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Baseline characteristics, management practices, and outcomes of ST- Segment Elevation Myocardial Infarction patients in a large tertiary hospital in Palestine

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Abstract

Background

Acute coronary syndrome (ACS) is considered a major cause of death worldwide. However, confined data is available about patients with the acute coronary syndrome in Palestine.

Objectives:

This study aims to recognize the patients who presented with ST-segment elevation MI (STEMI) and highlight the initial presentation, medical history, laboratory and ECG findings, management, and outcome (complications and overall mortality).

Methods

We conducted a retrospective cohort study among Palestinian patients with STEMI in a large tertiary hospital in Palestine between January 2018 and December 2019.

Results

Out of 138 patients were enrolled in the study, 78.9% were >50 years, 84.1% were men. 68.8% of patients were presented with typical chest pain. History of diabetes mellitus was present in 44.9%, hypertension in 45.7%, dyslipidemia in 6.5%, and family history of CAD in 24.6%. 60.9% were current smokers, and 50.7% were obese (BMI 30 and above). In-hospital medications were: aspirin (96.4%), clopidogrel (90.6%), beta-blocker (81.2%), and ACE-I (65.9%). The outcomes in hospital included recurrent infarction (1.4%), recurrent angina (1.4%), cardiogenic shock (5.8%), renal impairment (5.8%), major bleeding (0.7%) and cardiac arrest (6.5%). In-hospital mortality was 5.8%.

Conclusions

Cardiac patients who presented with STEMI were mostly men with high BMI, old in age, and positively correlated to smoking. Patients with Diabetes mellitus and hypertension have more risk of getting a STEMI comparing to other comorbidities. Arrhythmias and cardiogenic shocks were the most significant complications and outcomes for STEMI patients. In-hospital mortality was the highest among other periods (1-month, six months, 1-year mortality).

Keywords: ST-elevation myocardial infarction, Acute coronary syndrome, Palestine, mortality.