Case PRESENTATION

By

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Clinical characteristics

- E. M, 54 years old, male, hypertensive, diabetic on oral treatment.
- Presented with anterior MI for which he received thrombolytic
- ECG: pathological Q waves in anterior chest leads
- Echo: Hypokinea of antertior, lateral and IVS walls of LV, EF = 45%.
- He referred for CA and PCI
Coronary angiography

- LM: diseased with 30% distal stenosis
- LAD: Totally occluded at its mid segment at the origin of DI which showed ostial 90% stenosis.
- LCx: small with ostial stenosis
- RCA: dominant, normal with no collaterals forLt system

Diagnostic RAO caudal
RAO – Caudal

Diagnostic AP Cranial
Table 14  Recommendations for percutaneous coronary intervention in ST-segment elevation myocardial infarction

<table>
<thead>
<tr>
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<th>PCI after fibrinolysis</th>
<th>Elective PCI/CABG</th>
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<tbody>
<tr>
<td>Routine urgent PCI is indicated after successful fibrinolysis (resolved chest pain/ discomfort and ST-segment elevation)</td>
<td>Within 24 h</td>
<td>I  A</td>
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<td>Rescue PCI should be considered in patients with failed fibrinolysis.</td>
<td>As soon as possible</td>
<td>IIa  A</td>
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<tr>
<td>Elective PCI/CABG</td>
<td></td>
<td>Evaluation prior to hospital discharge</td>
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<td>Is indicated after documentation of angina/positive provocative tests.</td>
<td>Patient referred &gt;24 h</td>
<td>III  B</td>
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Cine (SSFP) sequences of: 2 chamber, showing wall thickness and wall motion.
Late Gadolinium Enhancement

- 2 chamber view showing anterior and inferior walls, where apical anterior wall shows < 50% subendocardial enhancement, mid and basal segments are completely viable, indicating viability of whole anterior wall.

CMR: 4 chamber view

- Showing < 50% subendocardial enhancement of inferior IVS and lateral walls.
- Only the apical cap shows thinning and near transmural enhancement.
Predilatation
Maverick 1.5 & 2 X 20 mm

After predilatation
LAD stenting
Promus element Plus 2.5 X 38 mm

LAD stenting
After LAD Stenting

After LAD Stenting
Diagonal dilatation
Maverick 2 X 20 mm

TAP
Promus element Plus 2.5 X 24mm
TAP

Final kissing
Final kissing

Final results
Final results

Conclusion

• Reopening of infarction related artery after 24 hours of MI is contraindicated unless there is an evidence of viability or ischemia.

• CMR offers the best modality for the assessment of cardiac viability.

• The TAP-stenting is a modification of the T-stenting technique which allows full coverage of bifurcated lesions and facilitates final kissing.
Thank you