

*Evaluation of fibrinolytic therapy in metabolic syndrome*

Zamani B.

Assistant Professor of cardiology, Ardabil University of medicine, Ardabil, Iran

Myocardial infarction is one of the most common causes of death and main problems of the adult health in the world, especially in developed countries. Thrombolytic administration is a preferred life saver method of acute myocardial infarction if primary angioplasty is not possible. Given that the incidence of myocardial infarction in patients with metabolic syndrome is high and since the prevalence of metabolic syndrome in patients with myocardial infarction is significant evaluation of therapeutic response to streptokinase in this regard is very important. So In this study clinical criteria, electrocardiographic and cardiac biomarkers in response to thrombolytic examined. Materials and Methods: In this study, all patients with a first acute coronary syndrome with and without metabolic syndrome divided into two categories and meet the criteria pain, increased cardiac enzymes and ST segment resolution. Results: In this study, 340 patients streptokinase candidate with a first myocardial infarction attack were conducted in 340 patients 51.50% of the total eligible metabolic syndrome and patients without metabolic syndrome are 48.50% and the percentage of male to female gender without metabolic syndrome, 83% and 76% to meet the metabolic syndrome ( $0.140 = P\text{-Value}$ ), respectively. The average age of having metabolic syndrome at 59.51 and 58.22 in the group without metabolic syndrome ( $P = 0.236$ ), respectively. Pain improvement after streptokinase 58.2% in the group without metabolic syndrome and in metabolic syndrome 23.4% ( $P < 0.001$ ) and the relative risk was 0.220. ST-segment resolution at 90 minutes after completion of the injection of SK 58.2% in the group without metabolic syndrome and in metabolic syndrome 23.4% ( $P = 0.002$ ) and the relative risk was 0.491. Worked up: According to the results, the factors pain and cardiac enzymes not see a significant difference between the two groups, but in the 90th minute ST segment resolution between the two groups was significantly different, but the differences resolved in 180 minutes. ST-segment resolution at 180 min after injection completion SK in the group without metabolic syndrome Metabolic syndrome was 76.4% and containing 67.4% ( $P = 0.641$ ) and the relative risk was 0.641. Recommendations: this study suggest that, if possible, using of angioplasty as the preferred method instead of thrombolytic for patients with metabolic syndrome with myocardial infarction. Keywords: myocardial infarction. Metabolic syndrome. ST resolution. Cardiac biomarkers.