LETTERS TO THE EDITOR

Guidelines for the diagnosis and treatment of non-ST segment elevation acute coronary syndromes

An issue, which is not addressed by the guidelines, is whether, in the absence of Sgarbossa’s criteria, the association of acute coronary syndrome (ACS) type chest pain and left bundle branch block (LBBB) falls within the province of non-ST segment elevation ACS (nSTE-ACS) or whether it falls within the province of acute myocardial infarction. Strictly speaking, it is only when Sgarbossa’s criteria are met that the association of ACS-type chest pain and LBBB should be categorized as ST segment elevation myocardial infarction (STEMI). Conversely, given the fact that, in the absence of Sgarbossa’s criteria there is no concordant ST segment deviation, the association of ACS-type chest pain and LBBB should, strictly speaking, be categorized as nSTE-ACS. However, in view of the poor sensitivity of Sgarbossa’s criteria for the diagnosis of myocardial infarction the current recommendation is that LBBB, irrespective of compliance with Sgarbossa’s criteria, should be sufficient justification for thrombolyis provided it is ‘new or presumably new’. What is not known is whether LBBB which is non-compliant with Sgarbossa’s criteria (i.e. non-ST segment elevation LBBB) is as prevalent in nSTE-ACS as it is in acute myocardial infarction, and whether, in the presence of ACS-type chest pain and non-ST segment elevation LBBB it is possible to distinguish between acute myocardial infarction and nSTE-ACS. These issues should be addressed urgently, so that clinicians confronted with the association of ACS-type chest pain and non-ST segment elevation LBBB should be able to make an informed decision whether to manage the patient along the lines recommended for acute myocardial infarction or along the lines recommended for acute coronary syndromes.

References

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