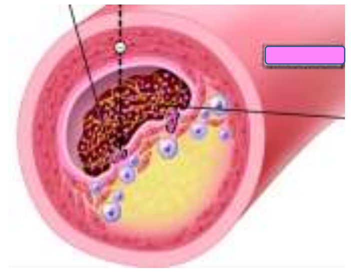

THE STEMI OLD LADY MODEL

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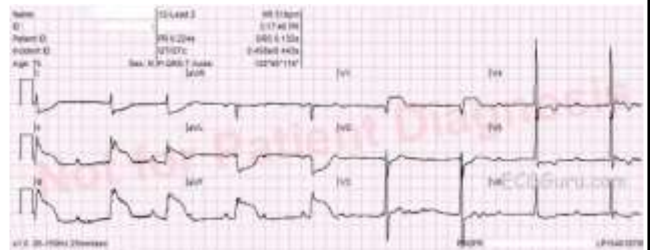
February 2018

Presentation day 1 3 PM (Hospital 1)

Presented by

- 77 ys old lady
- DM +15 years
- HTN
- C/0 typical chest pain for 4hours
- ECG STEMI , elevated ST II,III, AVF, V5, V6 ,
- CHB
- Trop 8
- ++CKMB
- Normal CBC
- Creatinin 165 mmol



Bedside Echo

- EF 35-40 %
- Moderate MR
- Akinesis of inferior,inferoposterior walls
- Hypkinesis of LAD territory

What is the optimal decision

- Medical treatment
- Thrombolytic therapy
- PCI to RCA alone
- PCI to all vessels
- CABG
  - Elective
  - urgent

Final decision (hospital 1)

- Urgent CABG
- Intraoperative TEE moderate MR
- LIMA------LAD
- V ----------OM

- RCA is non graft-able vessel

Post operative

- Normal post operative ECG
- Within normal changes of cardiac markers

- 5 th day severe heart failure
- Failure to wean from the MV
- Echo

  severe MR +++++++

- Transferred to our hospital (MCC) by Medical air ambulance

- IABP
- Bilateral Chest drains
- No inotropes
- Extubated
- HB 8.3
- Cardiac markers normal
- Creatinine 180 mmol

??? suggestions

- Re-DO surgery for MV repair
- Re-vascularize the RCA
- Any other options

- What about the MV

PCI to RCA with good distal flow

for next 5 days the patient was still on IABP, no improvement of the MR

??? What is next

?? About percutaneous edge to edge repair MVC

Outcome

Post procedure 2nd day

- Significant Clinical improvement
- Normal cardiac marker
- Fully ambulated

- Creatinine 129 mmol
- Normal biochemistry

3 months follow up

- Clinically stable
- Normalized renal profile
- EF 30%
- Mild MR
- Normal PAP

Take home message

- STEMI
  - Culprit VS recanalization ?? Best
  - ?? Indications for urgent CABG
  - MR can be underestimated
  - MV percutaneous intervention can provide a hand in similar cases