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Left main stenting in acute STEMI patient

By

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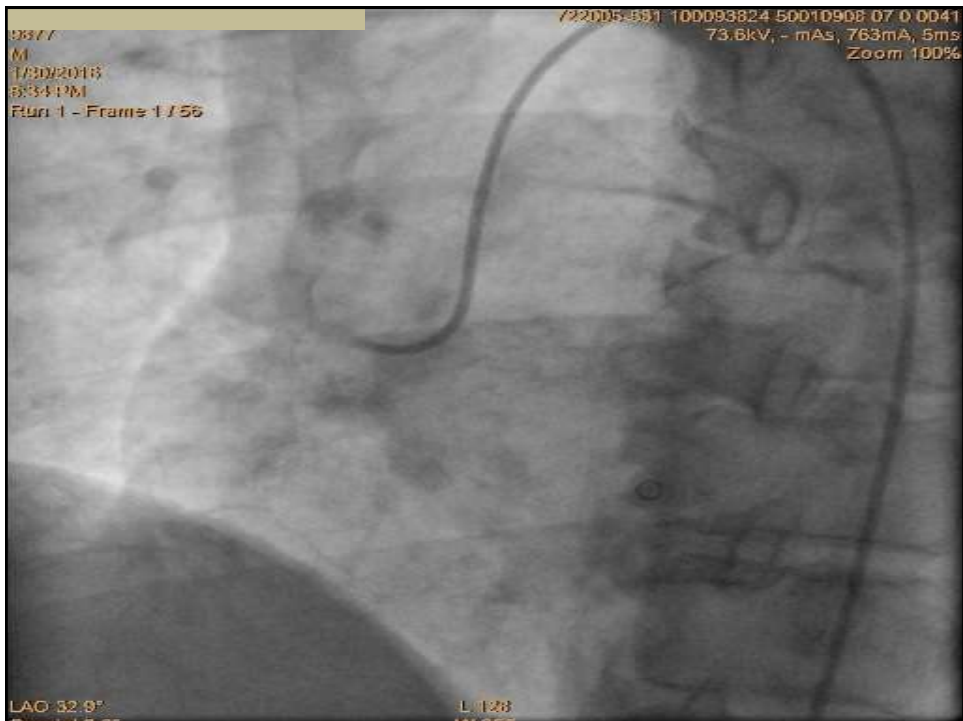
× Male patient aged 68 years with no history of
previous cardiac illness

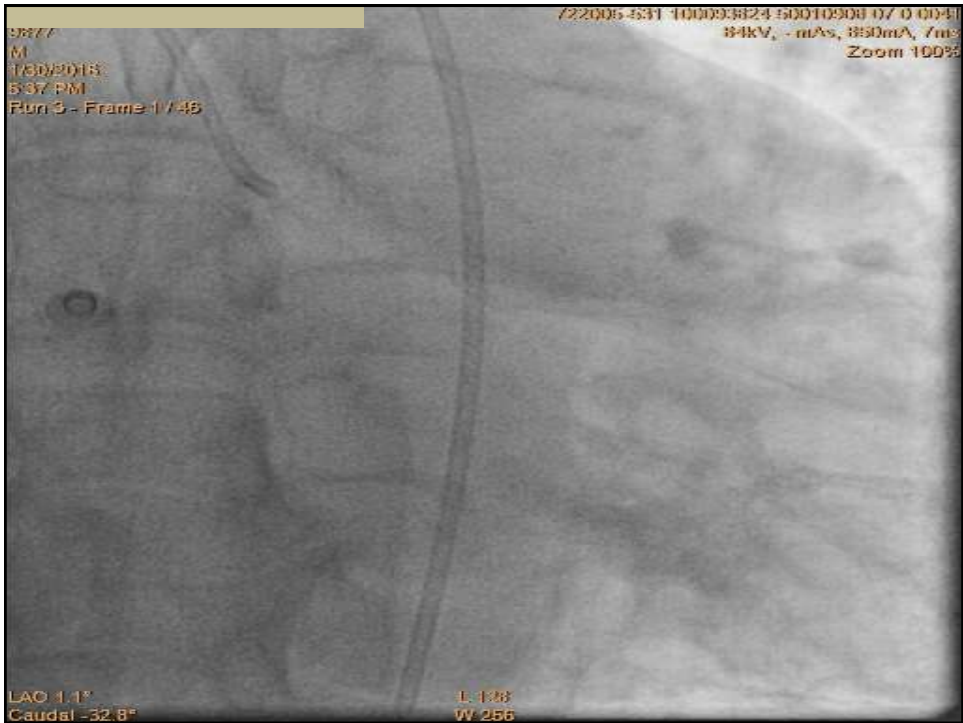
he is hypertensive ,not diabetic, non-smoker

× He is presented to CCU with anterior STEMI

He had chest pain three days ago that relieved
but recurs again at day of admission

- × Bedside echocardiography showed
eccentric left ventricular hypertrophy
hypokinesia at LAD territories
fair L.V. systolic function
- × the patient was transferred to cath lab for
primary PCI



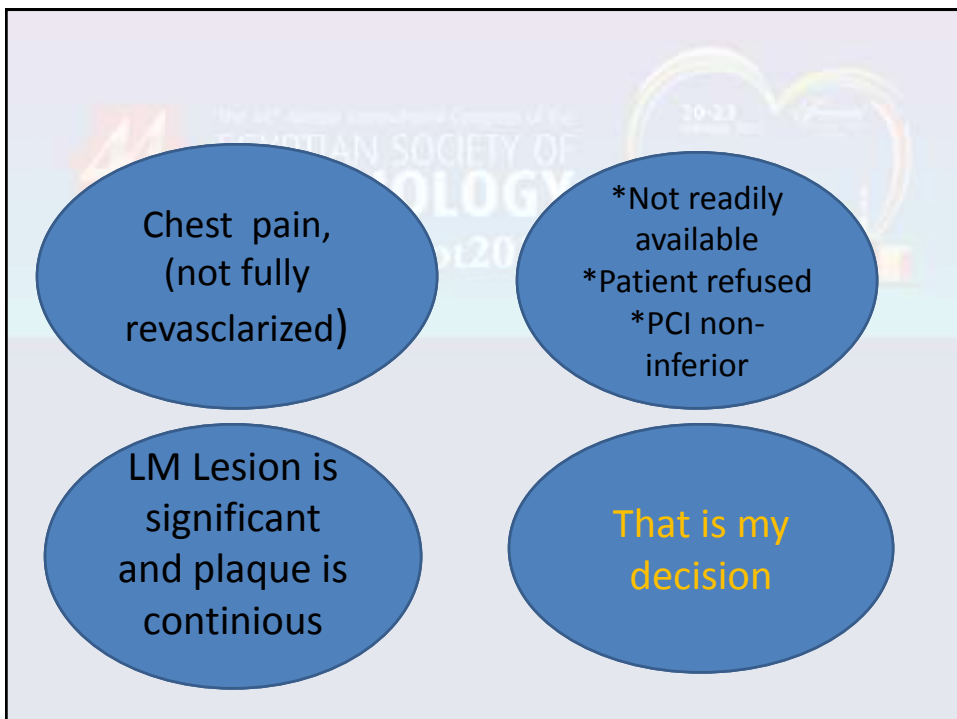






*** So what is the plan**

- chest pain is still there
- TIMI II flow in diffusely diseased LAD
- Risky (left main stenosis, total RCA) Old age renal function?? Late presentation
- No available IVUS or LV assist device

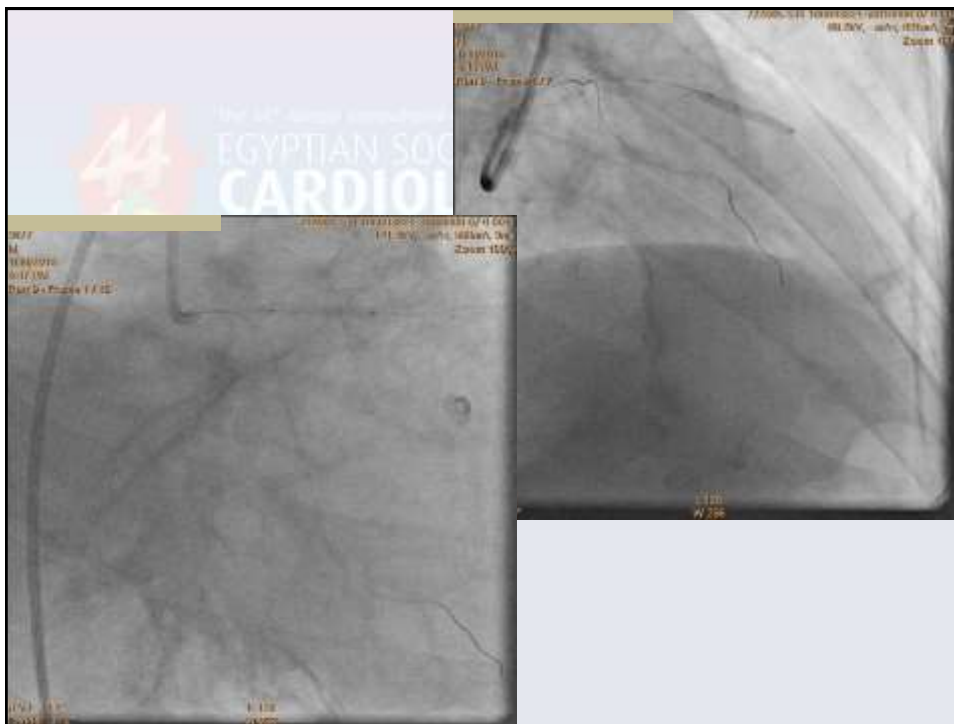


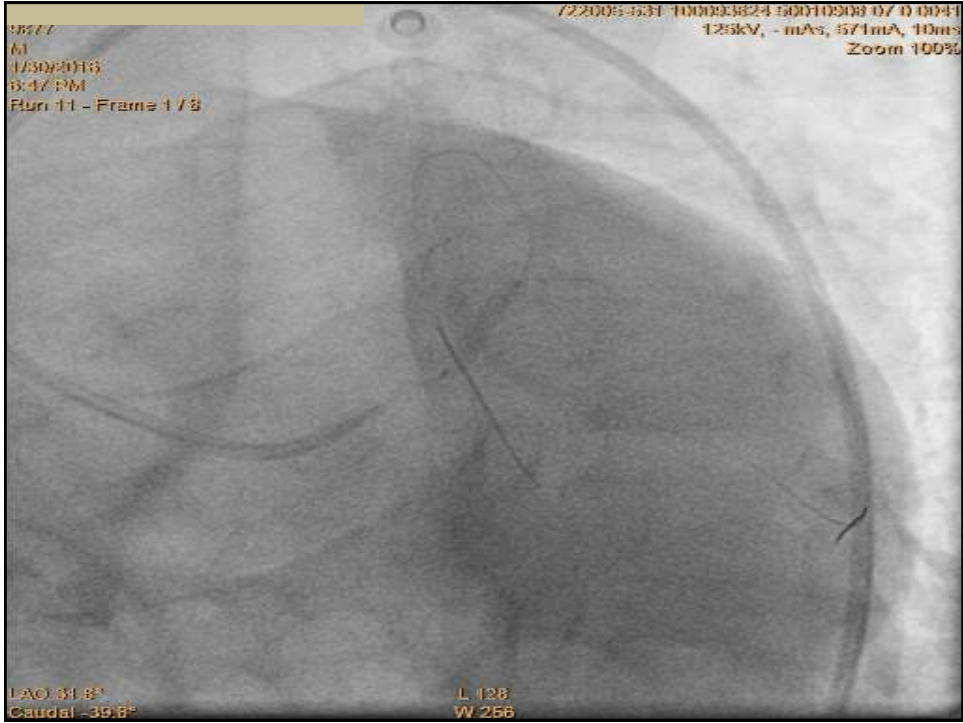
Chest pain,
(not fully
revascularized)

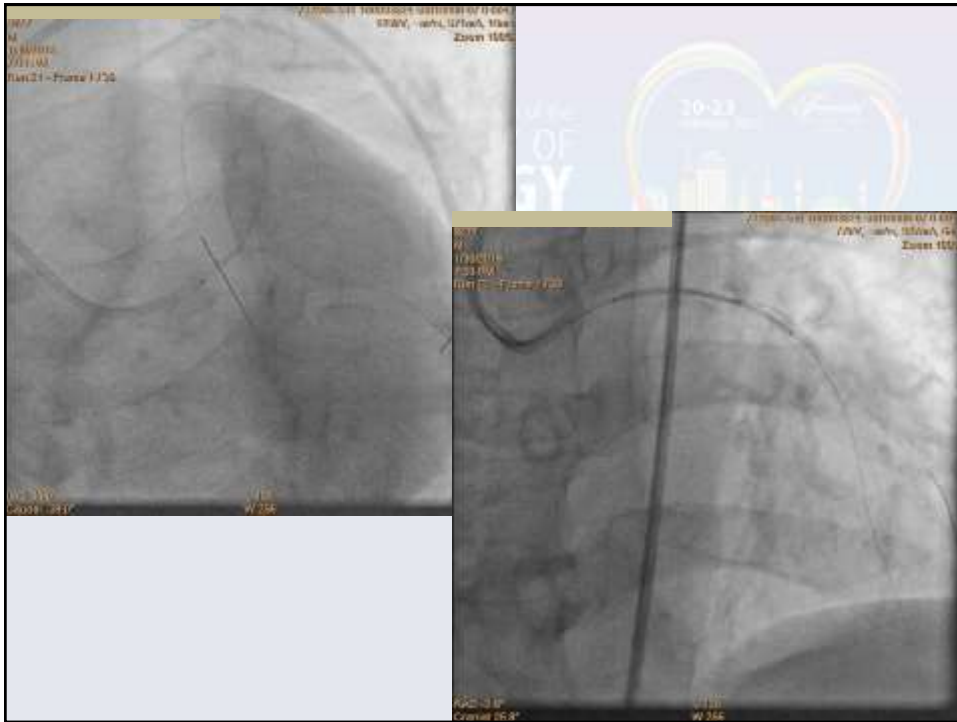
*Not readily
available
*Patient refused
*PCI non-
inferior

LM Lesion is
significant
and plaque is
continious

That is my
decision







- Now I should move to the risk time
- Inflation of stent in LM will stop all blood supply to the heart because RCA receives collaterals from Lt system
- Now we have **TEN SECONDS OF HORROR**

