

编号: YY004-20190909001

标题: Orthotopic Heart Transplantation for Ankylosing Spondylitis Masquerading as Nonischemic Cardiomyopathy

简介: Described herein is a 48-year-old man who underwent orthotopic heart transplantation because of severe heart failure considered clinically due to idiopathic dilated cardiomyopathy, but examination of the operatively excised native heart disclosed classic features of ankylosing spondylitis. Orthotopic heart transplantation for this condition has not been reported previously.

全文链接: http://pan.ckcest.cn/rcservice//doc?doc_id=43712

编号: YY004-20190909002

标题: Relation of Cardiovascular Events and Deaths to Low-Density Lipoprotein Cholesterol Level Among Statin-Treated Patients With Atherosclerotic Cardiovascular Disease

简介: This study describes subsequent cardiovascular events and deaths by low-density lipoprotein cholesterol (LDL-C) level in patients with atherosclerotic cardiovascular disease (ASCVD) receiving moderate- to high-intensity statins. Olmsted County, Minnesota residents with index ASCVD (myocardial infarction, unstable angina, coronary revascularization, ischemic stroke or transient ischemic attack) occurring between 2005 and 2012 were identified, and those with a prescription for a moderate- or high-intensity statin and an LDL-C measurement in the 90 days after index were included. Cox regression models were used to examine associations between LDL-C, modeled as a time-dependent variable, and a composite outcome of subsequent cardiovascular events or all-cause death. Among 1,854 patients with ASCVD (mean [SD] age 66.0 [13.3] years, 63.6% male), a total of 1,241 events were observed from index ASCVD through follow-up (median of 5.9 years). The rate (95% confidence interval) per 100 person-years was 11.26 (10.64 to 11.91). Starting follow-up 90 days after index ASCVD event, the rates per 100 person-years were 10.51 (9.57 to 11.52), 9.57 (8.66 to 10.55), and 11.40 (9.96 to 12.98) for LDL-C <70, 70-<100 and \geq 100 mg/dl, respectively. After adjustment for age, sex, and previous diagnoses of ASCVD, diabetes, hypertension, heart failure, and chronic kidney disease, the hazard ratio for cardiovascular event and/or death was significantly higher for patients with LDL-C \geq 100 mg/dl than those with LDL-C <70 mg/dl (1.31 [1.08 to 1.59]). In conclusion, in patients with ASCVD, subsequent cardiovascular events occur at a high rate and the rates are highest in patients with LDL-C \geq 100 mg/dl suggesting unmet treatment needs even in patients receiving moderate- to high-intensity statins.

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标题: Impact of Left Ventricular Hypertrophy on Peak Serum Troponin T Levels in Patients With Acute Myocardial Infarction

简介: Previous studies have reported that peak serum troponin I levels were disproportionately elevated in patients with acute anterior ST-segment elevation myocardial infarction (STEMI) and left ventricular (LV) hypertrophy (LVH) compared with those with normal LV mass. The purpose of this retrospective study was to assess

the relation of peak serum troponin T levels in patients with normal LV mass and in subjects with mild, moderate, and severe LVH in patients with acute STEMI or non-ST segment elevation myocardial infarction (NSTEMI) when stratified on variables that might be expected to affect serum troponin T levels. The study population consisted of 262 patients; 91 with STEMI and 161 with NSTEMI. Serum troponin levels and 2-dimensional echocardiograms were obtained within the first 24 hours of hospitalization for STEMI or NSTEMI. There was no significant difference in serum troponin T levels in LV mass and/or LVH groups ($p = 0.3210$). There was no significant difference in serum troponin T levels in LV mass and/or LVH groups when these data were stratified on third variables including serum creatinine >1.2 mg/dl ($p = 0.3681$), LV ejection fraction $<60\%$ ($p = 0.0978$), STEMI ($p = 0.2576$), NSTEMI ($p = 0.4994$), and location of severe coronary stenosis ($p = 0.1981$). The results of this study suggest that there is no association between peak serum troponin T levels and LV mass and/or LVH groups when such groups are stratified on a third variable that may influence peak serum troponin T levels.

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标题: Value of Adding the CHA2DS2-VASc Score to the GRACE Score for Mortality Risk Prediction in Patients With Acute Coronary Syndrome

简介: Global Registry of Acute Coronary Events (GRACE) risk score has been routinely used for risk stratification of acute coronary syndrome (ACS) patients. We aimed to examine whether the addition of the CHA2DS2-VASc score to the GRACE score improves risk stratification. Included were patients with ACS who were divided into high (>140), intermediate ($110 < \text{GRACE score} \leq 140$) and low (<110) GRACE score. Each group was further divided into 3 subgroups categorized according to their CHA2DS2-VASc score: 0–1, 2–3, and ≥ 4 . Management and Outcomes were compared for each GRACE score group and CHA2DS2-VASc score subgroups. Included 6,854 ACS patients, of them 3596 (52.5%) were classified as low risk, 1,937 (28.3%) were at intermediate risk and 1,321 (19.3%) were high-risk patients. In the intermediate risk group, patients with a higher CHA2DS2-VASc score more frequently underwent percutaneous coronary revascularization. For low risk patients, 30-day mortality rates were 0.8%, 1.5%, and 1.3% ($p = 0.02$), and 1-year all-cause mortality rates were 1.3%, 3%, and 2.6% ($p = 0.002$) for CHA2DS2-VASc score 0–1, 2–3, ≥ 4 , respectively. For intermediate risk patients, 30-day mortality rates were 2.9%, 3.4%, and 3.8% ($p = 0.8$), and 1-year all-cause mortality rates were 6.4%, 7.8%, and 11.2% ($p = 0.01$) for CHA2DS2-VASc score 0–1, 2–3, ≥ 4 , respectively. Among patients with a GRACE score <140 , each 1 point increase in the CHA2DS2-VASc score was associated with a 57% increase in 1-year mortality rates. In conclusion, the addition of the CHA2DS2-VASc score to the GRACE risk score in ACS patients improves risk stratification of patients with low and intermediate risk.

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标题: Cardiovascular Outcomes and All-cause Mortality Following Measurement of Endogenous Testosterone Levels

简介: Although reduced testosterone levels are common in aging populations, the clinical consequences remain to be further explored. We examined whether low total testosterone levels are associated with stroke (ischemic and hemorrhagic), myocardial infarction (MI), venous thromboembolism (VTE), and all-cause mortality in adult men. We conducted a cohort study in the Central Denmark Region (2000 to 2015). We included all men with a first-ever laboratory testosterone result and computed the 5-year risks of cardiovascular outcomes and all-cause mortality. Propensity score-weighted hazard ratios were computed, comparing persons with normal versus low testosterone levels. Individuals were censored at testosterone treatment during follow-up (3%). We identified 4,771 men with low testosterone levels and 13,467 with normal levels. Persons with low testosterone levels were older (median ages, 55 years vs 50 years) and had more co-morbidities than men with normal testosterone levels. Persons with low testosterone had higher 5-year risks of stroke (2.4% vs 1.5%), MI (1.5% vs 1.2%), VTE (1.4% vs 0.9%), and all-cause mortality (17.8% vs 6.8%) than persons with normal testosterone levels. After propensity score-weighting, the associations with cardiovascular outcomes reached unity. The 5-year hazard ratios were 1.14 (95% confidence intervals [CIs] 0.87 to 1.49) for stroke, 0.95 (95% CI 0.70 to 1.30) for MI, 1.10 (95% CI 0.78 to 1.55) for VTE, whereas it was 1.48 (95% CI 1.32 to 1.64) for all-cause mortality. In conclusion, low testosterone level was a strong predictor for cardiovascular outcomes and all-cause mortality in unadjusted models, however only the association between low testosterone and all-cause mortality persisted after adjustment for age and co-morbidity.

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