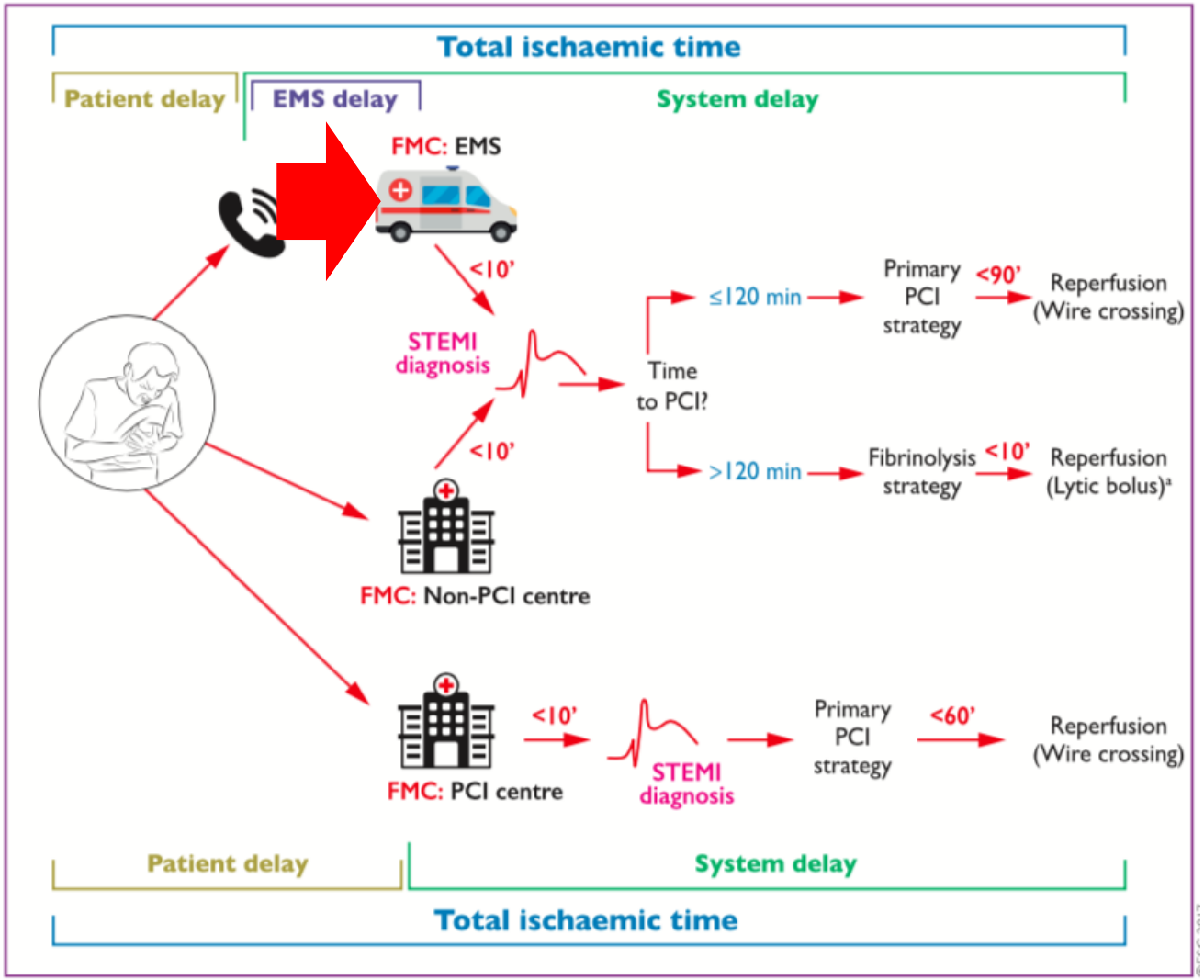
2018 de STEMI Tedavisinde Fibrinolitik Tedavi

Prof. Dr. Oktay Ergene

Müracaaat Yerine Göre Reperfüzyon Stratejisi Seçimi ve Zamanlaması

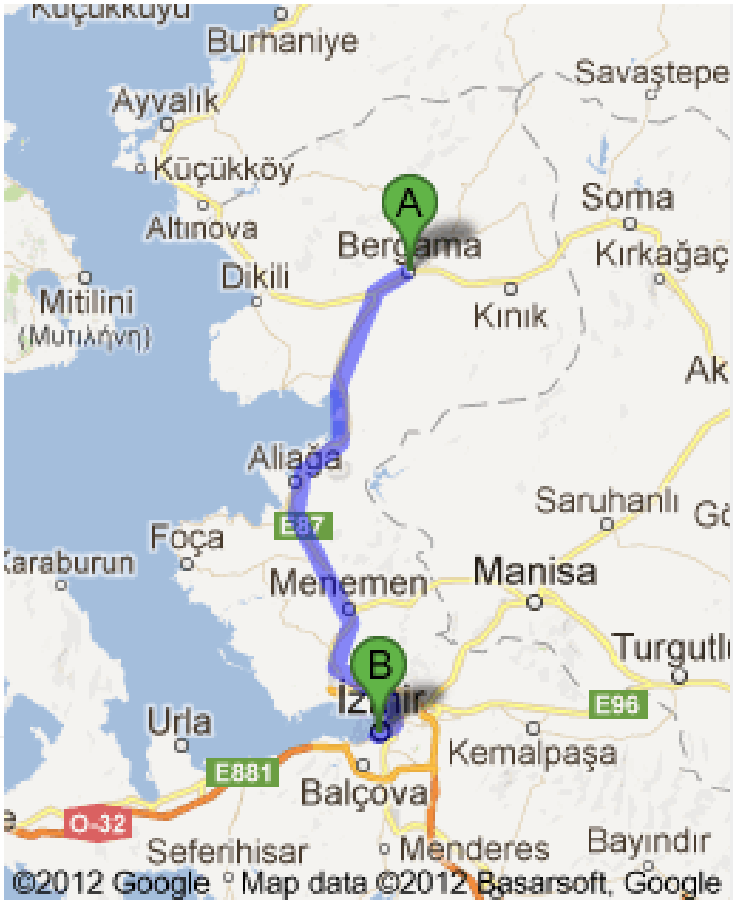


PPKG mi ? Fibrinolitik Tedavi mi ?

Başlangıç noktası: Bergama
Varış noktası: İzmir

Süre: 2 saat 10 dk

Mesafe	Rota
106,0 km	D550/E87



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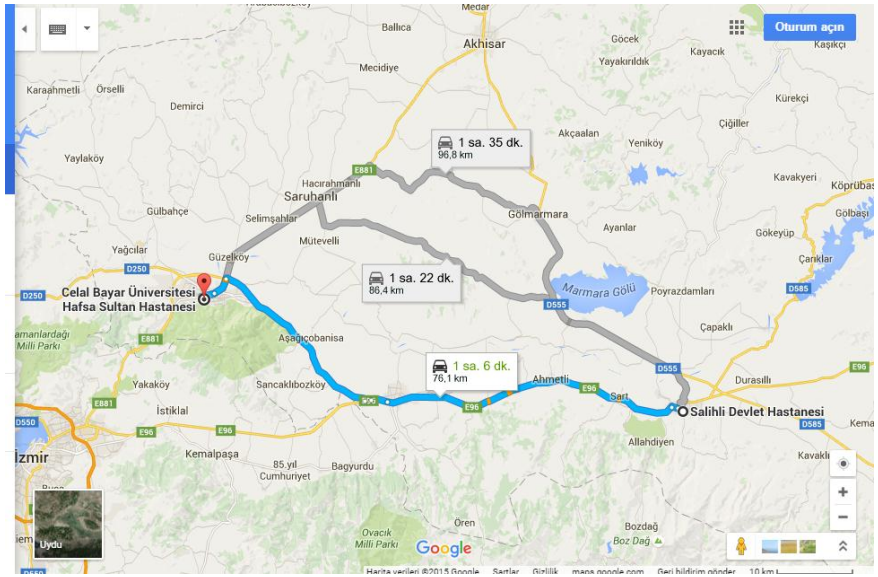
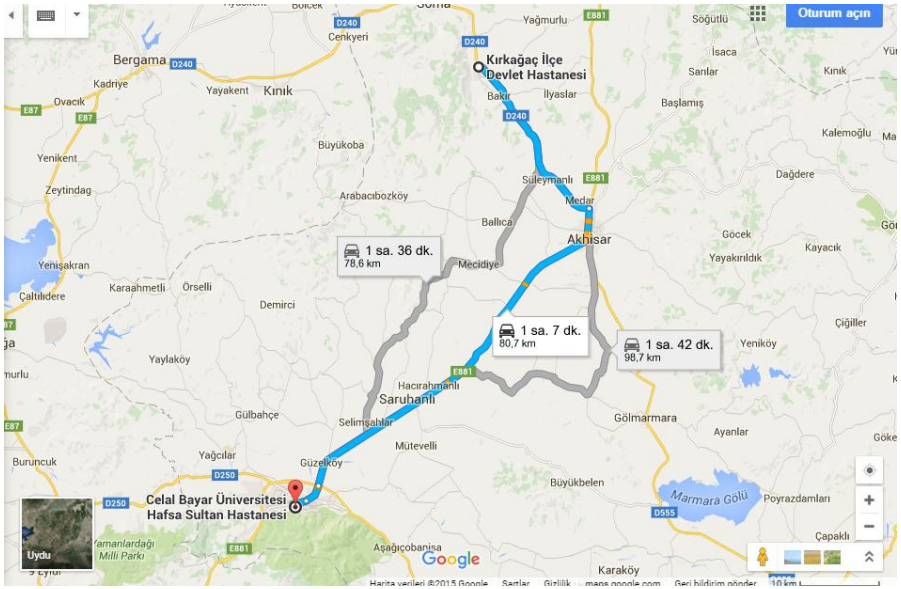
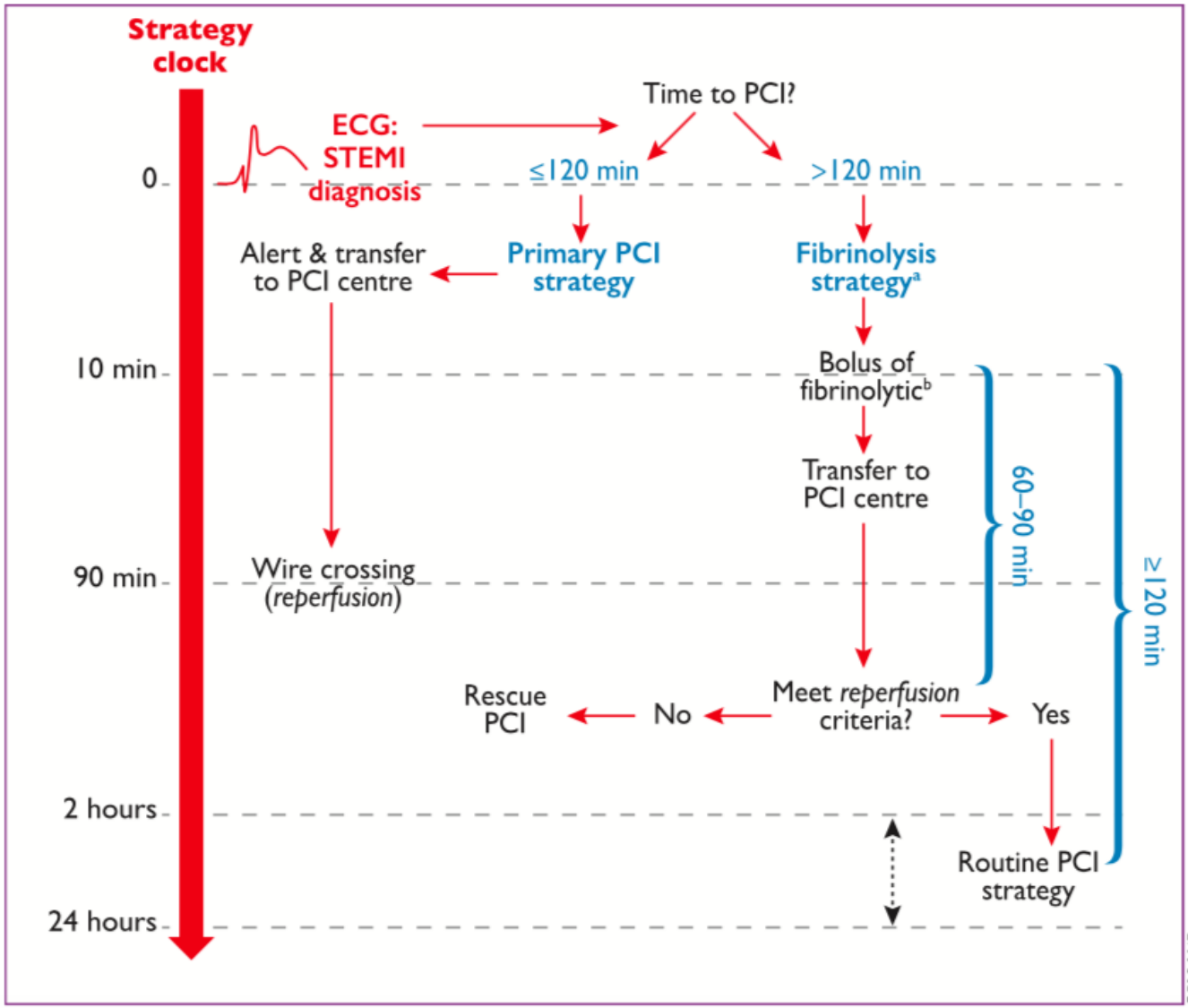




Reperfüzyon Stratejisine Seçimine Göre Zamanlama



Fibrinoliz ve Farmakoinvazif Strateji

Fibrinolitik Tedaviyle Birlikte Antiplatelet Tedavi için Öneriler

Recommendations	Class[a]
When fibrinolysis is the reperfusion strategy, it is recommended to initiate this treatment as soon as possible after STEMI diagnosis, preferably in the pre-hospital setting.[96,98,123,222]	I
A fibrin-specific agent (i.e. tenecteplase, alteplase, or reteplase) is recommended.[223,224]	I
A half-dose of tenecteplase should be considered in patients ≥75 years of age.[121]	IIa
Antiplatelet co-therapy with fibrinolysis	
Oral or i.v. aspirin is indicated.[213]	I
Clopidogrel is indicated in addition to aspirin.[225,226]	I
DAPT (in the form of aspirin plus a $P2Y_{12}$ inhibitor[c]) is indicated for up to 1 year in patients undergoing fibrinolysis and subsequent PCI.	I

Fibrinolitik Tedavi, Fibrinolitik Tedaviyle Birlikte Antikuagulan ve Girişimsel Tedavi için Öneriler

Anticoagulation co-therapy with fibrinolysis	
Anticoagulation is recommended in patients treated with lytics until revascularization (if performed) or for the duration of hospital stay up to 8 days.[199,224,227–233] The anticoagulant can be:	I
• Enoxaparin i.v. followed by s.c. (preferred over UFH).[227–232]	I
• UFH given as a weight-adjusted i.v. bolus followed by infusion.[224]	I
• In patients treated with streptokinase: fondaparinux i.v. bolus followed by an s.c. dose 24 h later.[199,233]	IIa
Transfer after fibrinolysis	
Transfer to a PCI-capable centre following fibrinolysis is indicated in all patients immediately after fibrinolysis.[121,124,126–130,234]	I
Interventions following fibrinolysis	
Emergency angiography and PCI if indicated is recommended in patients with heart failure/shock.[124, 235]	I
Rescue PCI is indicated immediately when fibrinolysis has failed (<50% ST-segment resolution at 60–90 min) or at any time in the presence of haemodynamic or electrical instability, or worsening ischaemia.[121,124,236]	I
Angiography and PCI of the IRA, if indicated, is recommended between 2 and 24 h after successful fibrinolysis.[125–128,234]	I
Emergency angiography and PCI if needed is indicated in the case of recurrent ischaemia or evidence of reocclusion after initial successful fibrinolysis.[124]	I

Fibrinolitik Tedavide Kullanılan Ajanların Dozları için Öneriler

Doses of fibrinolytic therapy		
Streptokinase	1.5 million units over 30–60 min i.v.	Previous treatment with streptokinase or anistreplase
Alteplase (tPA)	15 mg i.v. bolus 0.75 mg/kg i.v. over 30 min (up to 50 mg) then 0.5 mg/kg i.v. over 60 min (up to 35 mg)	
Reteplase (rPA)	10 units + 10 units i.v. bolus given 30 min apart	
Tenecteplase (TNK-tPA)	Single i.v. bolus: 30 mg (6000 IU) if <60 kg 35 mg (7000 IU) if 60 to <70 kg 40 mg (8000 IU) if 70 to <80 kg 45 mg (9000 IU) if 80 to <90 kg 50 mg (10000 IU) if ≥90 kg It is recommended to reduce to half-dose in patients ≥75 years of age.[121]	

2014 ACCF/AHA NSTEMI Güncellemesi

Table 9. Dosing of Parenteral Anticoagulants During PCI

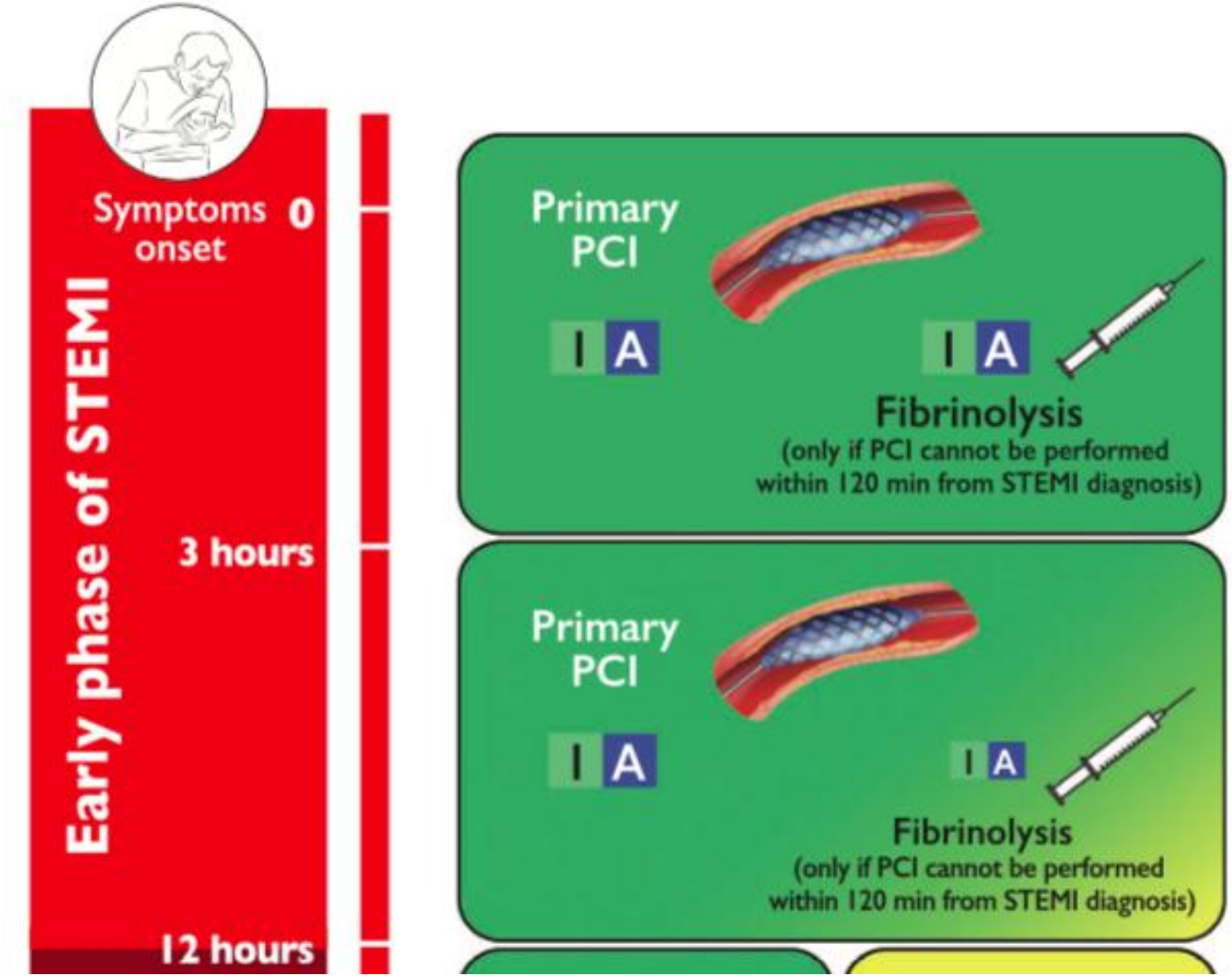
Drug*	In Patients Who Have Received Prior Anticoagulant Therapy	In Patients Who Have Not Received Prior Anticoagulant Therapy
Enoxaparin	• For prior treatment with enoxaparin, if last SC dose was administered 8–12 h earlier or if <2 therapeutic SC doses of enoxaparin have been administered, an IV dose of enoxaparin 0.3 mg/kg should be given	• 0.5 mg/kg–0.75 mg/kg IV loading dose
	• If the last SC dose was administered within prior 8 h, no additional enoxaparin should be given	
UFH	• IV GPI planned: additional UFH as needed (e.g., 2,000–5,000 U) to achieve ACT of 200–250 s • No IV GPI planned: additional UFH as needed (e.g., 2,000–5,000 U) to achieve ACT of 250–300 s for HemoTec, 300–350 s for Hemochron	• IV GPI planned: 50–70 U/kg loading dose to achieve ACT of 200–250 s • No IV GPI planned: 70–100 U/kg loading dose to achieve target ACT of 250–300 s for HemoTec, 300–350 s for Hemochron

Fibrinolitik Tedavide Kontrendikasyonlar

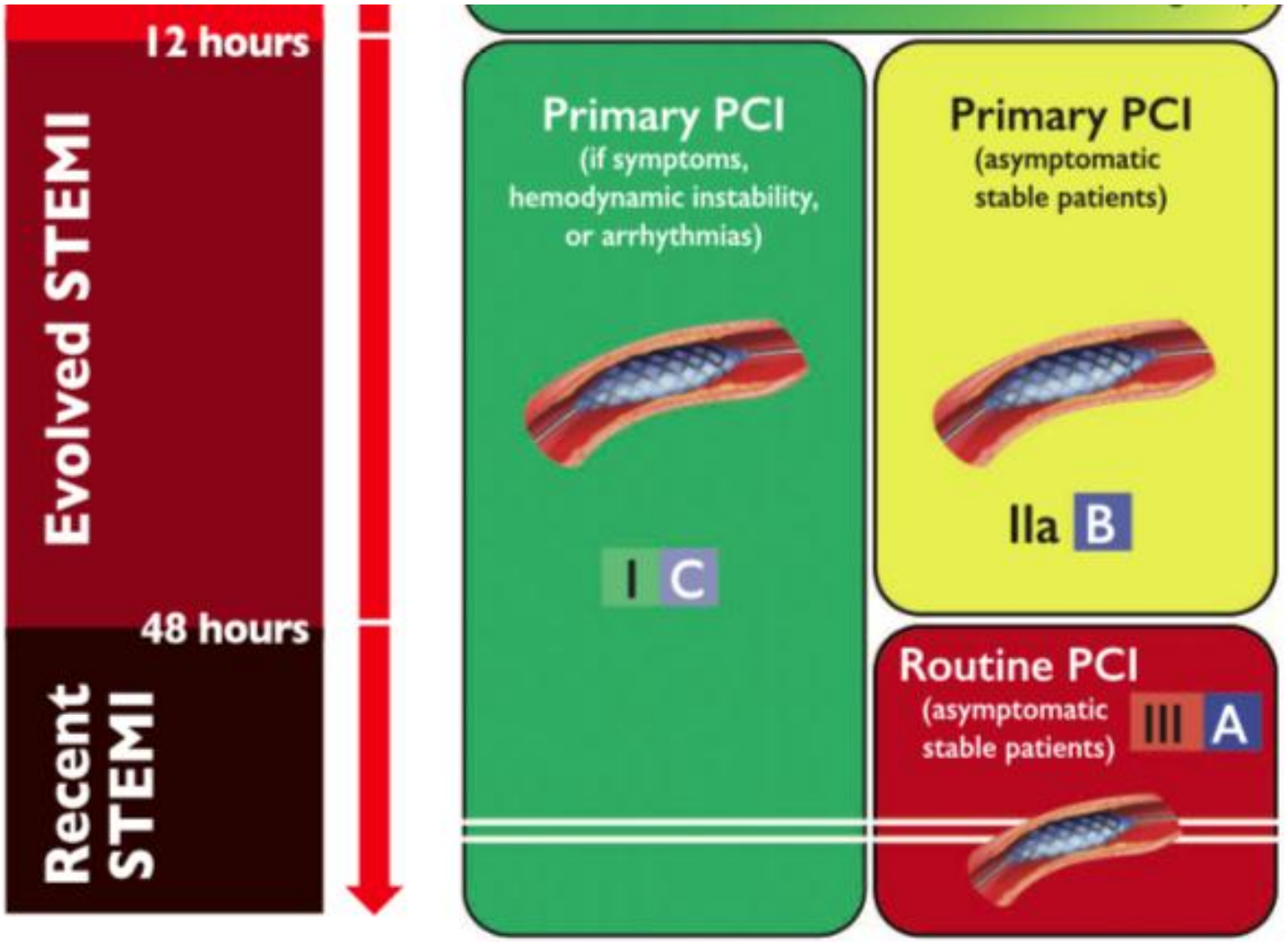
Absolute
Previous intracranial haemorrhage or stroke of unknown origin at anytime
Ischaemic stroke in the preceding 6 months
Central nervous system damage or neoplasms or arteriovenous malformation
Recent major trauma/surgery/head injury (within the preceding month)
Gastrointestinal bleeding within the past month
Known bleeding disorder (excluding menses)
Aortic dissection
Non-compressible punctures in the past 24 hours (e.g. liver biopsy, lumbar puncture)

Relative
Transient ischaemic attack in the preceding 6 months
Oral anticoagulant therapy
Pregnancy or within 1 week postpartum
Refractory hypertension (SBP >180 mmHg and/or DBP >110 mmHg)
Advanced liver disease
Infective endocarditis
Active peptic ulcer
Prolonged or traumatic resuscitation

Reperfüzyon Stratejisi Seçiminde İlk 12 saat için Öneriler (Özet)



Reperfüzyon Stratejisi Seçiminde İlk 12 Saatten Sonrası için Öneriler (Özet)



Değişen Ne Var ?

- İlk Medikal Temas (First Medical Contact, FMC) tanımı değişti

- Fibrinolitik Tedavi-Primer PKG stratejisi seçiminde STEMI tanısından telin geçişine kadar olan sürenin 120 dk altında öngörülüyor olması

- Fibrinolitik tedavi başlama zamanı 30 dk dan 10 dk çekildi

Değişen Ne Var ?

- **Fibrinoliz (tercihan bolüs) sonrası hasta hemen PKG merkezine sevk edilmeli**

- **Fibrinolitik tedavi sonrası reperfüzyonun başarısını (başarısızlığı) değerlendirmek amacıyla 60. dk EKG değerlendirilmesi öneriliyor (daha önce 90. dk)**

- **Fibrinolitik tedavi sonrasında hastaların 2. saatten sonra kateter labratuvarına alınmasına izin veriyor (2-24 saat aralığında katater labratuvarına alınması, daha önce 3-24 saat)**

Değişen Ne Var ?

- **Fibrinolitik tedavi yle birlikte Sınıf I endikasyonla enoxaheparin önerildi (IV daha sonra SC)**

- **Tenektaplaz için 75 yaş üstü olgularda yarım doz önerisi geldi**

Teşekkürler