**DRESSLER´S SYNDROME IN BENEFIT OF THROMBOLYSIS**

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**Introduction:** Dressler's syndrome: Hypersensitivity reaction to autoantigeus that result from necrosis of the myocardium (After Acute myocardium infarction). At times, the resultant inflammatory reaction may be hemorrhagic in character. Consists of a persistent low-grade fever, chest pain (usually pleuritic in nature), pericarditis (usually evidenced by a pericardial friction rub), and/or a pericardial effusion. The symptoms tend to occur 2–3 weeks after myocardial infarction, but can also be delayed for a few months. It tends to subside in a few days, and very rarely leads to pericardial tamponade. Diagnosis &Treatment elevated ESR finding, ECG ST elevation , concave upward. Usually diffused. No reciprocal changes. Start ST elevation – back normal – T wave inversion. No pathological Q wave. May be PR segment depression. And treated by NSAIDS and corticosteroids .

**Aim:** The Aim of the Abstract is finding the influence of early thrombolytic therapy in patients with Acute Myocardial Infarction and disappearance of Post-MI-Syndrome.

**Materials and Methods:** The incidence of the post-myocardial infarction syndrome (Dressler's syndrome) among thrombolized patients has not been established yet. To clarify this issue we prospectively studied 201 consecutive patients with acute myocardial infarction who had undergone recombinant tissue-type plasminogen activator therapy followed by 5 days of heparin administration.

**Results:** All patients were followed for at least 3 months for clinical signs of Dressler's syndrome. None of the 148 patients (76%) who showed clinical signs of early reperfusion had Dressler's syndrome. The sole patient in the group who manifested the syndrome developed it 3 weeks following extensive anterior myocardial infarction with no evidence of reperfusion. Although 4 patients manifested signs of early pericarditis, none developed the syndrome.

**Conclusion:** We conclude that Dressler's syndrome has in fact been rendered a rare phenomenon among patients who benefit from thrombolytic therapy.