LEFT MAIN PCI FOR URGENT REVASCULARIZATION IN PATIENTS WITH CARDIOGENIC SHOCK
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Introduction

- Cardiogenic shock remains the most common cause of in-hospital death in patients with MI, and only a few treatment strategies are based on randomized trial evidence.

- The guidelines do recommend an early revascularization strategy (either percutaneous coronary intervention or coronary artery bypass grafting) for all suitable patients with suspected acute coronary syndrome–associated cardiogenic shock.
CASE NO 1

Clinical scenario

- Male pt 66 years old
- Hypertensive
- Diabetic (IDDM).
- He presented to incapable hospital by acute extensive anterior myocardial infarction and received thrombolytic therapy.
- Then the pt shocked and inotropic support was started and transferred to our hospital for rescue PCI.
  - Echo: EF 30% mildly dilated LV dimensions, Akinetic anterior wall and hypokinesia of posterior wall.
The prognosis

- Patient didn’t improve and IAB was inserted but he died after 24 hours.

CASE NO 2
Clinical History

- Male pt 56 years old.
- Diabetic (IDDM).
- He presented to the ER with cardiogenic shock (no urine output, agitated and the maximal doses of inotropic support was started) and his 1st ECG showed Q waves in anterior leads (V1 to V6) and his cardiac enzymes were highly elevated (his old ECG 1 week ago was normal sinus rhythm).
- Creatinine: 1.6 mg/dl
- Echocardiography was done to Exclude mechanical complications with EF<30%.
- The decision to do Coronary angiography

Follow up

- The pt improved and discharged from the hospital after one week.
- Now he is doing well for 2 years with EF 45%.
CASE NO 3

- Female pt 78 ys old.
- Dyslipidemic, hypertensive and diabetic.
- BMI 30.5
- She complained of typical chest pain (CCS IV).
- So she admitted at CCU and diagnosed as NSTEMI.
ECG: inverted T waves in precordial leads and slight ST segment elevation of AVR lead.

Her labs: HB 11.6G/DL

UREA 80, Creatinine 1.5

tropinone 0.5

ECHO: showed fair LV systolic function (50%)

RSWM abnormality in the form of hypokinetic anterolateral and inferoposterior walls.

Coronary angiography showed LM and multivessel disease and she referred to CABG.

CABG was arranged after one week and she admitted in the hospital one day prior the surgery.

But the pt had severe chest pain at midnight and she diagnosed as NSTEMI and shortly she became hemodynamically unstable

So the urgent PCI was planned
Follow up

- The pt improved and discharged from hospital after 3 days.
- I didn’t see her again and suddenly she came after 3 years to do cardiac check up before vascular surgery.
- She didn’t complain from any cardiac related problem during the 3 years.

Percutaneous Coronary Intervention of Unprotected Left Main Coronary Artery Disease as Culprit Lesion in Patients With Acute Myocardial Infarction

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Objectives

This study sought to evaluate short- and long-term outcomes of patients undergoing emergency percutaneous coronary intervention (PCI) for acute myocardial infarction due to a culprit lesion in an unprotected left main coronary artery.

Methods

In this retrospective, 2-center, international observational study, 5,261 patients were admitted between February 2005 and December 2008 with acute myocardial infarction and treated with PCI; of these, 1,277 were ST-segment elevation myocardial infarction and 3,984 non–ST-segment elevation myocardial infarction. We identified 48 patients among this cohort who underwent emergency PCI to an unprotected left main coronary artery culprit...
Conclusions:
In this observational study, compared with IRA-only PCI, multivessel PCI was associated with a better outcome in patients with shock complicating STEMI.

Take Home Message

- Remember the complex PCI should be fast, feasible and safe.
- In the setting of acute coronary syndromes, percutaneous intervention of unprotected LMCA lesions can be performed with reliable results in selected patients.
- Cardiogenic shock and hemodynamic instability are obligatory indications for PCI.
Take Home Message

☐ To report failure of any intervention, we should have all equipment's for it including circulatory support.

Take Home Message

☐ Its all about the heart team approach.
Take Home Message

- Step by step approach for those pt is a cornerstone to get a good results.
Any questions?