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ABSTRACTS

Clinical and angiographic assessment of immediate and remote results of the use of drug-coated stents (sirolimus-eluting stents and everolimus-eluting stents) in patients with ischemic heart disease

Lupanov VP, Samko AN, Bakashvili GN, Kukharchuk VV

Abstract

The authors discuss the results of the implantation of two coronary drug coated stents (sirolimus-eluting stents Cypher and everolimus-eluting stents Promus) in 206 patients with stable angina pectoris. After 12 months of prospective observation frequency of adverse events (nonfatal myocardial infarction, recurrence of angina, restenosis) amounted to, respectively, 10,8% and 14,2% and significantly did not differ. Researchers found a low percentage of stent restenosis (6,9% and 8,5%, $p>0,05$) and repeated intervention on the target vessel (of 3,9% and 6,6%, $p>0,05$). The frequency of late stent thrombosis was for everolimus-eluting stents 0,9% and for the sirolimus-eluting stents 1,9% ($p>0,05$). It was concluded that the “Promus” is not inferior to “Cypher” on the main characteristics and can be widely used in patients with IHD.

Keywords: percutaneous coronary intervention, drug coated stents Cypher and Promus, double antiplatelet therapy.

Subclinical atherosclerosis as cardiovascular events risk factor

Urazalina S.J., Semenova A.E., Sergienko I.V., Drapkina O.M., Boytsov S.A., Kuharchuk V.V., Karpov Yu.A.

Objective: Subclinical atherosclerosis is an initial hidden form of chronic progressive inflammatory artery disease. Hemodynamic insignificant asymptomatic atherosclerotic plaques may become the cause of myocardial infarction, stroke and even sudden cardiac death. As far as it is not easy to evaluate the atherosclerotic plaque stability in real clinical practice in most cases, the fact of atherosclerosis presence should be taken into account while risk stratification. The frequency of atherosclerotic plaques detection among patients ($n=600$) from polyclinics at west side of Moscow Russia with low and moderate risk according to SCORE scale was 59%. Till that time there is no standard cardiovascular risk stratification using subclinical atherosclerosis existence, though there is no doubt about its importance. Large clinical studies are needed to evaluate the possibility of subclinical atherosclerosis being as an independent cardiovascular risk factor, its prognostic value, and to develop recommendations for changes in patients' management.

Keywords: atherosclerosis, atherosclerotic plaque, cardiovascular risk.

Elderly patients with coronary artery disease and chronic heart failure. The results of the use of simvastatin.

A.L. Pirogov, S.P. Sinitsyn

Abstract

Summary: The aim of the study was to investigate the possibility of the use of simvastatin at a daily dose of 20 mg in elderly patients with coronary artery disease and preserved left ventricular ejection fraction, complicated by CHF.

Material and methods. 195 elderly patients (75 years and older) with CHD and CHF II A-B phase, 2-3 functional class were involved in this study. The intervention group included 95 patients, the control group - 100 patients. Patients in the intervention group was treated by simvastatin 20 mg/day. In the control group, lipid-lowering therapy was not performed. The endpoints of the study were the development of any acute vascular events or death from cardiovascular diseases.

Results. The relative risk of acute cardiovascular events and sudden deaths in the intervention group relative to the control group was 0,53 (CI 0,27-1,03, p= 0.05). Appointment of simvastatin in a daily dose of 20 mg significantly improved the lipid profile.

Discussion: The study shows the effectiveness of clinical application of high doses of simvastatin in elderly patients with coronary artery disease complicated by heart failure.

Oxidative modification of lipids and proteins in men with coronary atherosclerosis complication

Ragino Yu.I., Sadovski E.V., Krivchun A.S., Baum V.A., Polonskaya Ya.V.

Abstract

Relationships of lipids and proteins oxidative modifications with disturbances of hemostasis and of endothelial function in coronary atherosclerosis complication – acute myocardial infarction (MI) were studied. The oxidative modification of fibrinogen is 1,7 times higher in acute MI men in comparison with men without coronary heart disease. Increased oxidized fibrinogen level is correlated with increased levels of lipid peroxidation products in plasma and in low density lipoproteins, Willebrand factor, fibrin degradation products, with accelerated leukocyteplatelet aggregation, decreased of plasma NO metabolites level and delayed activity of Hageman-dependent fibrinolysis. Dependent associations of oxidized fibrinogen level with MI and parameters of typical thrombosis and hypercoagulatory hemostasis disturbances and endothelial function were revealed.

Keywords: smyocardial infarction, oxidized fibrinogen, oxidized low density lipoproteins, hemostasis disturbances, endothelial dysfunction.

Differential diagnosis of high hypercholesterolemia (clinical case)

Rozhkova T.A., Titov V.N., Amelyushkina V.A., Smirnov G.P., Malyshev P.P.

Russian Cardiology Research Complex, Moscow

Abstract

We are describing a clinical case of severe hypercholesterolemia with an initial suspicion about its inherited origin. However, after appropriate examination of the patient, this hyperlipidemia was referred to the secondary one due to kidney disease and hypothyroidism that the patient had. In addition, absence of tendinous xanthomata and monogenic pattern of inheritance in the patient, a very good hypolipidemic effect observed from the low dose statin in combination with a basic therapy of the primary diseases also suggested the secondary origin of the lipid disorder.