

根據新臨床指引的介入治療處置非 ST 波段上升的急性冠心症

New guideline-based interventional therapy for non-ST elevation ACS

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According to the ACC/AHA, ESC and Taiwan Society of Cardiology Guideline, the intervention therapy should be recommended as following:

Timing of revascularization :

An early coronary angiography should be considered and performed as soon as possible within 24 h for NSTEMI-ACS patients who have unstable hemodynamics, acute pulmonary edema, tachy- or brady-arrhythmias and refractory angina with dynamic ECG changes. (COR I, LOE B). In some cases emergent PCI (less than 2 hour at arrive of hospital) may be considered.

Revascularization therapy :

- For NSTEMI-ACS patients with multivessel disease and the culprit lesions can be identified clearly, ad hoc PCI could be performed especially in very high risk patients with unstable hemodynamics, acute pulmonary edema, tachy- or bradyarrhythmias or refractory angina with occlusion of the culprit artery. (COR I, LOE C)

- For NSTEMI-ACS patients with multi-vessel disease, the Heart Team should use shared decision making to decide the revascularization strategy. (COR I, LOE C)

PCI strategy :

- In NSTEMI-ACS patients, radial approach is recommended for coronary angiography and PCI in experienced operators and high volume centers with radial access (COR I, LOE A).

- New generation DESs are recommended in NSTEMI-ACS patients undergoing PCI. (COR I, LOE A).