

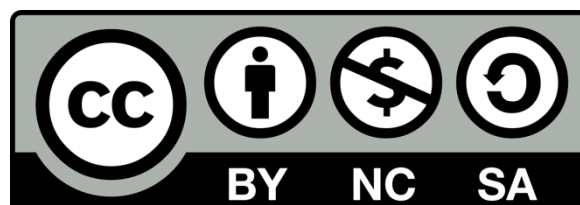
8TH LUBLIN INTERNATIONAL MEDICAL CONGRESS FOR STUDENTS AND YOUNG DOCTORS

LUBLIN, 18<sup>TH</sup> – 20<sup>TH</sup> NOVEMBER 2021

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STUDENTS' SCIENTIFIC SOCIETY  
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## **Predictors of pulmonary hypertension in patients with ST-elevation myocardial infarction.**

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**Introduction:** Pulmonary hypertension (PH) occurs in various clinical conditions, including diseases of the left half of the heart. The presence of PH is one of the negative prognostic factors of ST-elevation myocardial infarction (STEMI).

**Aim of the study:** To identify the predictors of PH in patients with STEMI.

**Material and methods:** 112 patients with STEMI in the acute period were examined. They were divided into 2 groups: 1st (n = 81) – STEMI with pulmonary hypertension, 2nd (n = 31) – STEMI without pulmonary hypertension. Patients underwent echocardiography on the device "MyLab50" ("Esaote", Italy). To identify predictors of PH we calculated the odds ratio (OR).

**Results:** Significant clinical predictors of PH are the presence of a constant form of atrial fibrillation (OR = 3,56; CI = 1,12-16,38; p<0,05), heart failure III-IV functional classes (OR = 6,97; CI = 1,19-54,26; p<0,05) and diabetes mellitus (OR = 3,12; CI = 1,11-15,87 p<0,05). Significant echocardiographic predictors of PH were the presence of systolic left ventricular dysfunction (OR = 2,65; CI = 1,14-7,21; p <0,05) and diastolic left ventricular dysfunction type II (OR = 5,48; CI = 1,21-24,21; p <0,05).

**Conclusions:** Significant clinical predictors of pulmonary hypertension in patients with STEMI are the presence of atrial fibrillation, heart failure III-IV functional classes and diabetes mellitus. Significant echocardiographic predictors of pulmonary hypertension in patients with STEMI are systolic left ventricular myocardial dysfunction and diastolic left ventricular dysfunction type II.



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