

Patients of both groups didn't have significant differences in number of WBCs ($p=0.93$). Number of RBCs ($p=0.002$), and hemoglobin ($p<0.001$) were higher in male patients. Interesting to say, that ESR was higher in females (19.8 [10.5; 24.7] vs 13.9 [5; 15.5] mm.h, $p=0.003$).

In biochemical blood test male patients had higher levels of creatinine ($p=0.014$), however their urea levels were comparable ($p=0.91$). There were no intergroup differences in values of total cholesterol ($p=0.78$), triglycerides ($p=0.53$) and low density lipoproteins ($p=0.84$), however high density lipoproteins were higher in females, almost reaching statistical significance level ($p=0.06$). High-sensitive troponin I levels were comparable between two groups (5291 [303; 4209] vs 5321 [127; 3769] ng/L, $p=0.12$), as well as such biomarkers as lactate dehydrogenase ($p=0.09$) and creatine phosphokinase MB ($p=0.98$).

Conclusions. Female patients with NSTEMI-ACS were older, and had higher BMI. In laboratory tests females were characterized by lower levels of RBCs, hemoglobin and creatinine, and higher levels of ESR and low density lipoproteins ($p<0.05$). Cardiac biomarkers in both groups showed no statistical difference ($p>0.05$), despite higher incidence of unstable angina diagnosis in female patients ($p<0.001$).

LITERATURE

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A CASE STUDY OF A YOUNG PATIENT WITH RECURRENT MYOCARDIAL INFARCTION

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Relevance. Among adults aged 35-70 years, cardiovascular disease is the leading cause of death worldwide [1, 2]. The issue of MI is highly relevant due to rising morbidity and mortality rates in individuals with acute and chronic coronary heart disease globally [3], which is associated with an increase in the main risk factors for atherosclerosis [4].

Target. To present a case of recurrent myocardial infarction in a young adult and evaluate the role of SPECT and PCI in diagnosis, treatment planning and follow-up.

Research methods. Patient S., born in 1983, was admitted on 02/10/2019 with chest pain and high blood pressure (170/90). Risk factors included smoking, obesity, and inactivity. Examination showed moderate condition (BP 150/80). ECG indicated

ST segment depression, confirming acute coronary syndrome without ST elevation (troponin I level: 2420 ng/L).

Coronary angiography revealed 30% stenosis in the circumflex artery, 70% in the obtuse marginal artery, and right coronary artery occlusion with delayed collateral flow. An echocardiogram showed inferoseptal hypokinesis. Tests indicated high total cholesterol (9.62) and elevated enzymes. The diagnosis was acute Q-MI of the posterior-inferior wall, and the patient was discharged with a treatment plan.

On February 18, 2020, he was re-admitted with exertional shortness of breath. A treadmill test was halted due to high blood pressure (180/100), but without ECG changes. Recovery was adequate, with total cholesterol at 5.7.

On February 26, the SPECT indicated local perfusion disorders in the anterior and inferior walls, with a total stress score of 28 points (43% involvement), improved to 15 points (25% after correction). Local contractility was impaired, yet global function was stable with an LVEF of 65%.

On March 18, the patient underwent PCI, receiving angioplasty and sirolimus-eluting stents in the OM-1 and RCA. He was discharged with a regimen including bisoprolol, ramipril, ASA, clopidogrel, rosuvastatin, and pantoprazole.

On June 18, a SPECT scan showed reduced perfusion in the anterior and inferior walls, with stress scores of 16 points (29%) corrected to 11 points (14%). Local contractility was impaired. Lab tests on June 21 revealed high cholesterol (8.8). An echocardiogram on June 22 indicated left ventricular hypertrophy and lower septal hypokinesis. Rosuvastatin was switched to atorvastatin, lowering cholesterol to 4.0.

On 23/11/2020, he was admitted with acute coronary syndrome and recurrent inferior wall myocardial infarction. RCA occlusion was treated with thrombectomy and stenting. An echocardiogram showed inferior septal hypokinesia and akinesia.

Results and their discussion. 36-year-old smoker had recurrent inferior MI despite PCI; persistent perfusion defects on SPECT; cholesterol improved after statin change. Young smokers with uncontrolled risk factors can have recurrent MI despite PCI; SPECT aids assessment; aggressive risk reduction and close follow-up are crucial.

Conclusions. This case examines recurrent MI in a 36-year-old male, emphasizing SPECT imaging for PCI assessment. It highlights the importance of evaluating young patients with chest pain, often misdiagnosed, with management akin to older patients.

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