PECULIARITIES OF ACUTE NON-Q-WAVE MYOCARDIAL INFARCTION FORMATION FROM A GENDER PROSPECTIVE

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The significance of pathophysiological mechanisms involved in onset of myocardial infarction (MI) varies with age, gender, and risk profiles.

Materials and Methods. 43 patients (32.2% male and 67.7% female aged 56.6+2.3 years) with non-Q-wave myocardial infarction were observed in order to study neuro-humoral factors of the ischemic cardial disease (ICD) destabilization. Thyroid hormones level – thyroxine (T3), triiodothyronine (T4), thyrotrophin (TTH), and cortifan, estradiol, progesterone and testosterone levels were researched using radioimmune.

Results. Total serum cholesterol level (TSC) was 6.51±0.21 mmol/l, triglycerides (TG) – 2.17±0.18 mmol/l, very low-density lipoproteins (VLDLP) – 40.7±1.2%, low-density lipoproteins (LDLP) – 26.5±1.5% and chylomicrones – 0.68±0.11%. Lipids haemostasis disorders were more expressive in male patients accordingly to TSC: 6.71±0.5 mmol/l and 6.47±0.29 mmol/l (p>0.5), TG: 2.85±0.25% and 1.81±0.2 mmol/l (p>0.2), VLDLP; 38.1±2.9% and 29.4±2.2% (p<0.02), respectively, whereas LDLP level was reliably lower in male patients: 22.1±1.9% and 26.8±1.4% (p<0.05).In general patients with non-Q-wave MI hed mean secretion levels as follows; T3 – 1.31±0.10 mmol/l and T4 – 120.1±18.7 mmol/l with more expensive tendency to decrease in men, respectively to levels: T3 - 1.53±0.21 mmol/l and 1.72±0.4 mmol/l (p>0.5); T4 75.3±40.2 mmol/l and 131.4±20.4 mmol/l (p<0.005), raising level of TTH to 104.3±23.5 IU/l Cortifan`s mean level was 404.3±54.1 mmol/l Estradiol`s secretion was 0.05±0.04 mmol/l, progesteron`s level was 1.52±1.47, testosterone`s one was 2.84±2.11 mmol/l.
Conclusions. Changes in blood lipids spectrum in non-Q-wave patients is closely connected with hormonal disorders which is important for ICD destabilization.

References.


Key words: myocardial infarction, gender.

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