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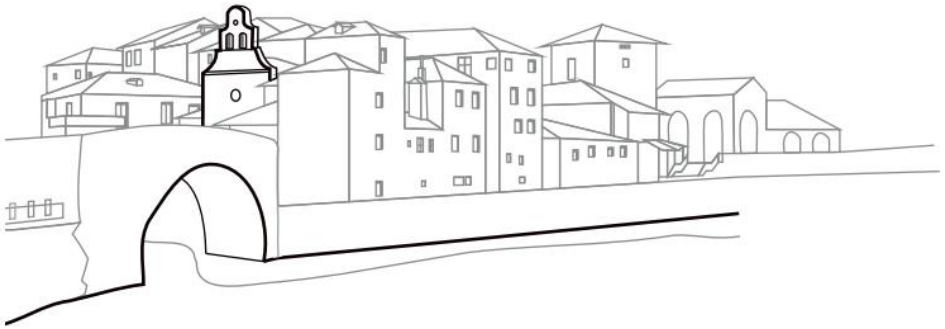
27 y 28
mayo
2022



MINOCA

Dra. Irene A. Pichel

Hospital Vital Álvarez Buylla

Congreso de la
Sociedad Asturiana
de **Cardiología**
Cangas de Narcea

SOCIEDAD ASTURIANA DE CARDIOLOGÍA

MINOCA

- 6-15% de los pacientes con IAM
- Jóvenes, mujeres, sin FRCV
- Menor supervivencia y mayor riesgo de eventos adversos.

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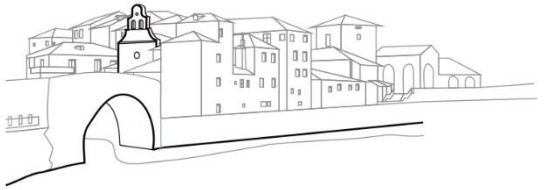


The diagnosis of MINOCA is made in patients with AMI fulfilling the following criteria:

1. AMI (modified from the 'Fourth Universal Definition of Myocardial Infarction' criteria):

- Detection of a rise or fall in cardiac troponin with at least one value above the 99th percentile upper reference limit and
- Corroborative clinical evidence of infarction as shown by at least one of the following:
  a. Symptoms of myocardial ischaemia
  b. New ischaemic electrocardiographic changes
  c. Development of pathological Q waves
  d. Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality in a pattern consistent with an ischaemic cause
  e. Identification of a coronary thrombus by angiography or autopsy

~~MIOCARDITIS~~
~~SD TAKO-TSUBO~~
~~CAUSAS NO ISQUÉMICAS~~

2. Non-obstructive coronary arteries on angiography:

- Defined as the absence of obstructive disease on angiography (i.e. no coronary artery stenosis ≥50%) in any major epicardial vessel[a]

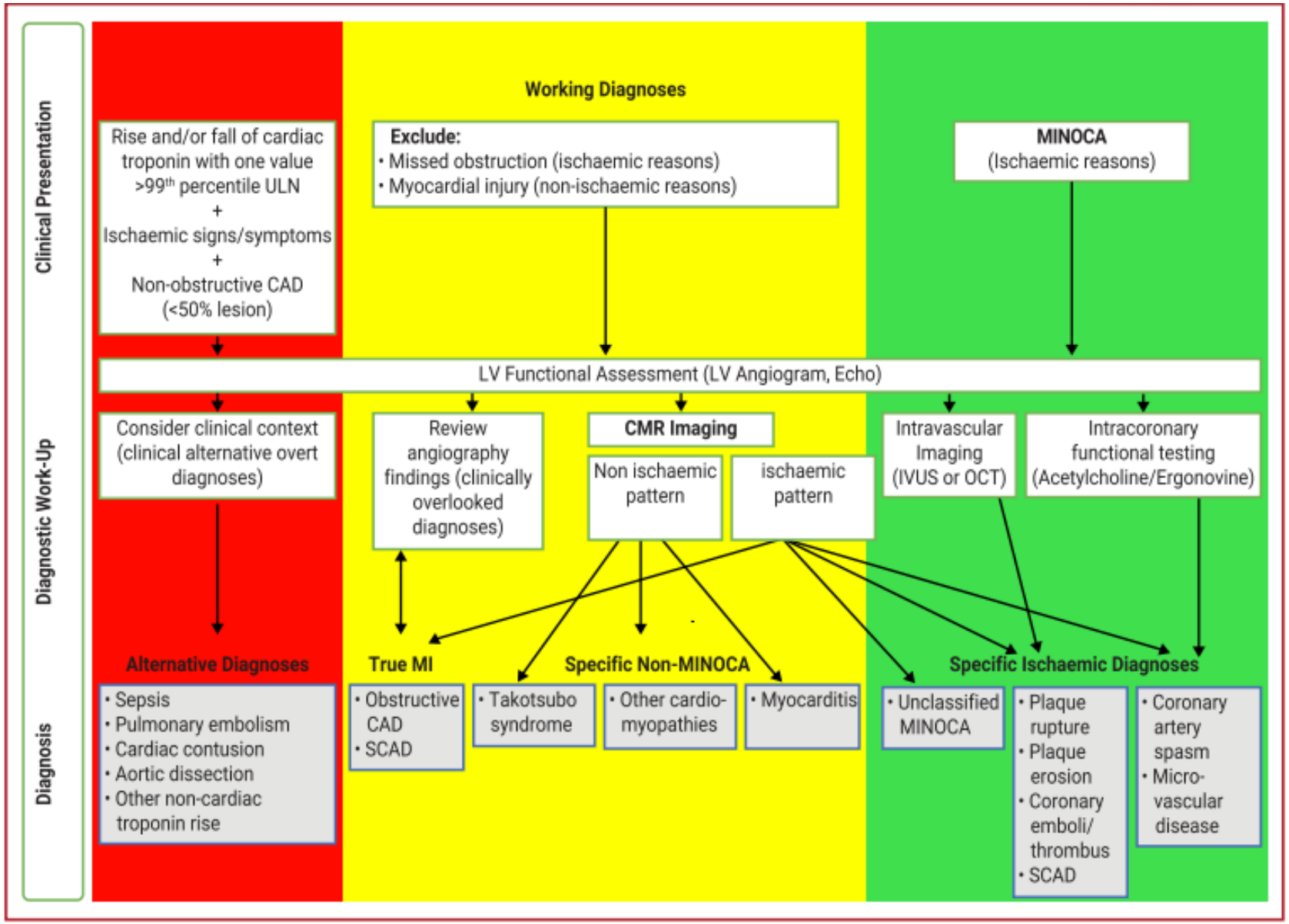
This includes patients with:

- Normal coronary arteries (no angiographic stenosis)
- Mild luminal irregularities (angiographic stenosis <30% stenoses)
- Moderate coronary atherosclerotic lesions (stenoses >30% but <50%)

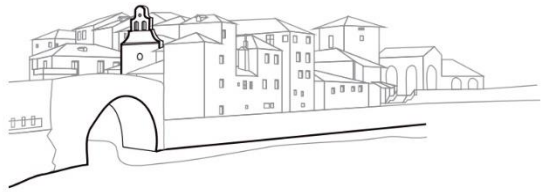
3. No specific alternate diagnosis for the clinical presentation:

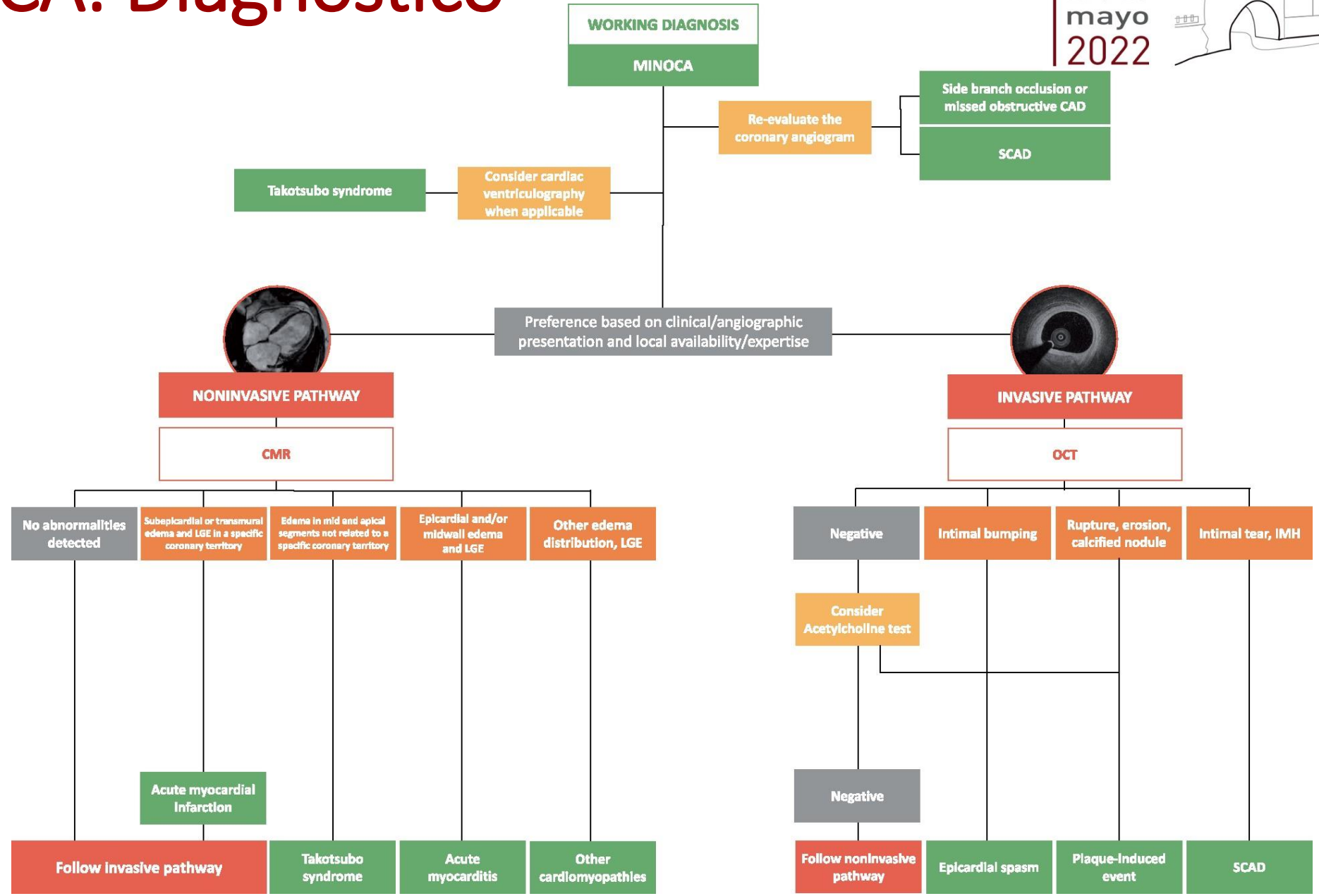
- Alternate diagnoses include, but are not limited to, non-ischaemic causes such as sepsis, pulmonary embolism, and myocarditis

MINOCA: Diagnóstico



MINOCA: Diagnóstico





Eur Heart J Acute Cardiovasc Care, Volume 10, Issue 7, September 2021, Pages 813–822

MINOCA: Tratamiento

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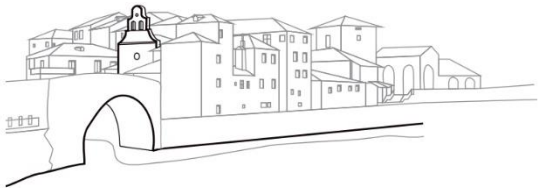

Underlying Mechanism/Clinical Disorder	Selective/Empirical Therapies†
Ischemic presentation (MINOCA)	
Plaque disruption	Aspirin High-intensity statin β-blockers (in presence of left ventricular dysfunction, and possibly with preserved EF) ACE inhibitors/ARBs (in presence of left ventricular dysfunction, and possibly with preserved EF) Consider clopidogrel/ticagrelor
Coronary artery spasm	Calcium channel blockers Other antispastic agents (nitrates, nicorandil, cilostazol) Consider statin
Coronary microvascular dysfunction	Conventional antianginal therapies (eg, calcium channel blocker, β-blocker) Unconventional antianginal therapies (eg, L-arginine, ranolazine, dipyridamole, aminophylline, imipramine, α-blockers)
Coronary embolism/thrombus	Antiplatelet or anticoagulant therapy Other targeted therapies for hypercoagulable condition
Spontaneous coronary artery dissection	Aspirin β-blocker Consider clopidogrel
Supply-demand mismatch	Treatment for underlying condition

MINOCA DE CAUSA DESCONOCIDA: AAS, estatinas y bloqueantes canales de calcio

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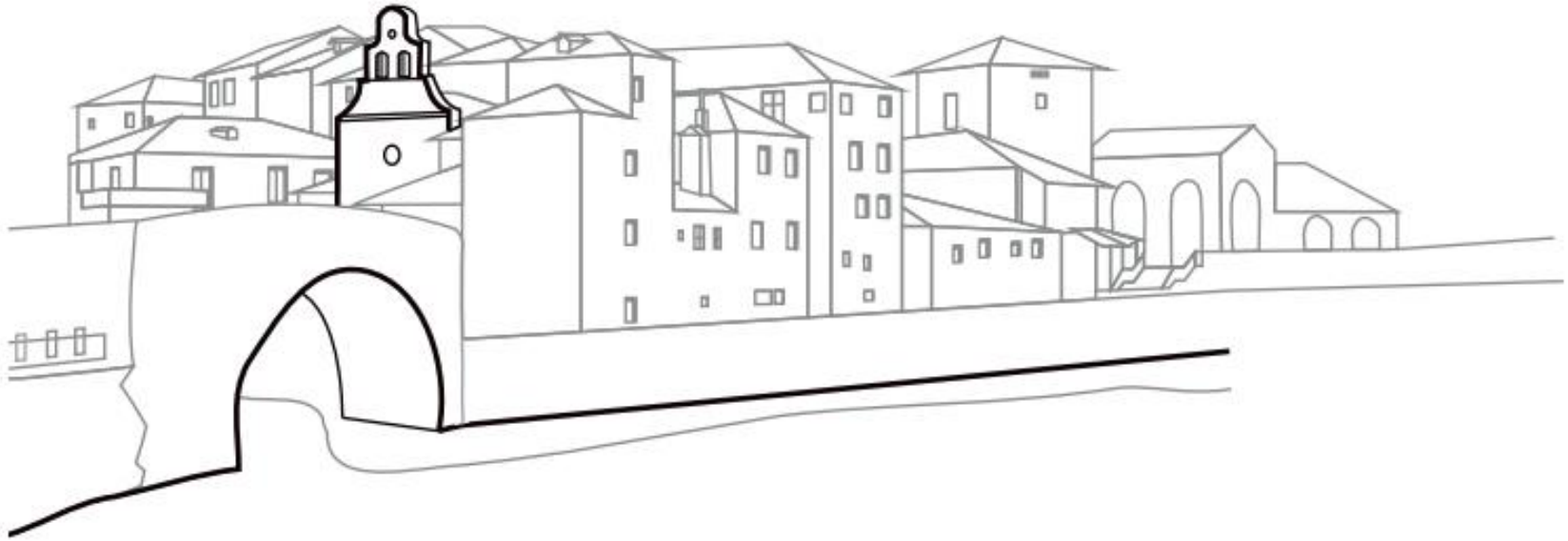

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