

PREVENTION OF MYOCARDIAL INFARCTION IN THE EARLY POSTOPERATIVE PERIOD IN PATIENTS AFTER PHLEBECTOMY WITH HIGH AND VERY HIGH CARDIOVASCULAR RISK

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Acute myocardial infarction (MI) is one of the most dangerous of postoperative complications. According to the study POISE (2008) 5% of patients after non-cardiac surgery emerged postoperative MI. 74.1% of all cases of MI occurred within 48 hours after the intervention; 65.3% of patients with postoperative myocardial infarction have not experienced symptoms of cardiac ischemia. Postoperative patients with ischemic heart disease and high blood pressure are the risk group of postoperative myocardial infarction, because every operation is accompanied sympathoadrenal stimulation and increased thrombogenic potential. Traditional phlebectomy with varicose veins is used very widely. Reliability and radicality of the operation, in most cases confirmed by the cumulative international experience. Feature of classical phlebectomy has a high traumatic intervention. This is accompanied by the activation of the coagulation system and an increased risk of thrombogenic complications. In addition, a high intensity of pain in these patients requires the appointment of narcotic analgesics, which may mask clinical picture of MI.

Objective: To develop and evaluate therapeutic interventions for the prevention of acute myocardial infarction in the early postoperative period in patients with high cardiovascular risk who have had phlebectomy.

Materials and methods. 35 patients (20 women and 15 men) with ischemic heart disease and / or arterial hypertension with high and very high cardiovascular risk who have had phlebectomy for varicose veins of the lower extremities were examined. The age of patients was 55 ± 4.7 years. Hypercholesterolemia (more 5.18 mmol / l) was diagnosed in all patients. The study excluded patients who with previous myocardial infarction.

Results and discussion. In the majority of cases of acute myocardial infarction are registered in the first week after surgery. The impossibility of using the troponin test necessitates performing an electrocardiogram. ECG was performed at 1, 3 and 6 days after phlebectomy. Consulting

of a therapist or a cardiologist was also used. All patients received statins, simvastatin and atorvastatin mostly, which were prescribed at a prehospital stage. Also all patients received beta-blockers, mainly bisoprolol. Therapy with beta-blockers was initiated at a prehospital stage for 1 month or more before surgery. The majority of patients were used beta-blockers during many years. During the pre- and postoperative period, the dose of beta-blockers did not change. Mechanisms of prevention cardioprotective effects β -blockers include monitoring of cardiac frequency, followed by an extension of time of diastolic filling of the coronary arteries; antiarrhythmic properties, reducing the risk of tachycardia. In addition, β -blockers reduce systolic blood pressure and the ventricular contraction force. At 24 hours after surgery, patients received low molecular weight heparin (0.3 ml fraxiparin or Clexane 0.2 ml (20 mg) one time per day for a week. Another drug that prevents the occurrence of acute coronary events in this patients was diosmin. The drug was administered at 500 mg 2 times per day from the first day of the postoperative period. Diosmin improves microcirculation. Increasing venous tone and elasticity of veins in the patients which received diosmin reduces postoperative hemorrhages and therefore thrombogenic complications. All of the above reduces the intensity and duration of pain period and reduces the duration of the assignment of narcotic drugs and reduce nociceptive stimulation sympathoadrenal cardiovascular system.

Conclusion. The use in the early postoperative period after phlebectomy low molecular weight heparins and diosmin during treatment with beta-blockers and statins can prevent the occurrence of acute myocardial infarction in patients with high or very high cardiovascular risk. The proposed measures will also reduce extremely high mortality in the patients because mortality from postoperative myocardial infarction is always much higher than the mortality rate in patients with ordinary myocardial infarction.

BIOCHEMICAL MARKERS OF CARDIOVASCULAR RISK IN PATIENTS WITH ASTHMA AND OBESITY

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Nowadays a significant prevalence of comorbid pathologies creates difficulties in their diagnostic. The combination of illnesses often combines the most common diseases of internal organs, but it is believed that often this coincidence is hereditary and genetically caused.

Among these diseases, the prevalence of which reaches a significant level since childhood, and the combination with other nosological forms in this case always occurs is a bronchial asthma (BA). According to WHO, asthma is

registered in 5-10% of the population, that is the number of patients exceeds 300 million. According to the Institute of Pulmonology in Russian prevalence of asthma has reached 561.3 per 100 thousand population, and an increased incidence over the past 10 years has grown by more than 3 times

By the criteria of prevalence, severity, complexity of diagnosis, treatment and rehabilitation, social and economic problems asthma takes leading place among the «diseases