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**LABORATORY FEATURES OF PATIENTS WITH MYOCARDIAL INFARCTION
WITH AND WITHOUT ST SEGMENT ELEVATION**

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Relevance. A large portion of current literature on ST-elevation myocardial infarction (STEMI) and Non-ST elevation myocardial infarction (NSTEMI) relies on advanced diagnostic tools that are unavailable in many resource-limited settings. There is a need for studies to characterize these two conditions using widely available parameters, especially for older patients.

Aim: to find differences in laboratory parameters between STEMI and NSTEMI in older patients for early risk stratification assessment. We compared parameters between 41 STEMI and 41 NSTEMI patients aged 40 to 87 using basic laboratory tests.

Materials and methods. In a retrospective single-center analysis, 82 patients who had myocardial infarction were divided into group 1 (STEMI, n=41) and group 2 (NSTEMI, n=41). The demographic data and results were collected from the hospital electronic database (eDoctor). Laboratory results that reflect patients' baseline characteristics were studied. Sets of quantitative indicators whose distribution deviated from normal were described using median (Me) values and lower and upper quartiles (Q1; Q3). The Mann-Whitney test was used to assess differences between two independent groups, and a p-value of less than 0.05 was deemed statistically significant.

Results and their discussion. Gender distribution was distributed equally. On comparison with group 2, group 1 had significantly lower values on Urea, mmol/L (5.5 [4.0;6.3] vs 6.8 [4.8;7.4]; p=0.02) and Creatinine, μ mol/L (86.1 [68;94] vs 92.6 [76.4;104]; p=0.02); but significantly higher on HDL, mmol/L (1.24 [1.0;1.4] vs 1.09 [0.8;1.18]; p=0.04) and AST, IU/L (111.6 [19.6;83.0] vs 30.7 [16.0;29.0]; p=0.001). Moreover, group 1 had significantly higher peak Troponin I, ng/L (15167 [846;23772] vs 4100 [247;2406]; p=0.028) compared to group 2.

Conclusions. Basic lab values vary considerably between STEMI and NSTEMI. These values include urea, creatinine, HDL, AST, and peak Troponin I. Lab results can be helpful tools for early risk stratification of elderly patients in hospitals.