A man on the edge

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Personal History

- 44 year old male
- Cigarette smoker
- Recently discovered, uncontrolled diabetic (5 mts)
- Not hypertensive

History

- Recently discovered, uncontrolled diabetic (5 mts)
- Not hypertensive

Complaint

Typical chest pain for 2 hours

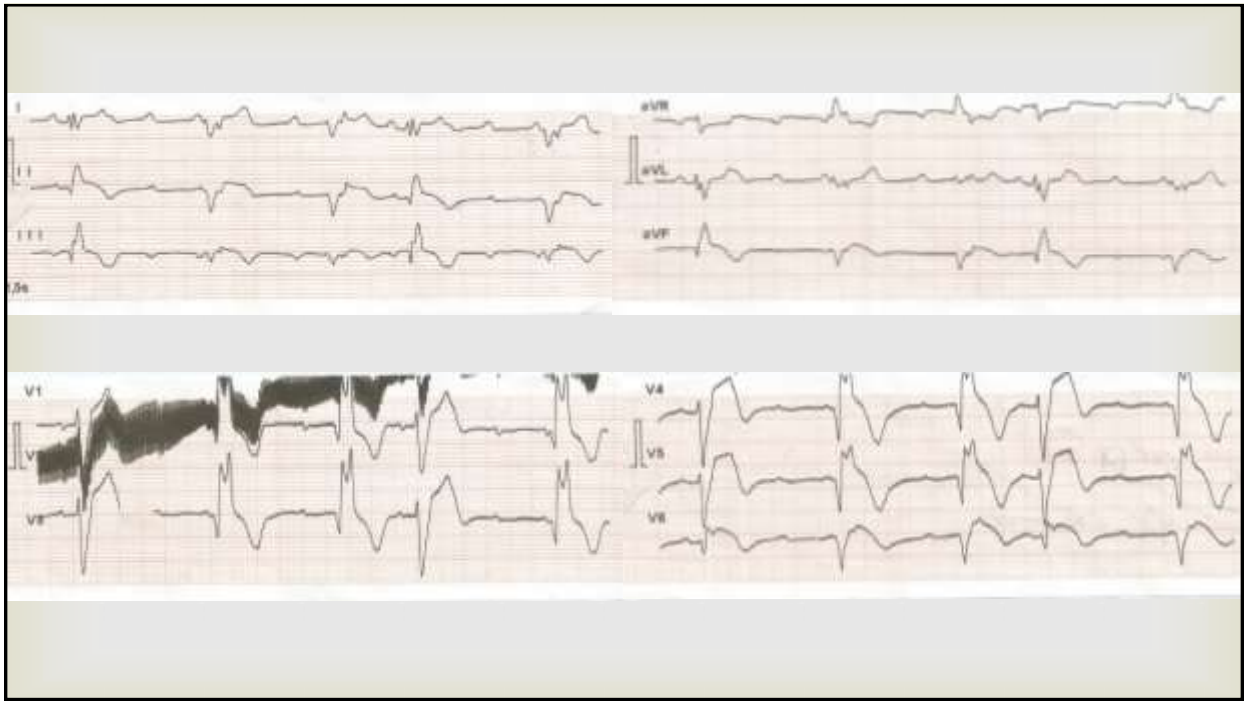
Chest pain
Severe, stabbing
Retrosternal, not radiated
Not relieved by rest

15:00
Complaint

Chest pain
Severe, stabbing
Retrosternal, not radiated
Not relieved by rest

15:00
Complaint

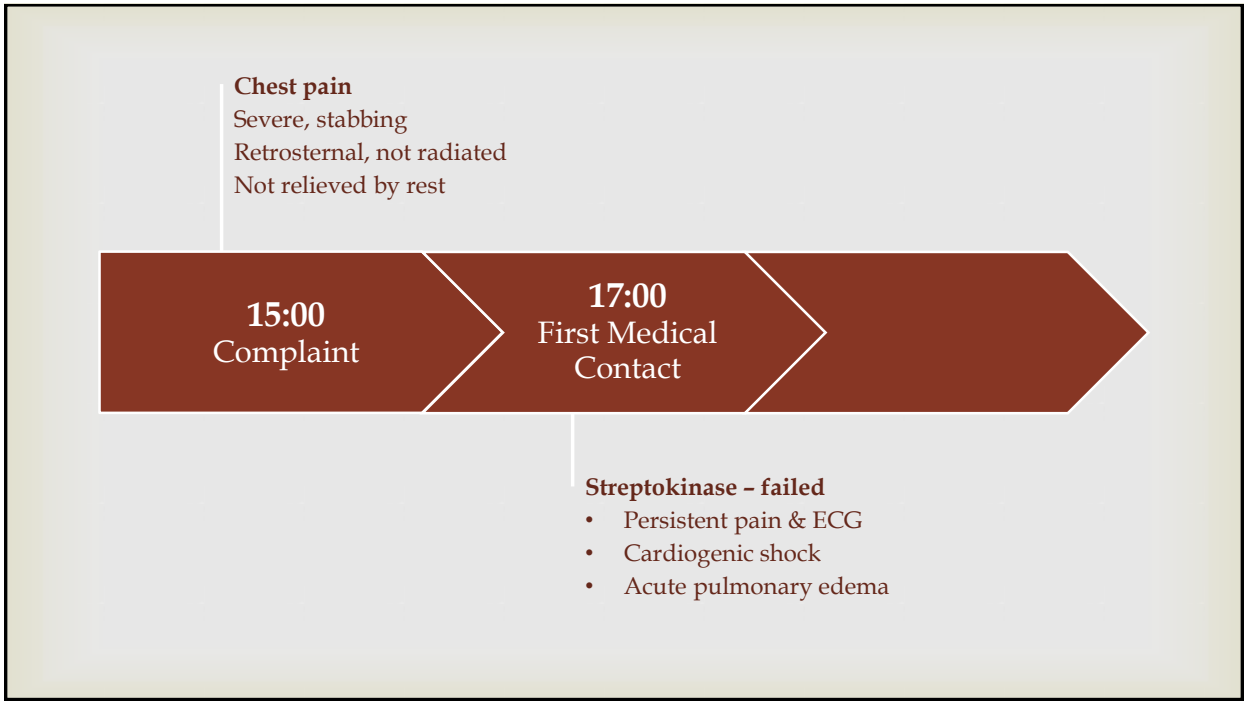
17:00
First Medical Contact

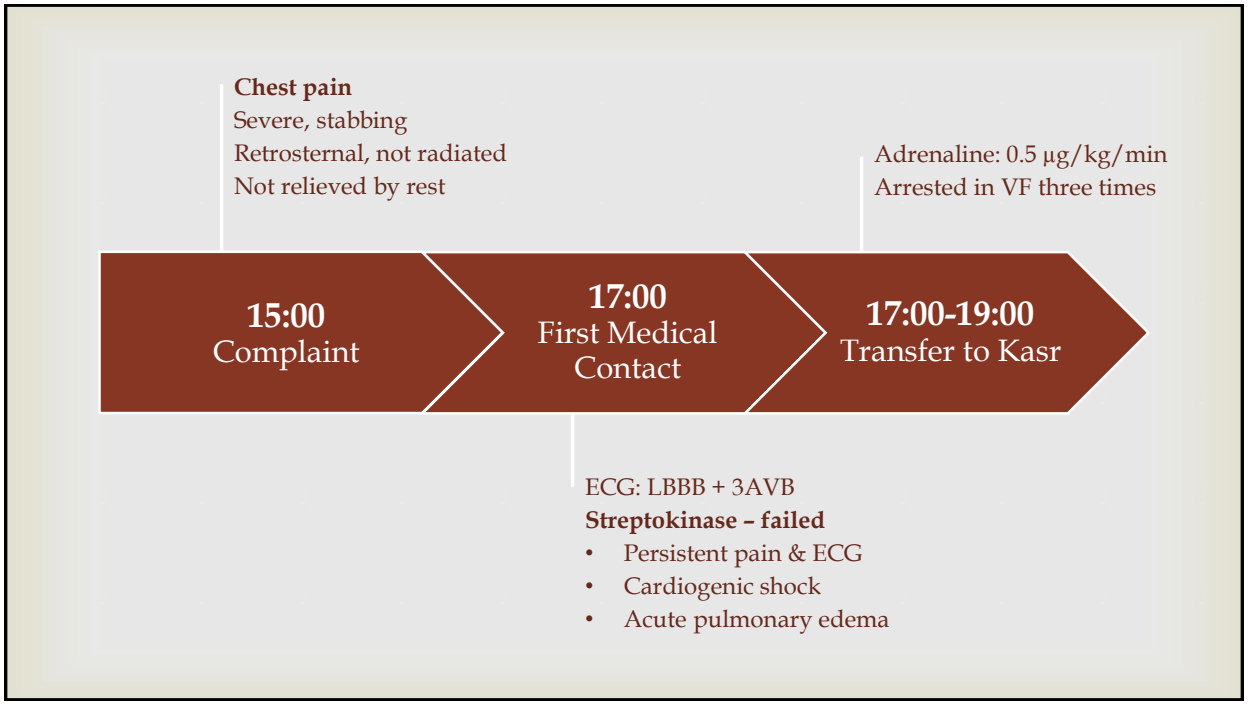


Chest pain
Severe, stabbing
Retrosternal, not radiated
Not relieved by rest

15:00
Complaint

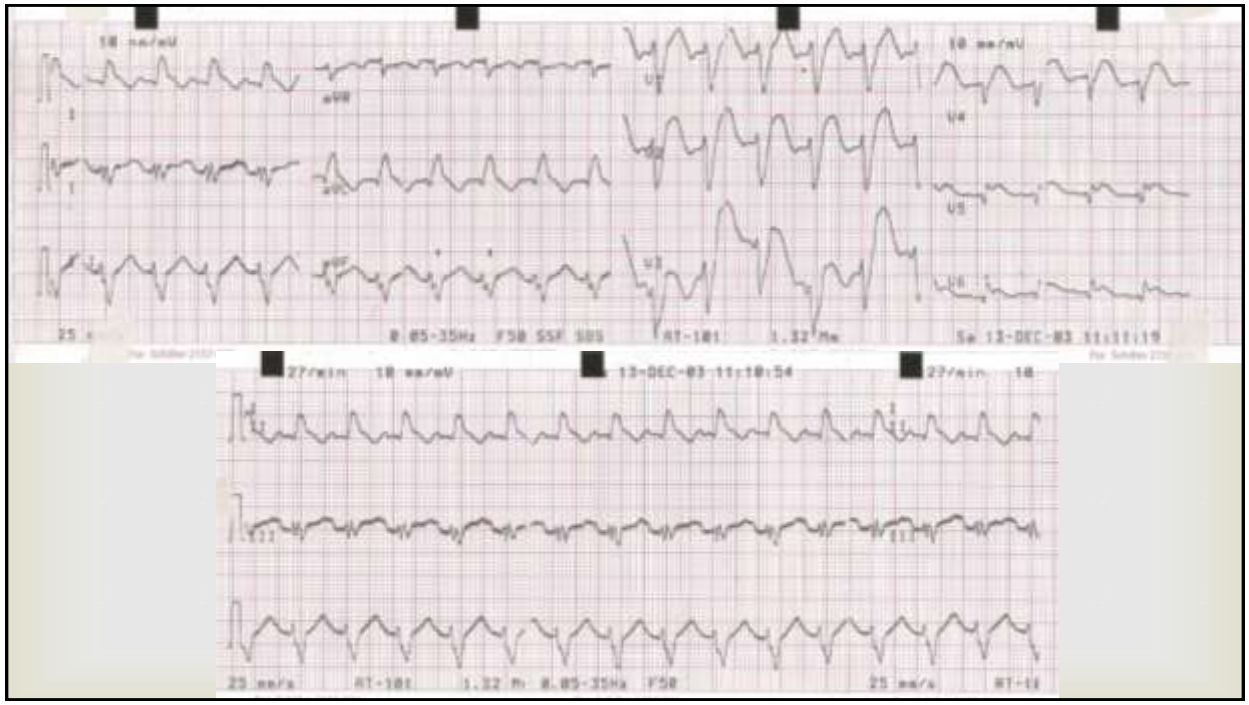
17:00
First Medical Contact


Chest pain
Severe, stabbing
Retrosternal, not radiated
Not relieved by rest
15:00
Complaint
17:00
First Medical Contact
Streptokinase – failed
• Persistent pain & ECG
• Cardiogenic shock
• Acute pulmonary edema


Chest pain
Severe, stabbing
Retrosternal, not radiated
Not relieved by rest
Adrenaline: 0.5 µg/kg/min
Arrested in VF three times
15:00
Complaint
17:00
First Medical Contact
17:00-19:00
Transfer to Kasr
ECG: LBBB + 3AVB
Streptokinase – failed
• Persistent pain & ECG
• Cardiogenic shock
• Acute pulmonary edema

On presentation

- Cardiogenic shock:
  - very pale and sweaty
  - BP: 50/30 (right brachial, supine)
  - Pulse 130, regular, equal
  - SaO_2 85% (room air)
- Diabetic Ketoacidosis (foetor oris- RBS: 400 mg/dl)

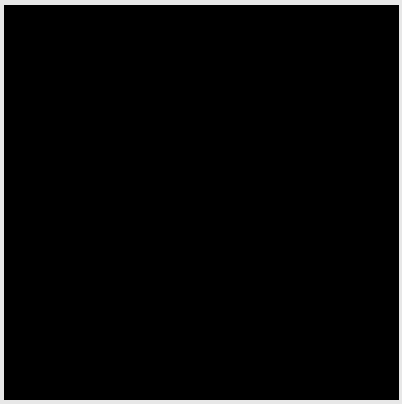


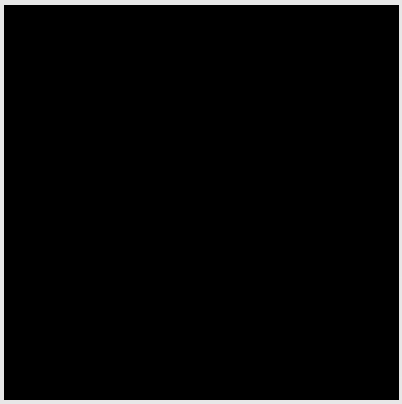
Problem list

- Acute extensive anterior STEMI for 4 hours
- Failed SK thrombolysis 2 hours ago
- S/P cardiac arrest in VF
- Cardiogenic shock
- Diabetic ketoacidosis (on top of Type 2 DM)
- Prerenal injury

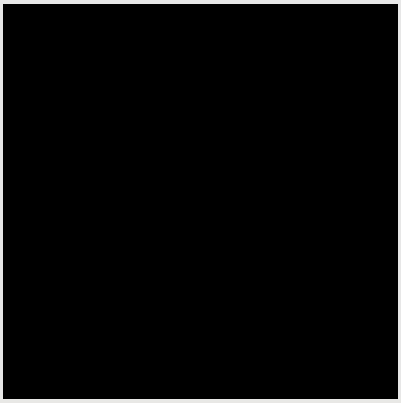
Primary PCI

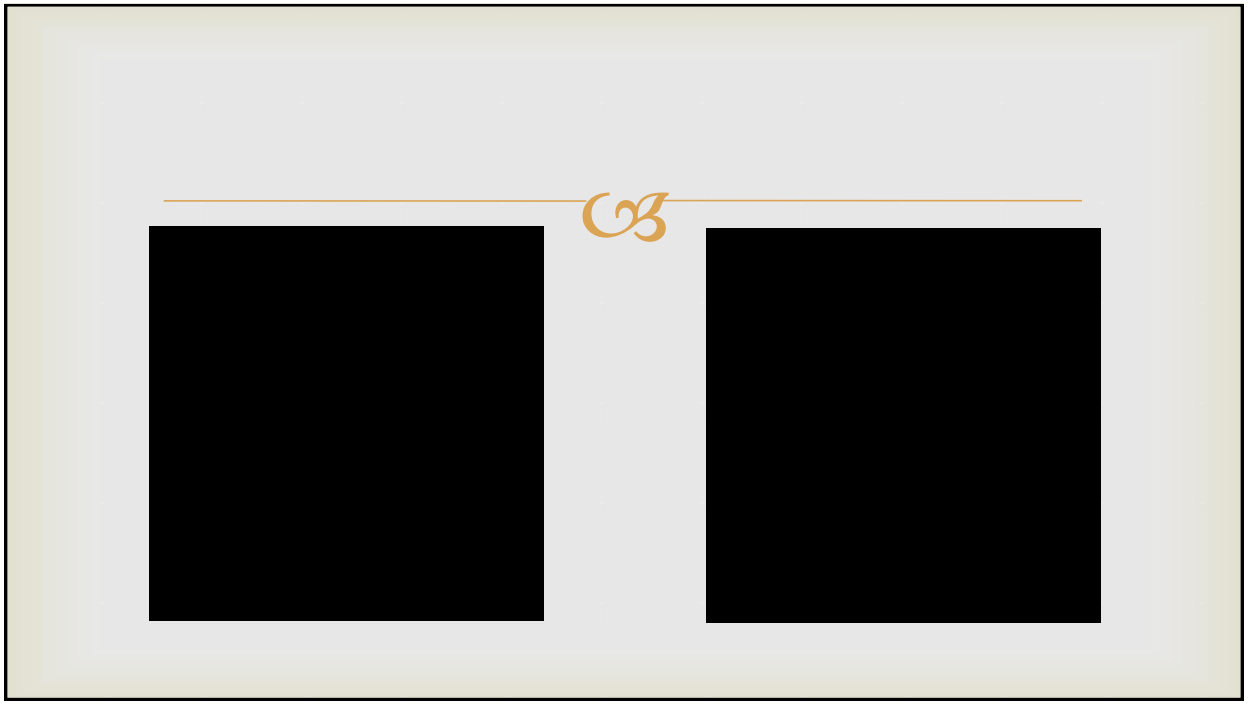
Left coronary angiography

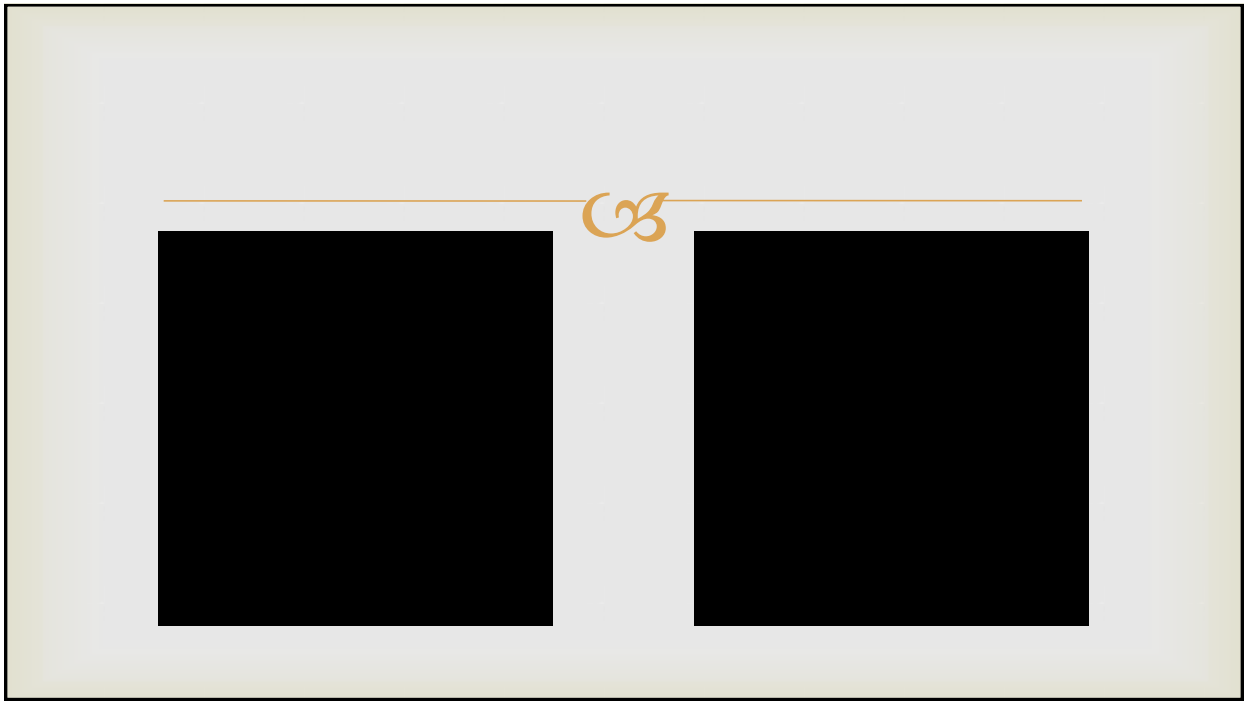


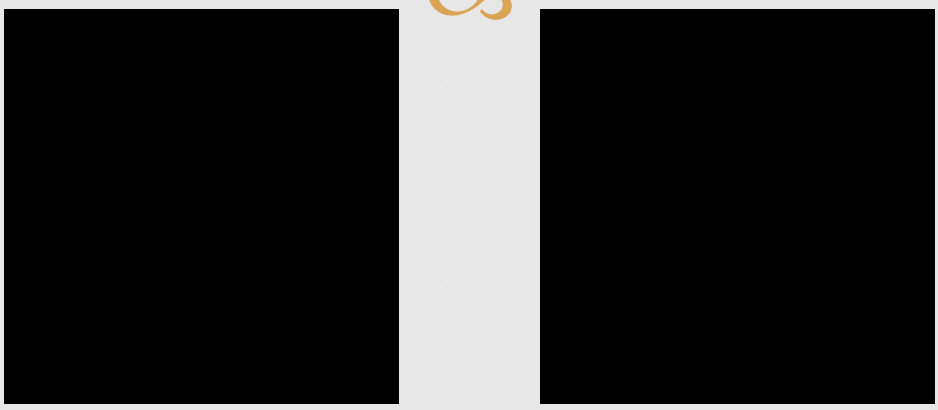


Right coronary artery







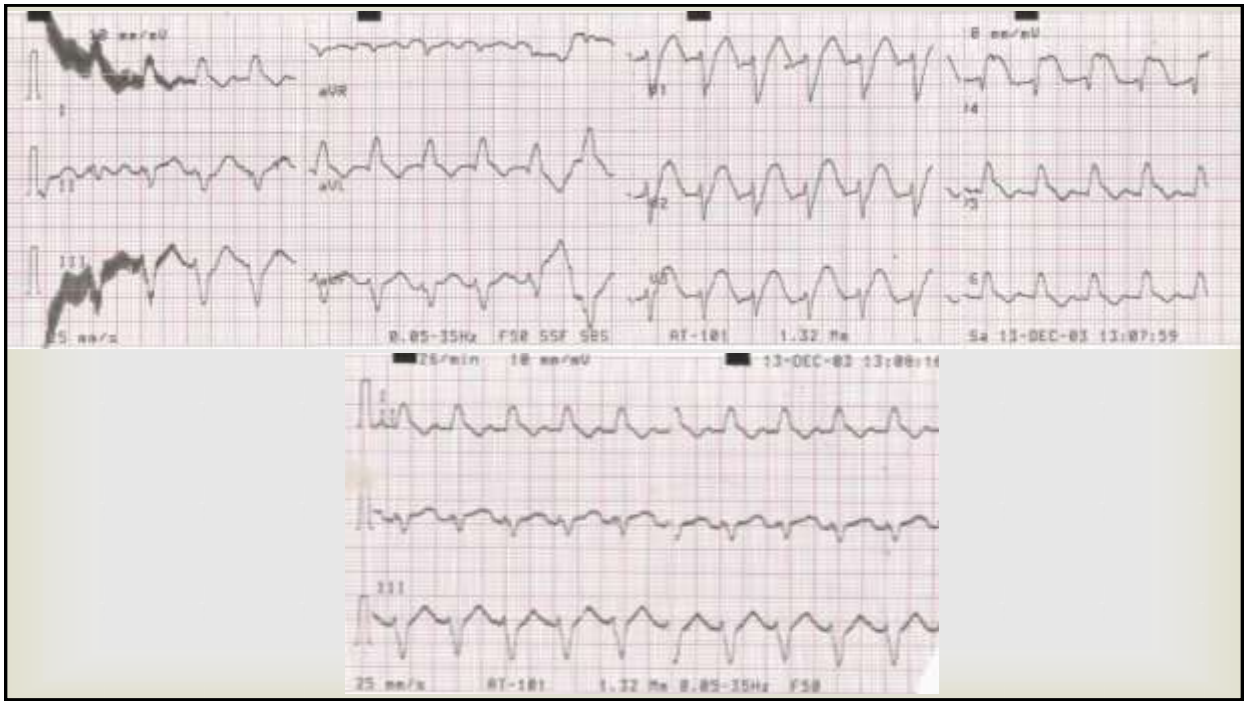


Intracath course

- Arrested 5 times in VT, ROSC in < 1 min
- 300 mg Amiodarone
- Insulin infusion
- DES to proximal LAD and dominant LCx

Post-cath course

- Chest pain did not recur; ECG: LBBB
- Ventricular arrhythmias/3AVB did not recur
- Inotrope doses fixed 24 h
- SaO2 kept above 90%
- Prophylactic pantoprazole infusion

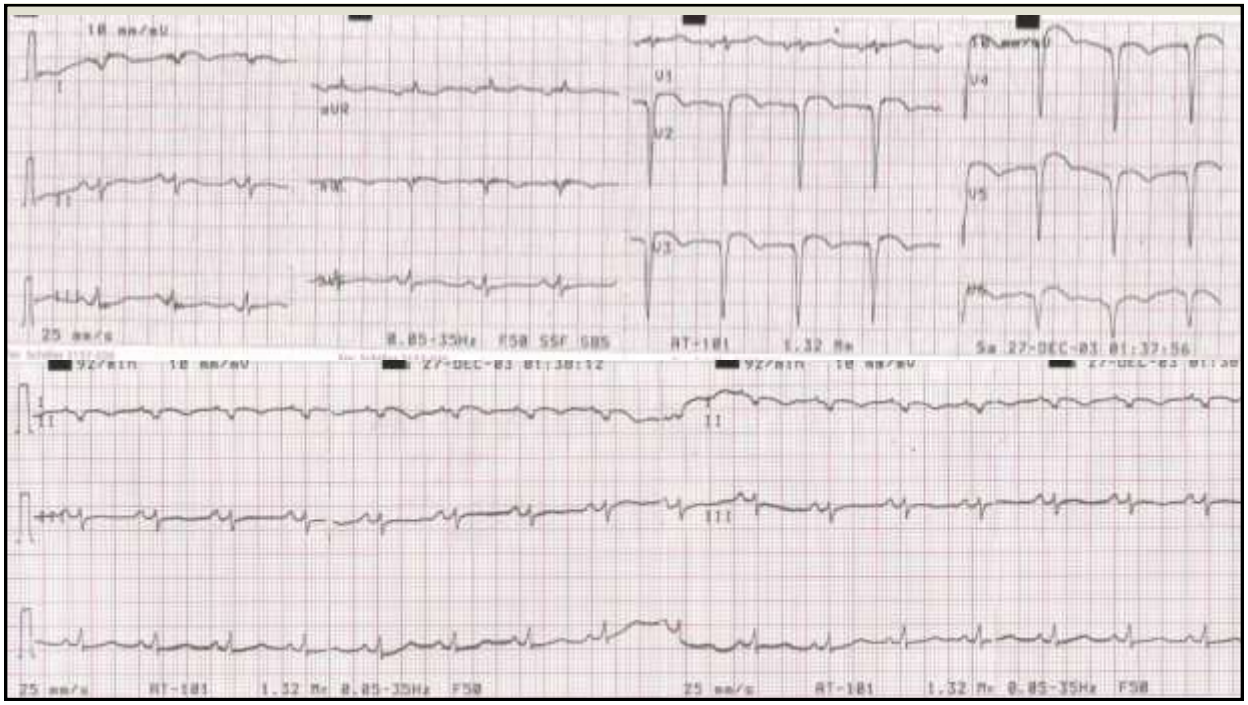


Post-cath course

- RBS < 200, ABG normalized
- Electrolytes corrected as needed
- Weaned off inotropes, BP 90/60
- Introduced Bisoprolol, Ramipril, Furosemide, MRA
- Introduced Enoxaparin-Warfarin

Post-cath course

- SaO2 rose to 95% on room air
- Chest became clear, orthopnea disappeared
- UOP ~2500-3000/d, (net balance: -2000/d)
- Renal functions normalized
- QRS complex became narrower



- Immediate post-cath echocardiography:
  - Dilated LV dimensions- EF: 22%
  - Mild MR
  - LV apical mural thrombus
- Follow up after 10 days: EF: 35%- resolution of LV thrombus

Discharge medications

- ASA 150 mg od
- Clopidogrel 75 mg od
- Warfarin 4 mg od
- Atorvastatin 80 mg od
- Insulin Mixtard 50/25
- Bisoprolol 5 mg od
- Ramipril 2.5 mg od
- Spironolactone 50 mg od
- Torsemide 10 mg od
- Ivabradine 5 mg q12h

Cardiogenic shock

- Associated with extreme hemodynamic deterioration
- Poor outcome
- Early revascularization is associated with better outcomes

Thank You