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2020 ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation. Collet JP, Thiele H, Barbato E, Barthélémy O, Bauersachs J, Bhatt DL, Dendale P, Dorobantu M, Edvardsen T, Folliguet T, Gale CP, Gilard M, Jobs A, Jüni P, Lambrinou E, Lewis BS, Mehilli J, Meliga E, Merkely B, Mueller C, Roffi M, Rutten FH, Sibbing D, Siontis GCM; ESC Scientific Document Group, Collet JP, et al. Eur Heart J. 2021 Apr 7;42(14):1289-1367. doi: 10.1093/eurheartj/ehaa575. Eur Heart J. 2021. PMID: 32860058 No abstract available. The document outlines the 2015 guidelines for non-ST elevation acute coronary syndrome (NSTEMI ACS) as developed by the European Society of Cardiology (ESC). It emphasizes the importance of evidence-based recommendations for health professionals to enhance patient management and outcomes. The guidelines incorporate a thorough evaluation of diagnostic and therapeutic strategies while ensuring transparency and addressing potential conflicts of interest. Invasive strategies are recommended based on patients' risk criteria, with specific emphasis on timely coronary revascularization. Heart-type fatty acid binding protein-a reliable marker of myocardial necrosis in a heterogeneous group of patients with acute coronary syndrome without persistent ST elevation. Figiel Ł, Kasprzak JD, Peruga J, Lipiec P, Drozd J, Krzemińska-Pakuła M, Smigielski J, Figiel Ł, et al. Kardiol Pol. 2008 Mar;66(3):253-9, discussion 260-1. Kardiol Pol. 2008. PMID: 18393112 0 ratings0% found this document useful (0 votes)51 viewsThis document presents the 2015 European Society of Cardiology guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation. It wa...SaveSave NSTEMI ESC Guidelines 2015 For Later0%0% found this document useful, undefined The clinical spectrum of non-ST-elevation ACS (NSTEMI-ACS) may range from patients free of symptoms at presentation to individuals with ongoing ischaemia, electrical or haemodynamic instability or cardiac arrest. The pathological correlate at the myocardial level is cardiomyocyte necrosis [NSTEMI-myocardial infarction (NSTEMI)] or, less frequently, myocardial ischaemia without cell loss (unstable angina). A small proportion of patients may present with ongoing myocardial ischaemia, characterized by one or more of the following: recurrent or ongoing chest pain, marked ST depression on 12-lead ECG, heart failure and haemodynamic or electrical instability. Due to the amount of myocardium in jeopardy and the risk of malignant ventricular arrhythmias, immediate coronary angiography and, if appropriate, revascularization are indicated.Guidelines er godkendt af DCS 7. januar 2016. Hvor der er kommentarer, afvigende dansk tradition samt forslag til forbedringer, er bemærkningerne samlet i nedenstående dokument.Klik her for at hente arbejdsgruppens kommentarerKlik her for at hente ESC publikationen Vi bruger cookies for at optimere funktionaliteten af denne hjemmeside, og indsamler statistik til forbedring af din brugeroplevelse. Ved at anvende hjemmesiden accepterer du denne brug af cookies i overensstemmelse med vores privatlivspolitik. OK Our mission: To reduce the burden of cardiovascular disease.