Dreadful Scenario In Primary PCI

BY
Mohammed Hamed Sherif
Ass. Lecturer, TANTA university

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)
• SO WE SHOULD RUN TO CATH LAB

No available LV assist devices

Mechanical Ventilation and anesthesia team are ready
TAKE INTO CONSIDERATIO

- Complex bifurcational lesion that will necessitates two stents technique
- TIMI III flow achieved
- No LV assist device
- Improvement of haemodynamic after flow restoration
**PROTECT II MACCE**

**Per Protocol Population, N=426**

- Death, Stroke, MI, Repeat revasc.

![](chart.png)

**Log rank test, p=0.04**

Time post procedure (days)

**Using xULN threshold for biomarkers or Q-wave for Peri-procedural MI (Stone et al Circulation 2001;104:642-647) and 2xULN threshold for biomarkers for Spontaneous MI (Universal MI definition)**

**CASE 2**

Male patient aged 58 Ys, diabetic, not hypertensive

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

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

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