Thrombolysis in acute myocardial infarction
Brügemann, Johan

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
1994

Link to publication in University of Groningen/UMCG research database

Citation for published version (APA):

Copyright
Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

Take-down policy
If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): http://www.rug.nl/research/portal. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.
References


References

11.


Davies SW, Marchant B, Lyons JP, et al. Irregular coronary lesion morphology after thrombolysis predicts early
References


Elliot JM, Cross DB, Cederholm-Williams SA, White HD. Neutralizing antibodies to streptokinase four years after intravenous thrombolytic therapy. Am J Cardiol 1993;71:640-5.


Erickson LA, Gimsberg MH, Loskuthoff DJ. Detection and partial characterization of an inhibitor of


**Falk E.** Coronary thrombosis: pathogenesis and clinical manifestations. Am J Cardiol 1991;68:28B-35B.


**Fears R, Ferres H, Glasgow E, et al.** Monitoring of streptokinase resistance titre in acute myocardial infarction patients up to 30 months after giving streptokinase or anistreplase and related studies to measure specific antistreptokinase IgG. Br Heart J 1992;68:167-70.


References


Gil V, Antunes A, Ventosa A, Morais J, Seabra-Gomes R, on behalf of the Portuguese Cooperative Group on Ventricular Function of the LATE Study. Late thrombolysis with alteplase improves left ventricular ejection fraction at 1 month after myocardial infarction - a double blind, placebo controlled study. J Am Coll Cardiol 1993;21:300A.


Harpel PC, Gordon BR, Parker TS. Plasmin catalyzes binding of lipoprotein(a) to immobilized fibrinogen and fibrin. Proc Natl Acad Sci USA 1989;86;3847-51.


References


Kruithof EKO, Tran-Thanh C, Ransijn A, Bachmann F. Demonstration of a fast-acting inhibitor of plasminogen

References


LATE Study Group. Late assessment of thrombolytic efficacy (LATE) study with alteplase 6-24 hours after onset of acute myocardial infarction. Lancet 1993;342:759-66.

Lee HS, Cross S, Davidson R, Reid T, Jennings K. Raised levels of antistreptokinase antibody and neutralization titers from 4 days to 54 months after administration of streptokinase or anistreplase. Eur Heart J 1993;14:84-9.


References


References


Reimer KA, Jennings RB. The "wavefront phenomenon" of myocardial ischemic cell death. II. Transmural progression of necrosis within the framework of ischemic bed size (myocardium at risk) and collateral flow. Lab Invest 1979;40:633-44.


Ridker PM, Hebert PR, Fuster V, Hennekens CH. Are both aspirin and heparin justified as adjuncts to thrombolytic therapy for myocardial infarction. Lancet 1993;341:1574-7.

References


Shah PK. The role of thrombolytic therapy in patients with acute myocardial infarction presenting later than six hours after the onset of symptoms. Am J Cardiol 1991;68:72C-77C.


Silver MD, Baroldi G, Mariani F. The relationship between acute occlusive coronary thrombi and myocardial
References


Toffler GH, Brezinski D, Schager AI, et al. Concurrent morning increase in platelet aggregability and the risk of


**Verstraete M**. Intravenous administration of a thrombolytic treatment is the only realistic therapeutic approach in evolving myocardial infarction. Eur Heart J 1985;6:586-93.


