THE STEMI OLD LADY MODEL

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Presentation day 1 3 PM (Hospital 1)

Presented by

- 77 ys old lady
- DM +15 years
- HTN
- C/O typical chest pain for 4 hours
- 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 2\textsuperscript{nd} 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