

Dreadful Scenario In Primary PCI

BY

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Case I

Male patient aged 65 Ys, diabetic, hypertensive

**Presented to our CCU with extensive anterior
STEMI, 18 hours after chest pain onset**

**The patient was in cardiogenic shock, on
intravenous inotropes (killip class IV)**



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- **SO WE SHOULD RUN TO CATH LAB**



No available LV assist devices



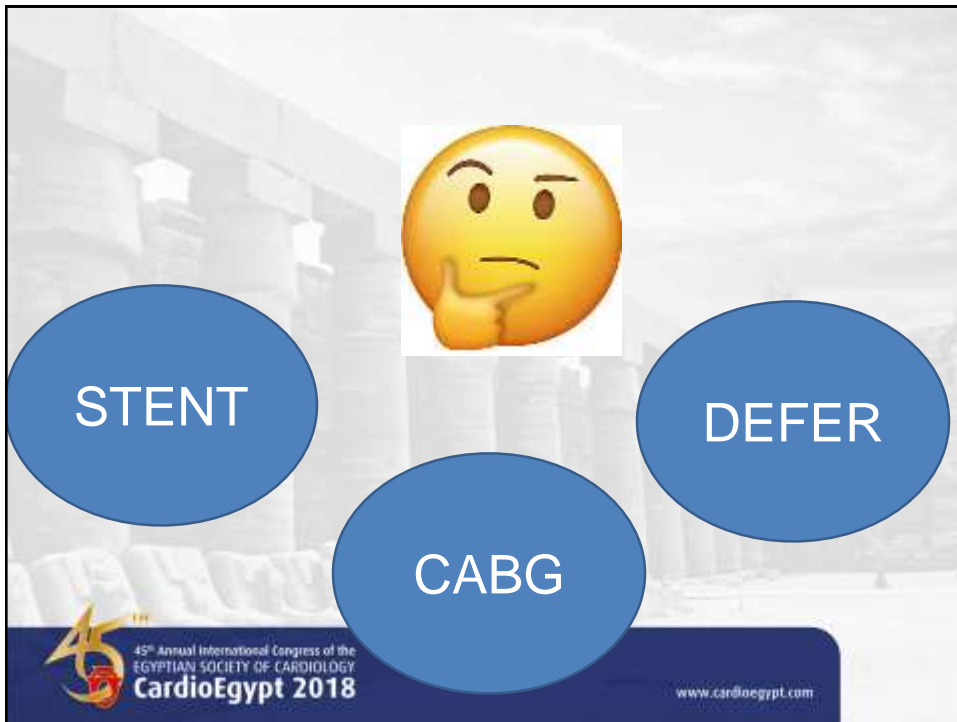
Mechanical Ventilation and anesthesia team are ready



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STENT

DEFER

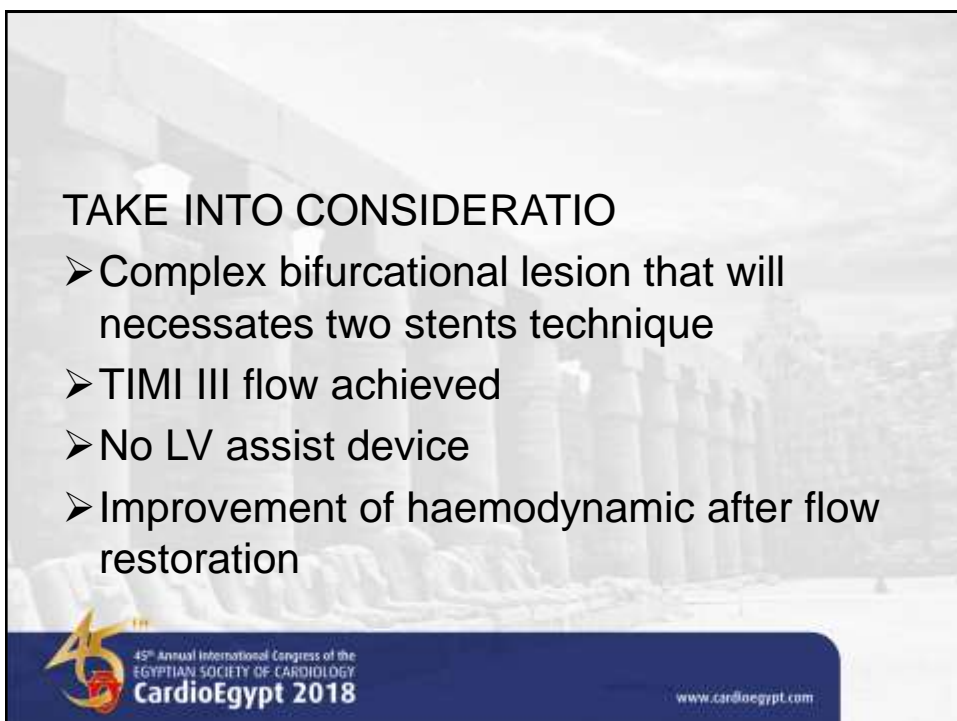
CABG

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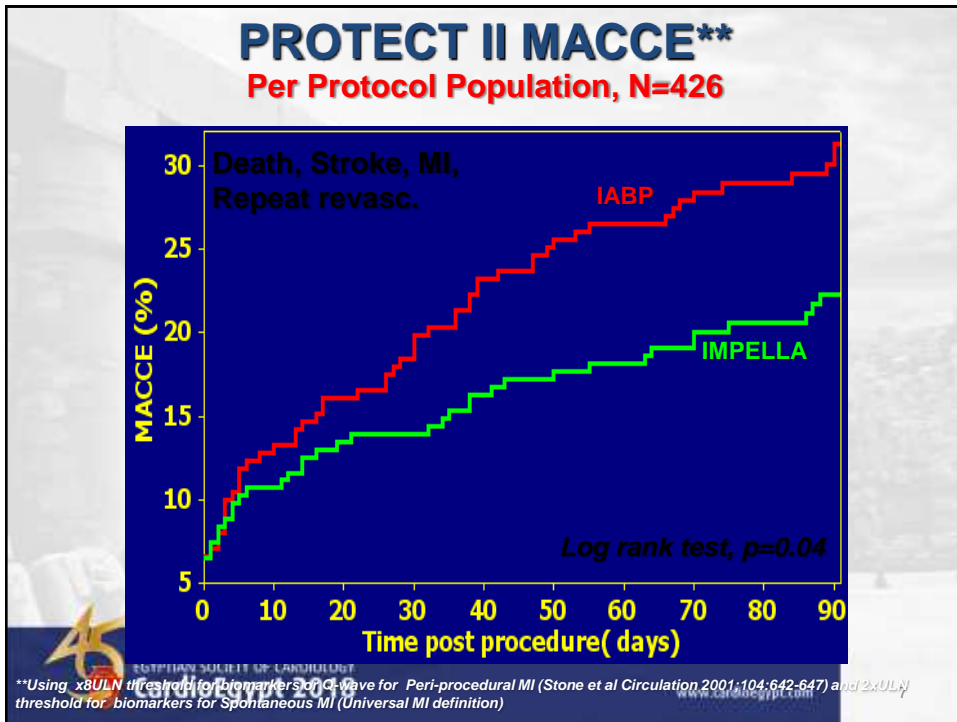
TAKE INTO CONSIDERATIO

- Complex bifurcational lesion that will necessates two stents technique
- TIMI III flow achieved
- No LV assist device
- Improvement of haemodynamic after flow restoration



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CASE 2

Male patient aged 58 Ys, diabetic, not hypertensive

Presented to our CCU with extensive anterior STEMI, 12hours after chest pain onset

The patient was in cardiogenic shock, on intravenous inotropes, killip class IV

A thinking emoji (a yellow face with a hand on its chin) is positioned above three blue circles. The circles contain the words "STENT", "DEFER", and "CABG" in white capital letters. The background is a blurred image of a modern building with a grid pattern.

STENT

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- Really the same previous decision was also suitable but lack of tight Cx lesion and possibility of one stent technique made me favor immediate stenting



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Short Home Message

- In critical situations in primary PCI make it as fast as you can, as simple as you can
- Every effort must be done to improve your own cath lab equipments
- Cardiologist must share in community education to avoid late MI presenters



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