



冠状动脉内心电图ST段的改变在经皮冠状动脉介入治疗相关心肌损伤早期识别中的临床价值

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Clinical Value of Intracoronary ST-segment Shift in Diagnosis of Early Myocardial Injury during Percutaneous Coronary Intervention

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摘要

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摘要 目的 评价冠状动脉内心电图在经皮冠状动脉介入治疗 (PCI) 术中早期识别心肌损伤的临床价值。**方法** 86例接受择期PCI治疗的冠心病患者, 通过冠脉内导线记录患者PCI术前、术后冠脉远端心电图。测定基础水平、术后8和24 h的血清心肌钙蛋白(cTnT)和肌酸激酶心肌同工酶水平(术后以cTnT上升超过正常上限考虑存在心肌损伤), 并对患者术中、术后心脏事件进行随访。**结果** 86例术前cTnT正常的冠心病患者接受PCI治疗, 术中30例(35%)表现为有意义的冠状动脉内心电图改变(变化组), 其余56例(65%)未见有意义的冠状动脉内心电图变化及体表心电图改变(对照组)。术后变化组患者中cTnT和肌酸激酶心肌同工酶较对照组患者明显升高($P<0.01$)。有意义的冠状动脉内心电图改变对预测心肌损伤的敏感性为77%, 特异性为94%, 其阳性预测值和阴性预测值分别为90%和86%, 平均诊断价值为87%。术后4周变化组患者中心脏事件发生率较对照组患者高($P<0.05$)。**结论** 冠状动脉内心电图ST段的改变能够准确预测PCI术中心肌损伤, 可能为即刻识别心肌损害的一种有效手段。

关键词: 冠状动脉介入治疗 心肌梗死 冠状动脉内心电图

Abstract: Objective To evaluate the role of intracoronary electrocardiogram (IcECG) in examining early myocardial injury during percutaneous coronary intervention (PCI). Methods Eight-six patients who had undergone elective PCI for their coronary heart disease were enrolled in the study. The IcECG both at baseline and after procedure were recorded with an intracoronary guidewire and the serum levels of cardiac troponin T (cTnT) and creatine kinase-myoglobin were measured at baseline and 8 and 24 hours after intervention. Myocardial damage was defined as serum levels of cTnT increase above the upper normal value after intervention. Cardiac events after intervention was followed up. Results Of all these 86 patients with normal serum levels of cardiac markers before the procedure, significant shift at ST-segment in IcECG during PCI was observed in 30 patients (35%, abnormal group) and no shift in the remaining 56 patients (65%, control group). All the procedures were successful. Serum levels of cTnT and creatine kinase-myoglobin were significantly higher in abnormal group than in control group after intervention ($P<0.01$). The intracoronary ST-segment shift had a sensitivity of 77% and a specificity of 94% in predicting myocardial injury, with positive and negative predictive values of 90% and 86%, respectively. More cardiac events were observed in abnormal group than those in control group at a 4-week follow-up after intervention ($P<0.05$) and major coronary event-free survival was significantly lower in those with post-procedural ST-segment shift in the IcECG ($P<0.05$). Conclusion IcECG may be a useful method for predicting myocardial injuries during PCI.

Keywords: coronary intervention myocardial infarction intracoronary electrocardiogram

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