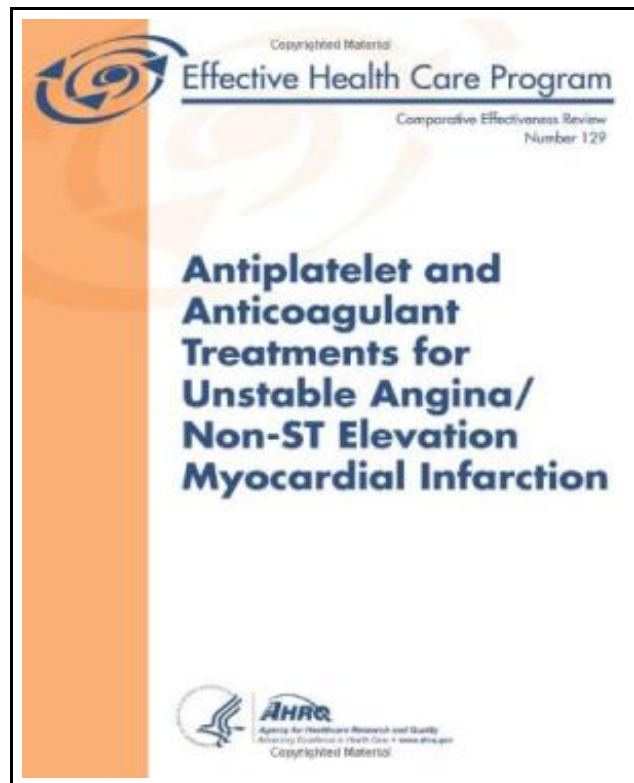


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(Prof. Maya Hand)

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Createspace. Paperback. Book Condition: New. This item is printed on demand. Paperback. 818 pages. Dimensions: 9.2in. x 7.5in. x 1.9in. Acute coronary syndrome (ACS) encompasses three similar yet distinct disorders: (1) STelevation myocardial infarction (STEMI), (2) nonST elevation myocardial infarction (NSTEMI), and (3) unstable angina (UA). These disorders are often collapsed into just two categoriesSTEMI and UANSTEMIbecause UA and NSTEMI have a similar pathophysiology, mortality rate, and management strategy when compared with STEMI. In the United States, approximately 1. 4 million people are diagnosed with ACS each year, and 70 percent of them have UANSTEMI. UANSTEMI is defined by the presence of ischemic chest pain (or an equivalent), the notable absence of ST segment elevation on electrocardiography, and the presence of either ST segment depression or T-wave inversion on electrocardiography and/or abnormal cardiac biomarkers. The pathophysiology of UANSTEMI involves six possible etiologies: (1) thrombus arising from a disrupted or eroded plaque, (2) thromboembolism from an erosive plaque, (3) dynamic obstruction (such as coronary spasm), (4) progressive mechanical obstruction, (5) inflammation, or (6) coronary artery dissection. Most patients with UANSTEMI have thrombus formation or progressive arterial narrowing that leads to subtotal occlusion of an epicardial coronary artery. The difference between UA and NSTEMI is based on the presence of myocardial necrosis or infarction as suggested by serum tests such as creatine kinase-myocardial band, troponin I, or troponin T in NSTEMI. The standard treatment goals for patients with UANSTEMI involve the elimination of ischemic pain and the prevention of adverse eventsdeath, recurrent ischemia, or myocardial infarction (MI). The cornerstone of short- and long-term treatment in all cases is medical therapy with antiplatelet and anticoagulant medications. Antiplatelet medications work by decreasing platelet aggregation and inhibiting thrombus formation. The timing of initiation of antiplatelet therapy in patients presenting with UANSTEMI is broadly classified as upstream...

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