

## Nécrosette infarction versus traditionally defined non-ST-segment elevation myocardial infarction (NSTEMI) and in-hospital course. Findings from the Global Registry of Acute Coronary Events (GRACE)

Eur Heart J 2001; 22 (suppl): 519.

E.P. Gurfinkel\*, E. Duronto, E. López de Sá, Á. Avezum, I. Sadiq, W. Klein, R.J. Goldberg, J. Johnson, S.G. Goodman

\*Institute of Biomedical Sciences, Buenos Aires University, Buenos Aires, Argentina

**Background:** Recently published guidelines state that patients with minimal myocardial injury should be classified as having an MI. In this study, we hypothesized that NSTEMI patients who have Tn+ T or I marker but whose CK-MB levels are undetectable (nécrosette infarction) have a similar short-term prognosis as those with undetectable levels of both biochemical markers (UA). We examined the value of a Tn+ marker in the prediction of adverse outcomes.

**Methods and results:** Data from patients with ACS enrolled in the multinational GRACE registry were analyzed. Of the 3479 patients, 49% had UA and 51% had NSTEMI (626 Tn+ patients; 1160 Tn+ and CK-MB+ patients). NSTEMI patients who were positive for both biochemical markers (Tn+ and CK-MB+) had significantly higher rates of hospital mortality or recurrent MI than patients with nécrosette infarction (OR 2.3, 95% CI 1.6–3.2). Patients with nécrosette infarction were also more likely to die or have a recurrent MI (OR 3.2, 95% CI 2.2–4.9) than patients with UA (Figure).

**Conclusions:** Patients with nécrosette infarction are at intermediate risk for adverse outcomes but have a more favorable prognosis than patients with NSTEMI who are Tn and CK-MB positive. As a consequence, patients with nécrosette infarction should receive more aggressive treatment than patients with UA.

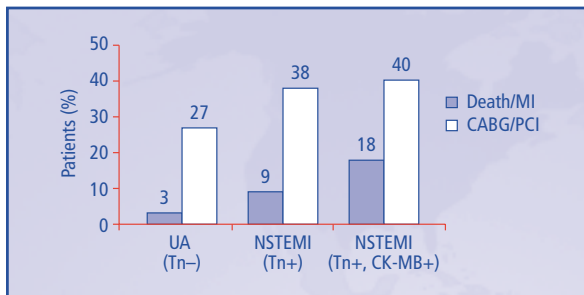


Figure. In-hospital outcomes of patients with ACS