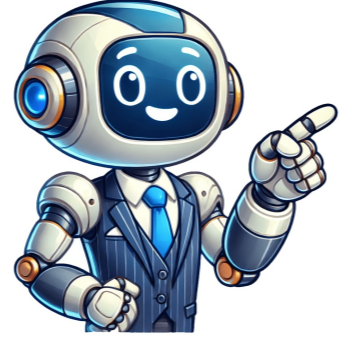


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## التوجيهية المبادئ esc nstemi 2015 ppt download

AI-generated AbstractThe paper discusses the ESC guidelines for the management of acute coronary syndromes (ACS). It highlights a significant risk reduction in all-cause mortality and non-fatal myocardial infarction (MI) associated with early invasive strategies compared to conservative approaches over a two-year period. The findings support the preference for percutaneous coronary intervention (PCI) with stenting in patients with single-vessel disease. Heart failure - an update [autosaved]Heart failure - an update [autosaved]MSRZAThe document discusses congestive cardiac failure (heart failure) and its management. It provides details on: - The high prevalence and mortality of heart failure. - Current medical therapies including ACE inhibitors, beta-blockers, and aldosterone antagonists that have been shown to improve survival. - Device therapies like cardiac resynchronization therapy and implantable cardioverter defibrillators that treat symptoms and reduce mortality. - The benefits of multidisciplinary and integrated care approaches including telehealth monitoring in improving outcomes for heart failure patients.MinocaMinocakazi alam nowazMr. Sajal, age 35, presented with chest pain for 5 hours. His ECG showed signs of myocardial infarction, but his coronary angiogram (CAG) revealed non-obstructive coronary arteries. This is known as myocardial infarction with non-obstructive coronary arteries (MINOCA). MINOCA can affect up to 14% of AMI patients, particularly younger patients and women. Cardiac magnetic resonance imaging (CMR) can identify the underlying cause in up to 87% of MINOCA cases. While initially thought to be benign, MINOCA carries similar mortality risks as MI with obstructive coronary artery disease. Identifying the specific cause through tests like CMR is important to determine the proper long-2020 ESC Guidelines of AF2020 ESC Guidelines of AFayman AzozThe document presents the 2020 ESC Guidelines for the diagnosis and management of atrial fibrillation developed in collaboration with the European Association for Cardio-Thoracic Surgery. It was developed by a task force of experts and provides updated recommendations based on evidence levels. New recommendations include establishing AF diagnosis through ECG documentation, structured characterization of AF, screening recommendations, integrating AF management including collecting patient-reported outcomes, updated stroke and bleeding risk assessment, and catheter ablation considerations.MinocaMinocaĐó HóingThis document discusses myocardial infarction with non-obstructive coronary arteries (MINOCA). Early coronary angiography identifies an occluded vessel in most patients with STEMI but in up to 10% of AMI patients, no vessel is occluded. These patients have MINOCA. The document outlines potential causes of MINOCA including coronary artery spasm, embolism, thrombophilia, and takotsubo cardiomyopathy. It provides diagnostic criteria for different causes and recommends diagnostic tests and treatments tailored to the identified cause. The prevalence of MINOCA among all MI cases is approximately 6% but ranges from 1-14%. Prognosis varies depending on the underlying cause.CRT Non Responders - A practical guideCRT Non Responders - A practical guideRaghu Kishore GallaThis document provides guidance on managing patients who do not respond to cardiac resynchronization therapy (CRT). It discusses that while CRT has been shown to reduce heart failure hospitalizations and mortality, 30-35% of patients do not adequately respond. The document then reviews factors that determine CRT response, including electrical and mechanical dyssynchrony. It also discusses different criteria used to define response and notes lack of agreement. Potential reasons for non-response are explored, including lead placement and individual patient factors. The document concludes by recommending approaches for evaluating and managing CRT non-responders.Chronic coronary syndromesChronic coronary syndromesYousra Ghzally1. Chronic coronary syndromes (CCS) refer to conditions involving atherosclerotic plaque buildup in the coronary arteries that can cause various clinical presentations depending on the dynamic nature of the disease process. 2. The most common clinical scenarios in patients with suspected or established CCS involve those with stable angina symptoms, new onset of heart failure, recent acute coronary syndrome, or asymptomatic patients more than 1 year after initial diagnosis or revascularization. 3. Evaluation and management of patients with suspected CCS involves assessing symptoms, risk factors and comorbidities, performing basic testing, estimating pre-test probability of CAD, selecting appropriate non-invasive testing to confirm diagnosis when needed, calculating risk, and determining long-Sudden cardiac deathSudden cardiac deathcardiositeindaSudden cardiac arrest accounts for many deaths each year in developed countries. It is defined as abrupt loss of consciousness due to cardiac causes within one hour of symptom onset. The majority of cases are due to coronary heart disease and result in arrhythmias like ventricular fibrillation. Risk factors include prior ventricular arrhythmias, low ejection fraction, heart failure, and family history. Early defibrillation improves survival rates dramatically if delivered within 3 minutes of collapse. Post-myocardial infarction and congestive heart failure patients with left ventricular dysfunction have high rates of sudden cardiac death, which accounts for about half of total mortality in these groups.Noncompaction cardiomyopathyNoncompaction cardiomyopathyKunal MahajanThis document discusses left ventricular noncompaction cardiomyopathy (LVNC), a rare genetic heart condition where the heart muscle does not compact properly during fetal development. It begins by defining LVNC and describing its increasing recognition due to advances in diagnostic imaging. The document then discusses the embryological development of the heart and how a disruption in the normal compaction process can lead to LVNC. It outlines the characteristic features of LVNC seen on imaging studies and potential genetic associations. The document concludes by discussing the challenges in diagnosing and managing LVNC.HF update 2021HF update 2021Praveen NagulaThis document discusses heart failure, including its increasing prevalence globally, definitions, classifications, management, and new strategies. Some key points: - Heart failure prevalence is increasing worldwide and mortality remains high, around 50% within 5 years of diagnosis. - The universal definition characterizes heart failure as a clinical syndrome caused by structural or functional cardiac abnormalities, accompanied by typical symptoms and signs. - Management focuses on guideline-directed medical therapies (GDMT) including ACE inhibitors, ARBs, beta-blockers, and MRAs, though utilization remains suboptimal. - The PARADIGM-HF trial showed the ARNI drug sacubitril/valsartan reduced cardiovascular death and heart failurePercutaneous Revascularization for Ischemic Left Ventricular Dysfunction REV...Percutaneous Revascularization for Ischemic Left Ventricular Dysfunction REV...hospitalThis study compared percutaneous coronary intervention (PCI) plus optimal medical therapy to optimal medical therapy alone in patients with severe left ventricular systolic dysfunction. Patients were randomly assigned to receive either PCI plus medical therapy or medical therapy alone. The primary outcome was death from any cause or hospitalization for heart failure. At 12 months, PCI did not result in a lower rate of the primary outcome compared to medical therapy alone. Extensive medical therapy was optimized for heart failure in both groups.Afib and Stroke Prevention UpdateAfib and Stroke Prevention UpdateJose Osorio1) The document discusses atrial fibrillation (AF), its increasing prevalence, and its association with increased risk of stroke. 2) It reviews stroke risk assessment tools like CHADS2 and CHA2DS2-VASc scores and guidelines for stroke prevention in AF patients using anticoagulation or the newer oral anticoagulants (NOACs). 3) It also discusses left atrial appendage closure with the Watchman device as an alternative for stroke prevention in patients who cannot tolerate long-term anticoagulation. The Watchman trials demonstrated the device's safety and efficacy in reducing stroke risk comparable to warfarin.Diastolic Dysfunction 2016Diastolic Dysfunction 2016drabhishekbabbuThe document discusses guidelines for assessing diastolic dysfunction according to the ASE/EACVI 2016 guidelines. It defines diastolic dysfunction and describes the stages from grade I to grade IV. For each grade, it discusses the pathophysiology and key echocardiographic findings including mitral inflow patterns, tissue Doppler measurements, pulmonary vein flow, and left atrial size. The guidelines simplify the assessment of diastolic function into four grades based on parameters of left ventricular relaxation, left atrial pressure, mitral E/A ratio, E/e' ratio, pulmonary vein flow, and left atrial size.Subclinical Atrial fibrillationSubclinical Atrial fibrillationAmeel YaqoThis document summarizes guidelines on subclinical atrial fibrillation (SCAF) from the 2020 European Society of Cardiology. It finds that SCAF is common in patients with pacemakers and ICDs. While the risk of stroke from SCAF is lower than from overt atrial fibrillation, it increases with longer durations and a higher CHADS2 score. The guidelines recommend evaluating SCAF patients for risk factors and monitoring burden to help guide treatment, which may include oral anticoagulants in high-risk patients. However, diagnosing and managing SCAF remains challenging due to a lack of clear consensus criteria.Acute Coronary SyndromeBrian Wells, MD, MS, MPHThis document provides an overview of acute coronary syndrome (ACS). It begins with a review of coronary artery anatomy and variations. It then discusses the presentations of ACS, including ischemic chest pain and equivalents. The main types of ACS - unstable angina, NSTEMI, and STEMI - are defined based on symptoms, electrocardiogram findings, and cardiac biomarker levels. Diagnosis and management strategies are outlined, including reperfusion therapies and drug treatments. Follow-up care after ACS and indications for procedures like cardiac catheterization and ICD placement are also summarized.Acute coronary syndrome (acs)farranajwaThis document discusses acute coronary syndrome (ACS) and non-ST-segment elevation acute coronary syndrome (NSTEMI-ACS). It defines unstable angina (UA) and non-ST elevation myocardial infarction (NSTEMI) and covers their clinical presentation, diagnostic criteria, laboratory investigation, and management. The key goals of diagnosis and treatment for NSTEMI-ACS patients are to recognize or exclude myocardial infarction, detect resting ischemia, and identify coronary artery obstruction. Treatment involves anti-ischemic, antithrombotic medications and consideration of coronary revascularization.2020 esc guidelines for the diagnosis and management of atrial fibrillation. ...2020 esc guidelines for the diagnosis and management of atrial fibrillation. ...Alexandria University, EgyptThe 2020 ESC Guidelines provide updated recommendations for the diagnosis and management of atrial fibrillation. Key changes include: recommending structured characterization of AF; screening individuals for AF with a referral platform; and routinely collecting patient-reported outcomes to improve care. The guidelines also provide new recommendations about prevention of thromboembolic events, cardioversion, catheter ablation, lifestyle interventions, and management of AF in special patient groups.Echo in restrictive cardiomyopathyEcho in restrictive cardiomyopathySIRThis document provides an overview of echocardiographic evaluation of restrictive cardiomyopathy. Key points include: - Restrictive cardiomyopathy is characterized by a nondilated left ventricle with abnormal diastolic function and typically normal systolic function. - Causes include infiltrative diseases like amyloidosis and storage diseases. Echocardiography can help diagnose but it is more difficult than other cardiomyopathies. - Findings include low diastolic volume, normal ejection fraction, diastolic dysfunction with rapid early mitral inflow. Echocardiography helps differentiate restrictive cardiomyopathy from constrictive pericarditis.HF ReviewHF ReviewmasoudsajjadiPractical Review of Heart Failure by : Masoud.Sajjadi , MD. Interventional Cardiologist Updated July 2021Avrt and avnrtAvrt and avnrtPDT DM CARDIOLOGY1. AVNRT and AVRT are types of supraventricular tachycardia involving abnormal pathways for electrical conduction between the atria and ventricles. 2. AVNRT is caused by a reentry circuit within the AV node, while AVRT involves an accessory pathway bypassing the AV node. 3. There are different subtypes of AVNRT and AVRT depending on which pathways are involved in the antegrade and retrograde directions. Typical AVNRT involves a slow-fast pathway while typical AVRT involves orthodromic conduction over an accessory pathway.Coronary Artery Aneurysms and Ectasia Coronary Artery Aneurysms and Ectasia Michael KatzThis document summarizes the morning report of a 59-year-old man with a history of kidney transplant, SLE, and prior STEMI managed with thrombus extraction. He presented with recurrent chest pain. Key findings include inferolateral wall perfusion defect on nuclear stress test. The report reviews coronary aneurysms/ectasia classification, etiologies including atherosclerosis, Kawasaki disease, inflammatory disorders. The patient's systemic lupus erythematosus and transplant status suggest an inflammatory cause is possible. Evaluation and management of antiplatelet therapy is discussed.Inoca and minocInoca and minocakavita TyagiINOCA, or ischemia with non-obstructive coronary arteries, affects a large proportion of patients undergoing angiography who do not have obstructive coronary artery disease. INOCA can result from heterogeneous mechanisms like coronary vasospasm and microvascular dysfunction and is not benign, as it is associated with increased cardiovascular events and impaired quality of life. The diagnosis of MINOCA, a type of INOCA, requires meeting criteria for an acute myocardial infarction but having non-obstructive arteries on angiography and no other clear cause identified. Further evaluation is then needed to determine the underlying cause of MINOCA.Non invasive evaluation of arrhythmiasNon invasive evaluation of arrhythmiasSunil Reddy DNon-invasive methods can help identify patients at risk of fatal arrhythmias. Ambulatory ECG monitoring provides continuous cardiac rhythm monitoring over extended periods and is useful for evaluating arrhythmias, pacemaker function, and response to antiarrhythmic drugs. Transient VT on ambulatory ECG monitoring is the single best marker of high risk for sudden death in patients with hypertrophic cardiomyopathy. Non-invasive approaches include analyzing heart rate variation, late potentials, QT dispersion, and QRS fragmentation.Myocardial infarction (MI) eeg localisationMyocardial infarction (MI) eeg localisationMalleswara rao DangeetiThis document discusses various non-coronary causes of ST-elevation on electrocardiograms (ECGs) including ventricular aneurysms, pericarditis, early repolarization patterns, left ventricular hypertrophy, left bundle branch block, hypothermia, cardioversion, intraventricular hemorrhage, hyperkalemia, Brugada pattern, type 1C antiarrhythmic drugs, hypercalcemia, pulmonary embolism, hypothermia, myocarditis, and tumor invasion of the left ventricle. It then discusses left ventricular aneurysms, early repolarization, acute pericarditis, hyperkalemia, hypothermia, increased intracranial pressure, Brugada syndrome, Takemergency treatment of NSTEMI-ACS, STEMI,Bibhash Kumar1. Acute coronary syndrome can present as STEMI, NSTEMI, or unstable angina. The document discusses treatment recommendations for NSTEMI. 2. The goals of treatment are immediate relief of ischemia to prevent heart attack and death. Initially patients are monitored in intermediate care and receive medications and oxygen as needed. 3. Recommendations include high intensity statins, aspirin, P2Y12 inhibitors like clopidogrel or ticagrelor, and anticoagulants like enoxaparin as initial therapies. Beta blockers and nitroglycerin are also recommended depending on patient factors.Non-ST-Elevation-ACS 2014 GuidelinesNon-ST-Elevation-ACS 2014 GuidelinesSun Yai-Cheng2014 AHA/ACC Guideline for the Management of Patients With Non-ST-Elevation Acute Coronary Syndromes: Executive Summary Circulation. published online September 23, 2014 0 ratings0% found this document useful (0 votes)51 viewsThis document presents the 2015 European Society of Cardiology guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation. It wa...SaveSave NSTEMI ESC Guidelines 2015 For Later0% found this document useful, undefined Full List of Pocket Guidelines Title: Pocket Guidelines on Atrial Fibrillation Title: Pocket Guidelines on Chronic Coronary Syndromes Topic(s): Coronary Artery Disease (Chronic); CV Surgery - Coronary Arteries Title: Pocket Guidelines on Peripheral Arterial and Aortic Diseases (PAAD) Title: Pocket Guidelines on Elevated Blood Pressure and Hypertension Title: Pocket Guidelines on Endocarditis Title: Pocket Guidelines on CVD and Diabetes Title: Pocket Guidelines on Cardiomyopathies Title: Pocket Guidelines on Acute Coronary Syndromes (ACS) Title: Pocket Guidelines on Pulmonary Hypertension Title: Pocket Guidelines on Cardio-oncology Title: Pocket Guidelines on Valvular Heart Disease Title: Pocket Guidelines on the Adult Congenital Heart Disease Title: Pocket Guidelines on Sports Cardiology Title: Pocket Guidelines on Dyslipidaemias Title: Pocket Guidelines on Supraventricular Tachycardia Title: Pocket Guidelines on Acute Pulmonary Embolism Title: Pocket Guidelines on Myocardial Revascularization Title: Pocket Guidelines on the Diagnosis and Management of Syncope Title: Pocket Guidelines on Pericardial Disease 25 Aug 2023 The present guideline has been developed to support healthcare professionals in the diagnosis and management of patients presenting with acute coronary syndrome (ACS). The conditions of ST-elevation myocardial infarction (STEMI) and non-ST-elevation ACS (NSTEMI-ACS) have been covered separately in previous European Guidelines. For the first time, the present guideline presents recommendations for management of patients across the entire spectrum of ACS in one document. The previous guidelines on STEMI were published in 2017 and the previous guidelines on NSTEMI-ACS were published in 2020. There have been numerous developments in the diagnosis and treatment of patients with ACS in the intervening years, which are reflected in this up-to-date guideline. The current guideline provides a comprehensive overview of the management of patients presenting with ACS, from the point of diagnosis and risk stratification at initial presentation, through to longterm management after the initial hospitalisation period. Particular focus is given to the importance of anti-thrombotic therapy, invasive assessment and revascularisation. This guideline also highlights the importance of providing patient-centred care throughout the patient's ACS journey. Topic(s): Pathophysiology and Mechanisms Epidemiology, Prognosis, Outcome The essentials of the Guidelines in just a few minutes. Watch Insights from the Chairs of the Guidelines Task Force. Read Download ESC Pocket Guidelines App Have the ESC Pocket Guidelines with you all the time. Download for free Back to ESC Guidelines list