



PECULIARITIES OF CLINICAL COURSE, TREATMENT AND PROGNOSTICATION OF ACUTE CORONARY SYNDROME WITHOUT ST SEGMENT ELEVATION IN PATIENTS WITH IRON DEFICIENCY ANEMIA

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Introduction: This study aims to evaluate the management and safety of antithrombotic therapy in NSTEMI-ACS patients with iron deficiency anemia at high risk for gastrointestinal bleeding.

Material and methods:

The study was a two-phase evaluation of NSTEMI-ACS patients' treatment with iron deficiency anemia (IDA) and high gastrointestinal bleeding (GIB) risk. Phase I reviewed 112 case histories from Tashkent Medical Institute's cardiac care unit (2022-2023), revealing prevalent hypochromic anemia. Phase II was a prospective analysis of heparin and iron supplements' efficacy and safety in patients meeting specific inclusion criteria but excluding those with recent significant bleeding, severe renal failure, or other specified conditions. Of the initial patients, 92 qualified for further study, undergoing detailed clinical and laboratory examinations.

Patients were divided into two groups: one received heparin alongside standard NSTEMI-ACS treatment, and the other, the control group, did not receive anticoagulants. The study aimed to compare the two groups' outcomes, with statistical analysis performed using Excel and Statistical software, focusing on average values, standard deviations, and significance tests to ascertain treatment effectiveness and safety.

Degree of anemia	Number of patients	Prescription frequency	
		abs.	%
Lightweight	58	19	32*
Average	37	34	91*
Heavy	17	17	100*

Results and discussion: In an extensive evaluation of NSTEMI-ACS patients, a significant finding was the high prevalence (92.9%) of hypochromic iron deficiency anemia (IDA), with the majority presenting mild to moderate levels. The primary causes identified were chronic kidney disease, malignancies, and notably, gastrointestinal bleeding, emphasizing the diverse etiology behind IDA in this patient cohort.

Hemoglobin level, g/l	Number of patients	Prescription frequency	
		abs.	%
From 90 to 120	58	57	98*
From 70 to 90	37	34	91*
Below 70	17	7	41*

Despite the clear association of IDA with NSTEMI-ACS, the study revealed a conservative approach towards iron supplementation and anticoagulant therapy, indicating a potential gap in the comprehensive management of these patients. The treatment approach for NSTEMI-ACS patients with IDA highlighted a preference for unfractionated heparin over low molecular weight heparin and an underutilization of antiplatelet agents, suggesting a cautious stance likely due to concerns over bleeding risks.

This conservatism in treatment choice underscores the need for a balanced approach that considers both the thrombotic and hemorrhagic risks inherent in NSTEMI-ACS management. The correlation between the severity of IDA and the increased incidence of myocardial infarction underscores the critical impact of anemia on patient outcomes, necessitating more aggressive management of IDA in the context of NSTEMI-ACS.

The study also explored the efficacy and safety of heparin therapy in NSTEMI-ACS patients with IDA, achieving positive outcomes across several endpoints, including mortality, myocardial infarction, and bleeding. The comprehensive correction of IDA in these patients led to a notable improvement in clinical outcomes, with a significant reduction in overall mortality compared to the control group. These findings advocate for the integration of antithrombotic therapy with proactive iron deficiency management to enhance patient outcomes, highlighting the importance of addressing both the thrombotic and anemic components of NSTEMI-ACS.

Conclusion. In this way, the comes about gotten permit the broad utilize of heparin within the treatment of patients with intense coronary disorder without ST section height, press lack iron deficiency and a tall chance of gastrointestinal dying.