

ACUTE CORONARY SYNDROME: IMAGING, REVASCULARIZATION AND PHARMACOLOGY

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Clinical scenario

- 60 y/o man presents with rest angina for 6 hours
- PMH: CAD (PCI), HTN, IDDM, remote smoking, HL
- EKG: NSR, ST depression V₄-V₆
- TnT: 0.56 (N<0.01)
- Meds:
 - Ranolazine 500 BID
 - ASA 81 mg QD, Clopidogrel 75 mg QD
 - Metoprolol XL 200 mg QD
 - Enalapril 20 mg QD
 - Atorvastatin 80 mg QD

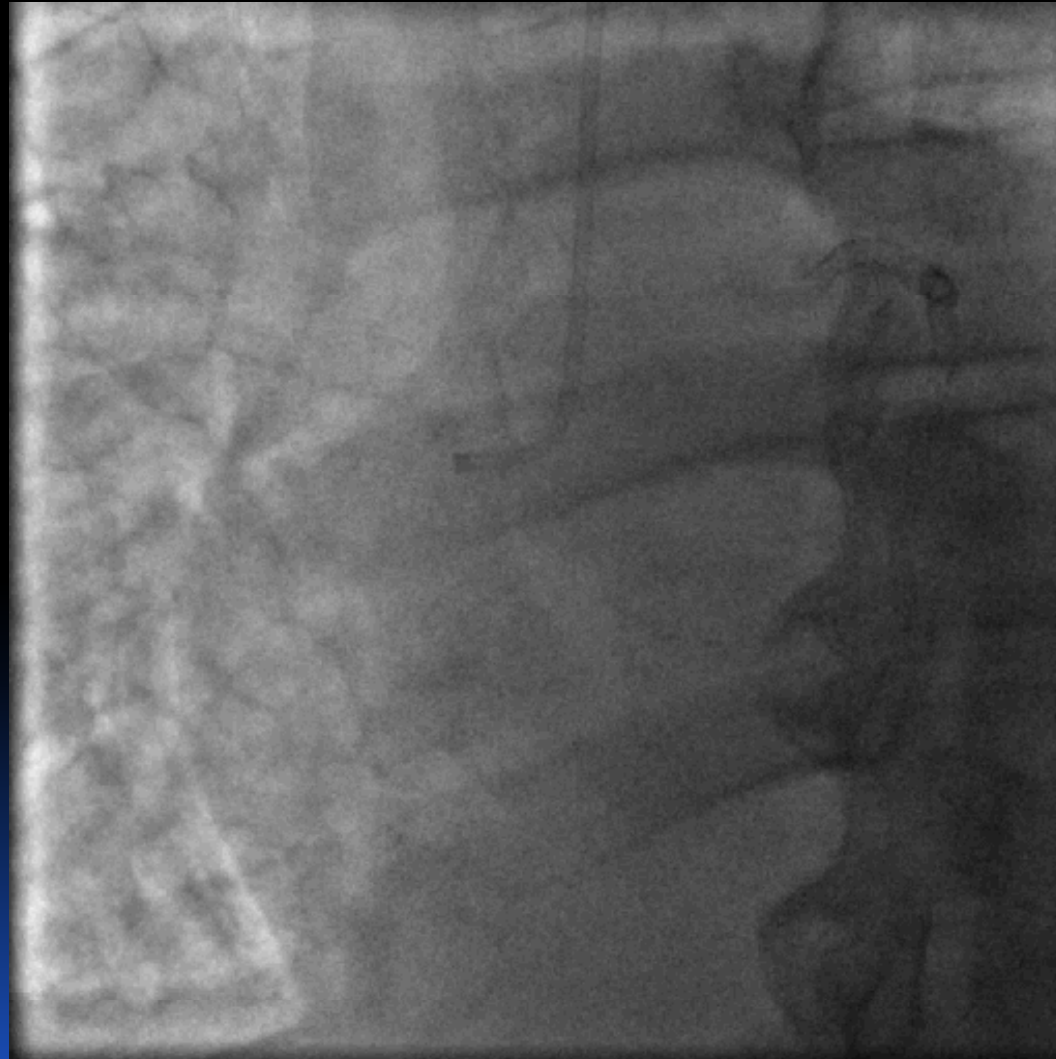
TRS: 6



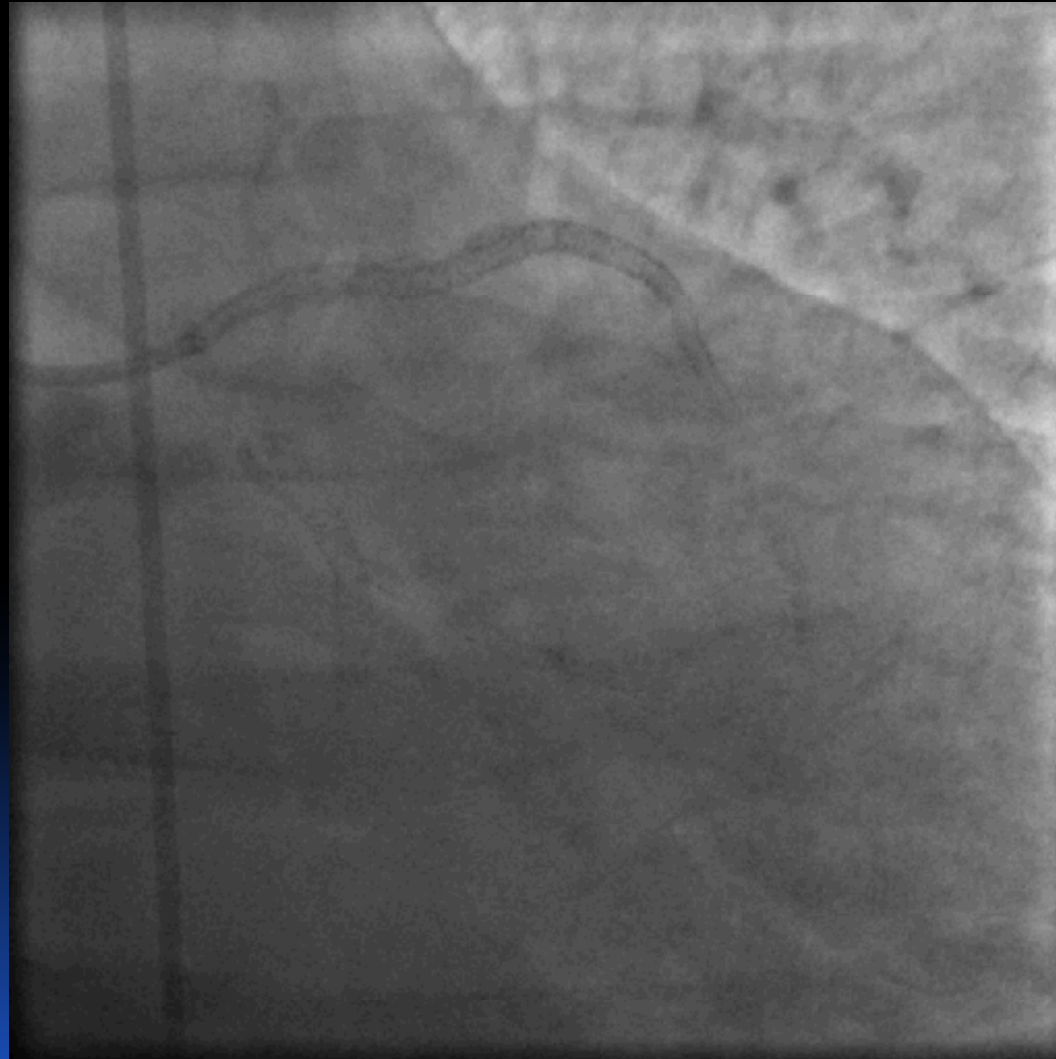
Prior PCI

- 6/2008 DES LAD (unknown type or size)
- 7/2008: PTCA dLCX, PES OM₂
- 4/2009: EES pLCX
- 12/2011: ZES pLAD (3.0x12) and mLAD (2.5x18)
- 3/2012: ZES-R pLAD (3.0x9) and PTCA for ISR mid LAD

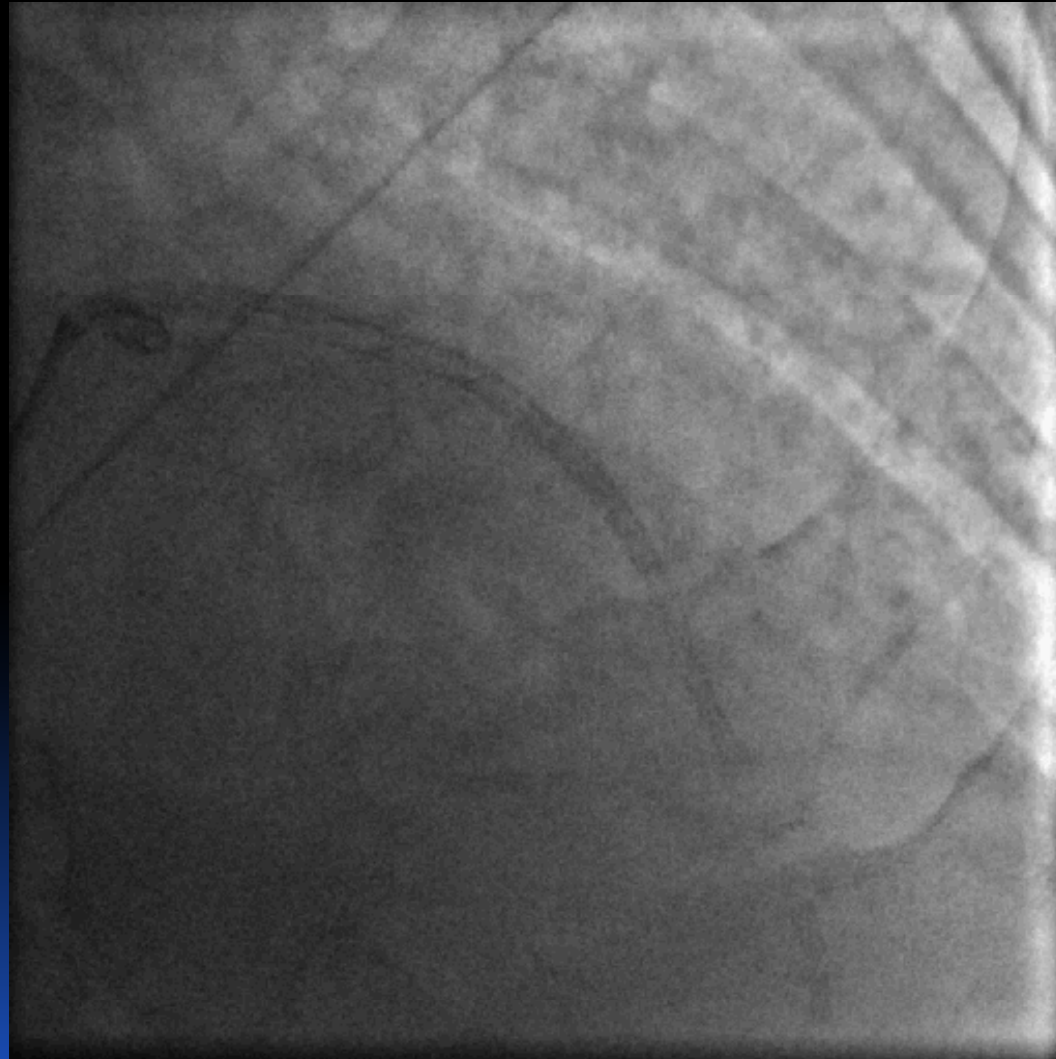
RCA



LCA - before PCI




LCA - before PCI






Questions to consider

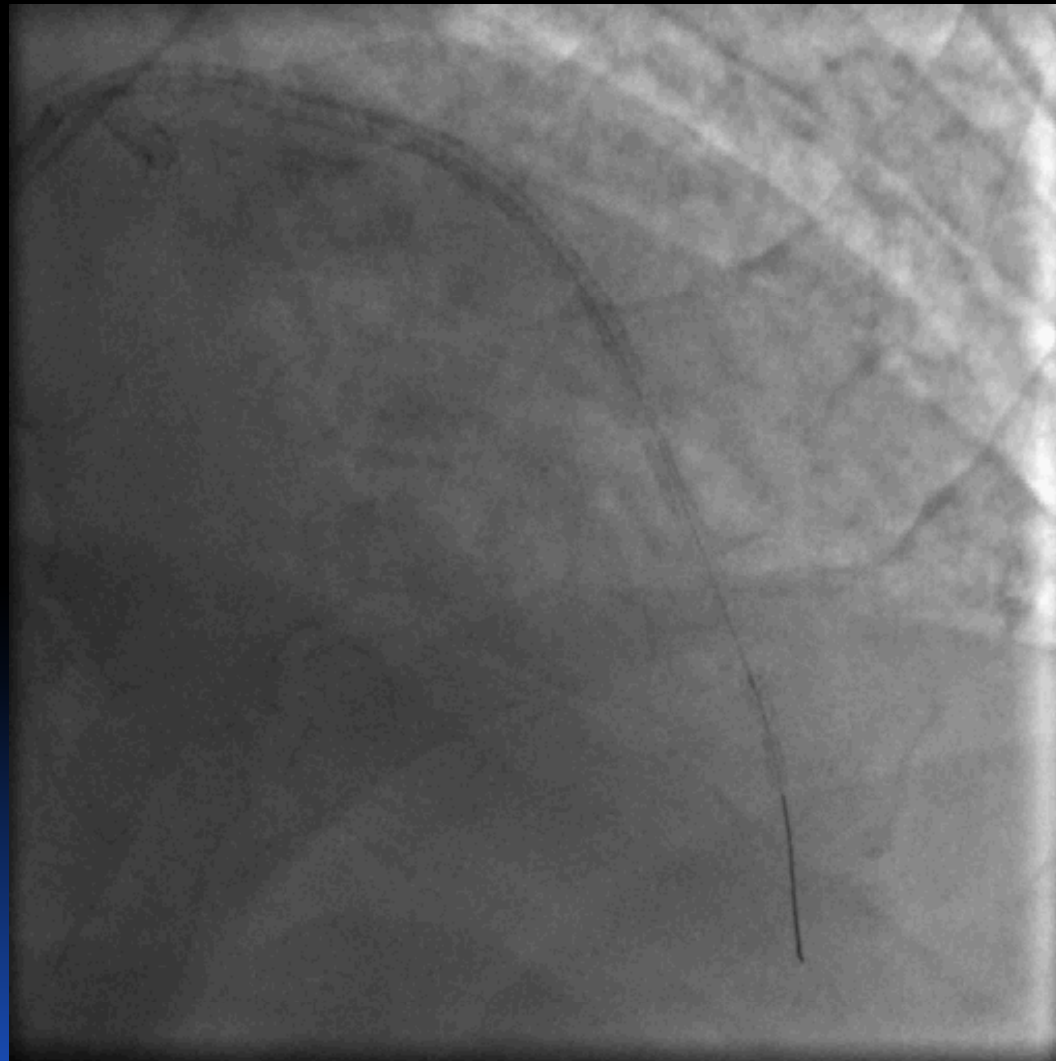
- Imaging
 - Identify cause of “malignant” restenosis
 - Verify expansion in pLAD after PTCA
 - OCT
- Pharmacology
 - Bivalirudin vs. heparin and GPI
 - Measure platelet inhibition
 - Switch DAPT
- Treatment
 - Restenting
 - PTCA
 - CABG



PCI 4/11/2012

- Coronary angiography 2h after arrival
 - DES mLAD (2.25x16) PI-EES
 - PTCA pLAD for ISR
 - Heparin+eptifibatide
 - Peak CK-MB 38.5 ng/ml (N<6 ng/ml)
 - Peak TnT 2.8 ng/ml
 - Discharged home on 4/13/12 – same meds
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LCA- after PTCA



LCA - final

