Objectives Describe the socio-professional, clinical and paraclinical characteristics of ACS and their impact on medical fitness to work.

Methods Descriptive retrospective study of cases of patients with history of an ACS, who have consulted the department of occupational medicine in Rabta Hospital, between 2002 and 2020, to evaluate their medical fitness to work.

Results Our series included 43 patients with a male predominance (81%) and a mean age of 52.1 ± 7.2 years. The main sectors concerned were transport (21%), construction (19%) and health (17%). Patients were mainly employed as unskilled workers (44%) and professional drivers (28%). Sixty two per cent of the employees were in a security position, 55% were exposed to severe weather, and 40% had a work requiring significant muscular effort. ACS was due to an ST-segment elevation myocardial infarction in 64% of cases. Coronorgraphy showed right stenosis of the left anterior descending artery (76%), the right coronary artery (50%), and the left circumflex artery (44%). Coronary angioplasty was indicated in 85% of cases and coronary artery bypass surgery in 15% of cases. The mean left ventricular ejection fraction was 54% and was higher than 60% in 42% of cases. Workstation adjustment was proposed in 26% of patients, while 26% were transferred to another workstation. Permanent Disability was reported for 20% of patients, 14% had a temporary inability to work, 11% were kept fit to work without restriction and 3% had received early retirement.

Conclusion The management of ACS should be multidisciplinary, involving the attending and the occupational physician, including an appropriate cardiac rehabilitation programme, in order to facilitate the socio-professional reintegration of the patient.