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CARDIOLOGY

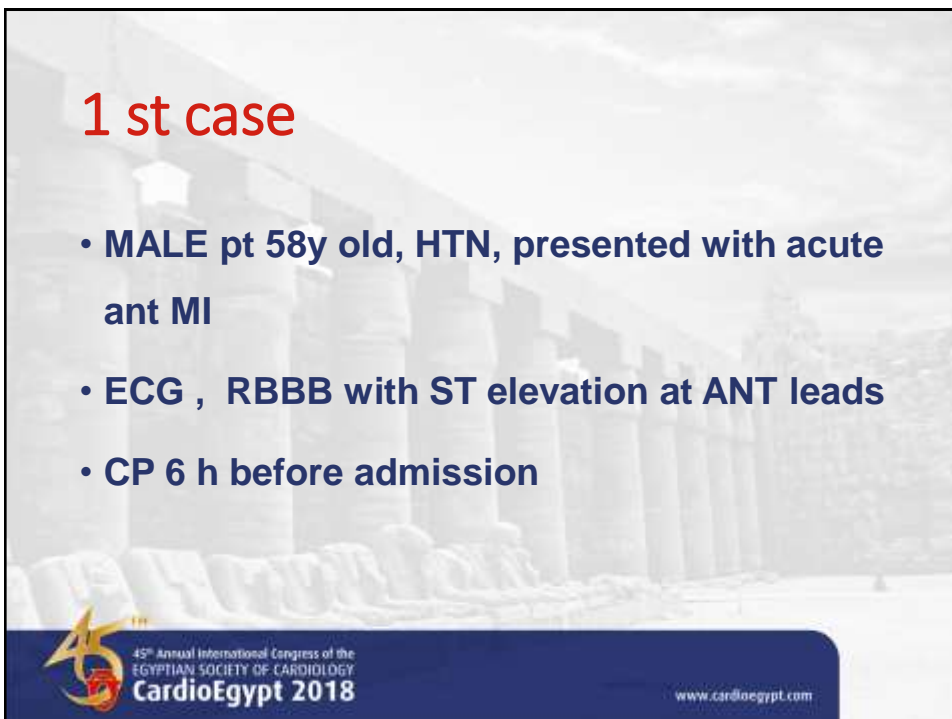





45TH
 45th Annual International Congress of the
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CardioEgypt 2018


High thrombus burden in PPCI

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1 st case

- MALE pt 58y old, HTN, presented with acute ant MI
- ECG , RBBB with ST elevation at ANT leads
- CP 6 h before admission


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The Patient shifted to CCU on Gly IIbIIIa inhibitor for 48 h

Patient discharged after 4d on clopidogrel 75 x2
ASA 2X1 ,Statin ,BB .



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2nd case

- Male pt 40 years
- Driver
- Smoker
- Addict on tramadol and Hashish
- Anginal pain three hours before admission
- ECG --- Anterior MI



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- the patient shifted to CCU on gly IIb/IIIa inhibitor for 48 h
Patient discharged after 3dys on clopidogrel 75 x2, ASA 2X1, Statin , BB



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Control Angiography



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CONCLUSIONS

- A large thrombus burden is not uncommon in PPCI, and is associated with more frequent complications.
- IC thrombolysis and glycoprotein IIb/IIIa inhibitors may be beneficial in the management of a large thrombus burden.
- The use of thromboaspiration must follow a particular logic and used with rigorous manipulations.
- Stents dedicated to thrombus management can be used.
- Direct stenting should be encouraged Interest and limits of these stents are developed.
- Delayed stenting strategy, preferably coupled with the use of anti-GP IIb /IIIa, may provide better results than a standard intervention.



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- 3rd case
- Male patient 45 y old smoker presented with inferoposterior MI



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Now

stent?

Thrombus aspiration?

Shift the patient to CCU on G IIb/IIIa inhibitors

with deferred stent ?



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- The patient shifted to CCU for 48 h GPIIa IIIa infusion + Clopedogril 150 mg/day in addition to other anti ischemic medication



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Thank you



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