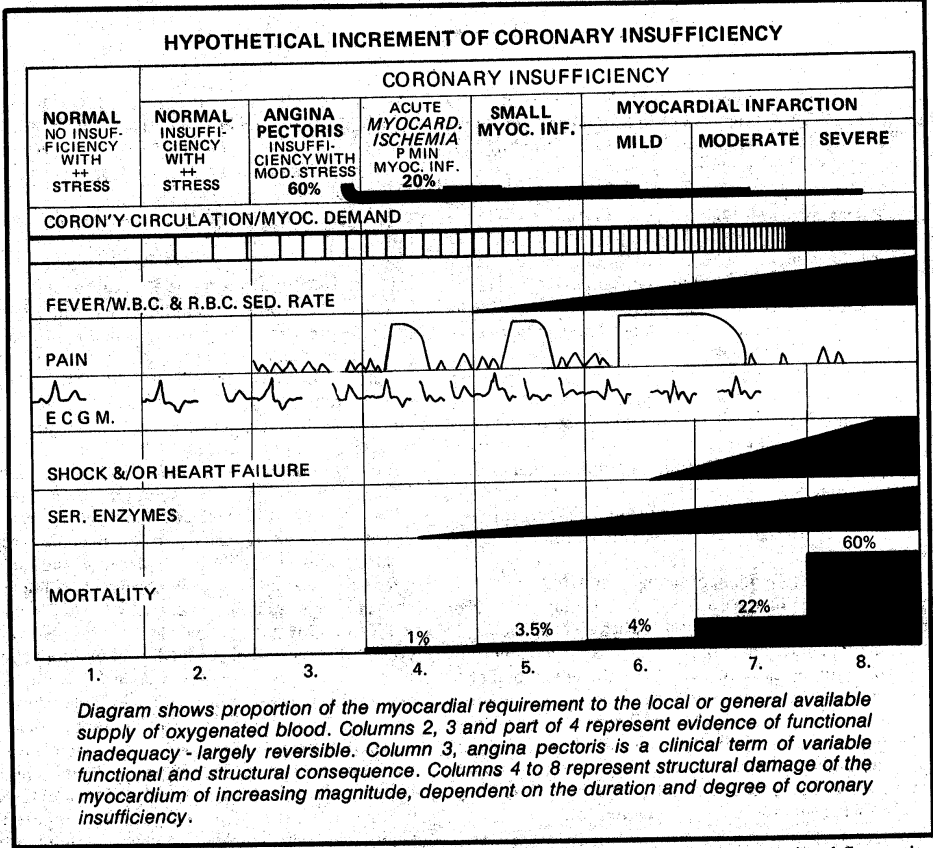


Basically, the intermediate syndrome can be accepted as a form of acute coronary insufficiency that does not meet the criteria of a major myocardial infarction; but it is important to recognize the existence of this syndrome as a subgroup with evidence of minor myocardial necrosis and a hazardous prognosis.

nation encompasses the zone between chronic angina or no chest pain, through noninfarcted ischemic myocardium, to minor infarction as discussed earlier. Those patients with minor infarction must be classed as a subgroup with more serious prognosis.

• *Unstable angina* has recently become a popular term. However, it has the shortcoming that many



Many terms have been used to describe the intermediate syndrome, and some of them require comment:

• *Acute coronary insufficiency* (or acute myocardial ischemia and acute coronary heart attack). This term is probably accurate, but it requires further definition because it is too broad. It could include a spectrum of disease ranging from relatively new ischemia without myocardial damage, through minor infarctions, to major infarctions.

• *Intermediate coronary syndrome*. This design-

ates patients experience an almost continual fluctuation in the frequency, precipitating factors, and intensity of recurring pain, but they show no objective evidence of myocardial damage or myocardial infarction over periods of many years.

An example is a 71-year-old man who has suffered four mild myocardial infarctions. Over the past four years, he has had periods of one to three weeks with angina only on effort (e.g., rapid walking), interspersed with isolated spontaneous attacks lasting 30 to 45 minutes, recurring for four to five days, and