

# Mortality trends in Acute Coronary Syndrome In Sahid Gangalal National Heart Centre

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At the beginning of 20<sup>th</sup> century cardiovascular disease accounted for less than 10% of mortality worldwide. It has increased to 50% in the developed and 25% in the developing world at the end of the century.

There has been steady decline in mortality due to acute myocardial infarction resulting from development of Coronary Care Unit, aspirin, beta blockade and Thrombolysis.

328 cases of acute coronary syndrome were admitted in CCU, (Jan 03 to Dec 03) out of which 227 (69.2%) were male and 91 ( 30.8%) were female.

**Table 1: Acute STEMI admission in CCU**

Diagnosis	Male	Female	Total	STK given	Deaths(%)
Inferior wall MI*	71	13	84	29	5 (5.9)
Anterior MI	21	9	30	8	2 (6.6)
Extensive Anterior	20	3	23	7	0
Anteroseptal	12	3	15	1	0
Lateral wall	5	2	7	0	0
Total	129	30	159	45	7 (4.4)

\*RV infarction -= 7, Posterior wall MI = 3.

We can see that a total of 159 ST elevation MI were admitted with the highest number taken by inferior 94 (52.8%). Out of them (STEMI) more than quarter received streptokinase (28.3%). The mortality was 7 (4.4%).

**Table 2: NSTEMI and Unstable Angina admission in CCU**

Diagnosis	Male	Female	Total	Deaths(%)
NSTEMI	20	7	27	1 (3.7)
Unstable Agnina	78	54	132	1 (0.7)
Total	98	61	159	2 (1.3)

A total of 152 cases of unstable angina and NSTEMI were admitted with only 2 deaths among them ie mortality of 1.3%,

**Table 3: Comparison of last 3 years CCU admissions and mortality**

Year	Number of admissions	Mortality	(%)
2001-2002	63	6	9.5
2002-2003	194	15	7.7
2003-2004	328	9	4.1