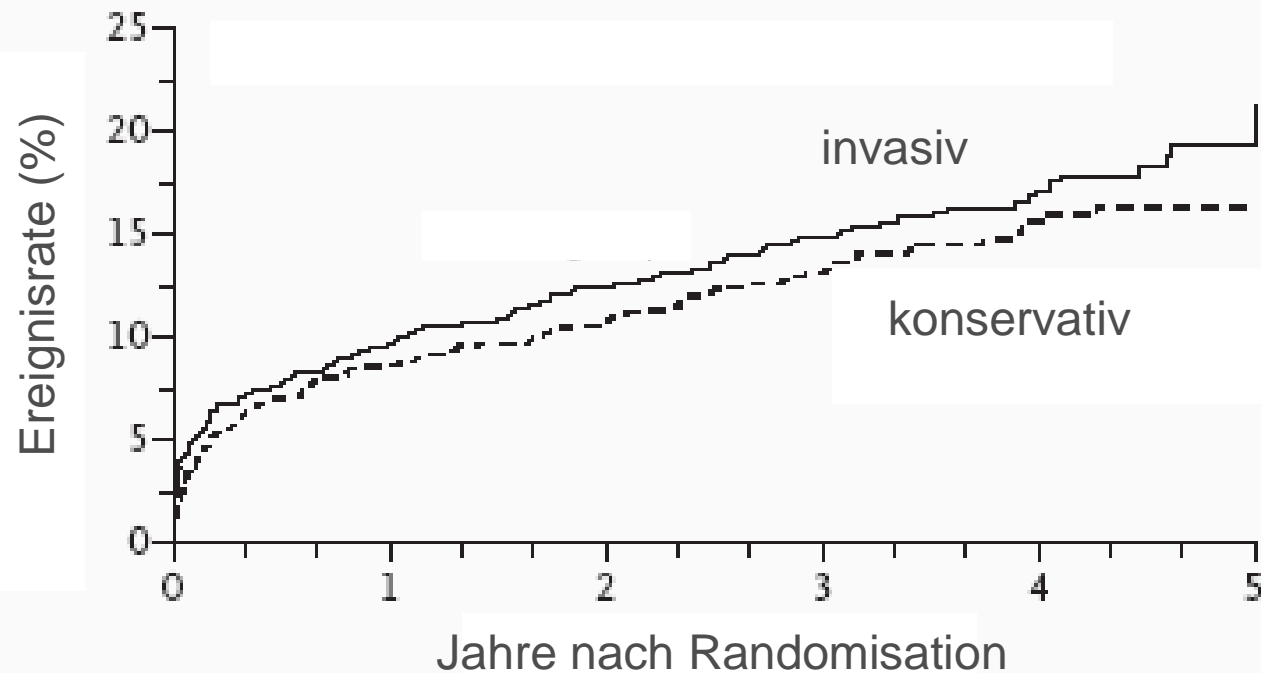
# DES bei Myokardinfarkt

## TYPHOON Studie



# Späte Rekanalisation der Infarktarterie

## OAT Studie



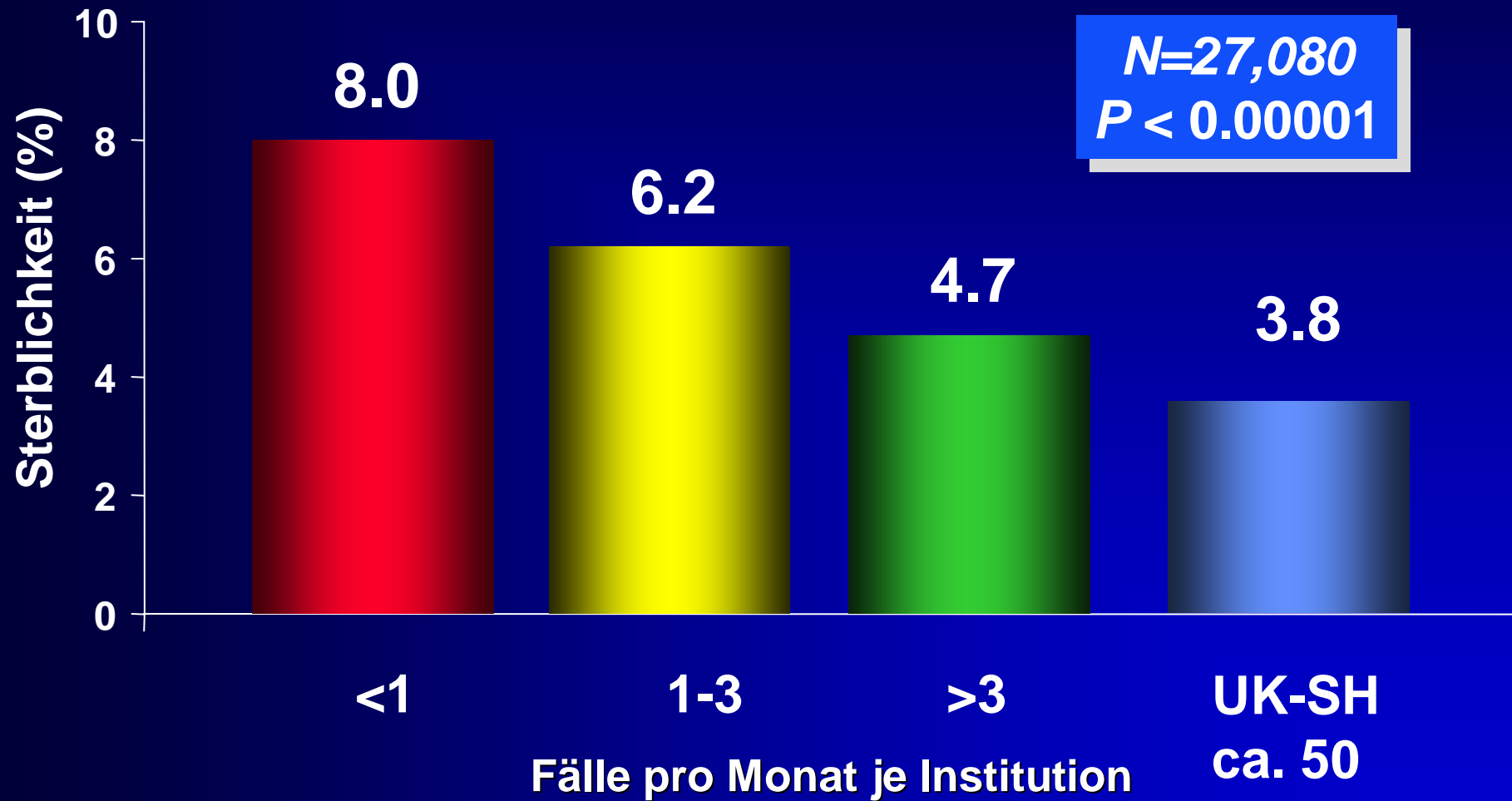
n= 2166

p= 0.2

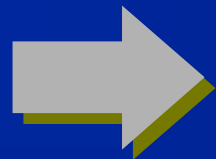
Hochman J, et al. 2006;355:2395-407

# NRMI-2/4 Register

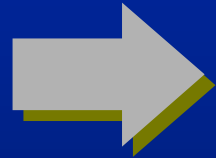
## Überlegenheit grosser Zentren



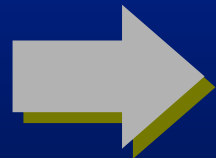
# Akutes Koronarsyndrom



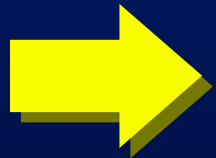
**Leitlinien**



**Medikation**



**Strategie**



**Synopsis**

# Akutes Koronarsyndrom 2007

- invasive Vorgehensweise + GP IIb/ IIIa
- Bedeutung Blutungskomplikationen
- Risikostratifizierung
- Strategien
- Zentren



**Danke**