编号：**YY004-20221114001**

标题：**Risk factors for type 1 and type 2 myocardial infarction**

简介：Aims: Whilst the risk factors for type 1 myocardial infarction due to atherosclerotic plaque rupture and thrombosis are established, our understanding of the factors that predispose to type 2 myocardial infarction during acute illness is still emerging. Our aim was to evaluate and compare the risk factors for type 1 and type 2 myocardial infarction. Methods and results: We conducted a secondary analysis of a multi-centre randomized trial population of 48 282 consecutive patients attending hospital with suspected acute coronary syndrome. The diagnosis of myocardial infarction during the index presentation and all subsequent reattendances was adjudicated according to the Universal Definition of Myocardial Infarction. Cox regression was used to identify predictors of future type 1 and type 2 myocardial infarction during a 1-year follow-up period. Within 1 year, 1331 patients had a subsequent myocardial infarction, with 924 and 407 adjudicated as type 1 and type 2 myocardial infarction, respectively. Risk factors for type 1 and type 2 myocardial infarction were similar, with age, hyperlipidaemia, diabetes, abnormal renal function, and known coronary disease predictors for both (P < 0.05 for all). Whilst women accounted for a greater proportion of patients with type 2 as compared to type 1 myocardial infarction, after adjustment for other risk factors, sex was not a predictor of type 2 myocardial events [adjusted hazard ratio (aHR) 0.82, 95% confidence interval (CI) 0.66-1.01]. The strongest predictor of type 2 myocardial infarction was a prior history of type 2 events (aHR 6.18, 95% CI 4.70-8.12). Conclusions: Risk factors for coronary disease that are associated with type 1 myocardial infarction are also important predictors of type 2 events during acute illness. Treatment of these risk factors may reduce future risk of both type 1 and type 2 myocardial infarction.

全文链接：https://pan.ckcest.cn/rcservice//doc?doc_id=107357

编号：**YY004-20221114002**

标题：**Epidemiology of myocardial infarction in Korea: hospitalization incidence, prevalence, and mortality**

简介：Few studies have comprehensively presented epidemiological indicators of myocardial infarction in Korea. However, multiple published articles and open-source secondary data on the epidemiology of myocardial infarction are now available. This review summarized the hospitalization incidence, prevalence, and mortality rate of myocardial infarction in Korea using articles and open-source data from the Health Insurance Service and the Department of Statistics, surveys of sample populations, registries of patients, and other sources. The epidemiological indicators of myocardial infarction were compared between Korea and other high-income countries. The incidence of hospitalization due to myocardial infarction in Korea was 43.2 cases per 100,000 population in 2016 and has consistently increased since 2011. It was 2.4 times higher among men than among women. The estimated prevalence among adults over 30 years of age ranged from 0.34% to 0.70% in 2020; it was higher among men and increased with age. The mortality in 2020, which was 19.3 per 100,000 population in 2020, remained relatively stable in recent years. Mortality was higher among men than among women. Based on representative inpatient registry data, the proportion of ST-elevated myocardial infarction decreased until recently, and the median time from symptom onset to hospital arrival was approximately 2 hours and 30 minutes. The hospitalization incidence, prevalence, and mortality rate of myocardial

infarction were lower in Korea than in other countries, although there was an increasing trend. Comprehensive national-level support and surveillance systems are needed to routinely collect accurate epidemiological indicators.

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编号：**YY004-20221114003**

标题：**Pregnancy-related acute myocardial infarction: a review of the recent literature**

简介：Pregnancy-related acute myocardial infarction is a rare and potentially life-threatening cardiovascular event, the incidence of which is growing due to the heightened prevalence of several risk factors, including increased maternal age. Its main aetiology is spontaneous coronary artery dissection, which particularly occurs in pregnancy and may engender severe clinical scenarios. Therefore, despite frequently atypical and deceptive presentations, early recognition of such a dangerous complication of gestation is paramount. Notwithstanding diagnostic and therapeutic improvements, pregnancy-related acute myocardial infarction often carries unfavourable outcomes, as emergent management is difficult owing to significant limitations in the use of ionising radiation-e.g. during coronary angiography, potentially harmful to the foetus even at low doses. Notably, however, maternal mortality has steadily decreased in recent decades, indicating enhanced awareness and major medical advances in this field. In our paper, we review the recent literature on pregnancy-related acute myocardial infarction and highlight the key points in its management.

全文链接：https://pan.ckcest.cn/rcservice//doc?doc_id=107366

编号：**YY004-20221114004**

标题：**Mechanical Complication of Acute Myocardial Infarction Secondary to COVID-19 Disease**

简介：The aggressive inflammatory response to COVID-19 can result in airway damage, respiratory failure, cardiac injury, and multiorgan failure, which lead to death in susceptible patients. Cardiac injury and acute myocardial infarction (AMI) secondary to COVID-19 disease can lead to hospitalization, heart failure, and sudden cardiac death. When serious collateral damage from tissue necrosis or bleeding occurs, mechanical complications of myocardial infarction and cardiogenic shock can ensue. While prompt reperfusion therapies have decreased the incidence of these serious complications, patients who present late following the initial infarct are at increased for mechanical complications, cardiogenic shock, and death. The health outcomes for patients with mechanical complications are dismal if not recognized and treated promptly. Even if they survive serious pump failure, their CICU stay is often prolonged, and their index hospitalization and follow-up visits may consume significant resources and impact the health care system.

全文链接：https://pan.ckcest.cn/rcservice//doc?doc_id=107359

编号：**YY004-20221114005**

标题：**Therapeutic hypothermia for acute myocardial infarction: a narrative review of evidence from animal and clinical studies**

简介：Myocardial infarction (MI) is the leading cause of death from coronary heart disease and requires immediate reperfusion therapy with thrombolysis, primary percutaneous coronary

intervention, or coronary artery bypass grafting. However, myocardial reperfusion therapy is often accompanied by cardiac ischemia/reperfusion (I/R) injury, which leads to myocardial injury with detrimental consequences. The causes of I/R injury are unclear, but are multifactorial, including free radicals, reactive oxygen species, calcium overload, mitochondria dysfunction, inflammation, and neutrophil-mediated vascular injury. Mild hypothermia has been introduced as one of the potential inhibitors of myocardial I/R injury. Although animal studies have demonstrated that mild hypothermia significantly reduces or delays I/R myocardium damage, human trials have not shown clinical benefits in acute MI (AMI). In addition, the practice of hypothermia treatment is increasing in various fields such as surgical anesthesia and intensive care units. Adequate sedation for anesthetic procedures and protection from body shivering has become essential during therapeutic hypothermia. Therefore, anesthesiologists should be aware of the effects of therapeutic hypothermia on the metabolism of anesthetic drugs. In this paper, we review the existing data on the use of therapeutic hypothermia for AMI in animal models and human clinical trials to better understand the discrepancy between perceived benefits in preclinical animal models and the absence thereof in clinical trials thus far.

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