

STEMI

What is the culprit ?

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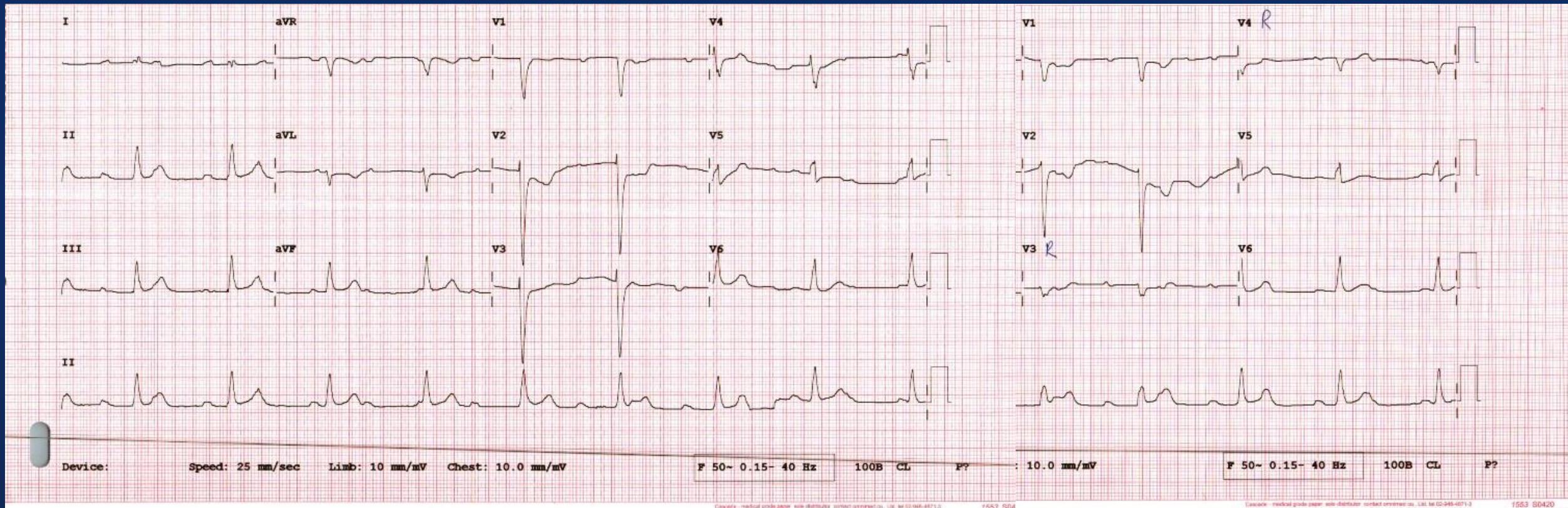
Disclosure

- None for this topic

Patient profile

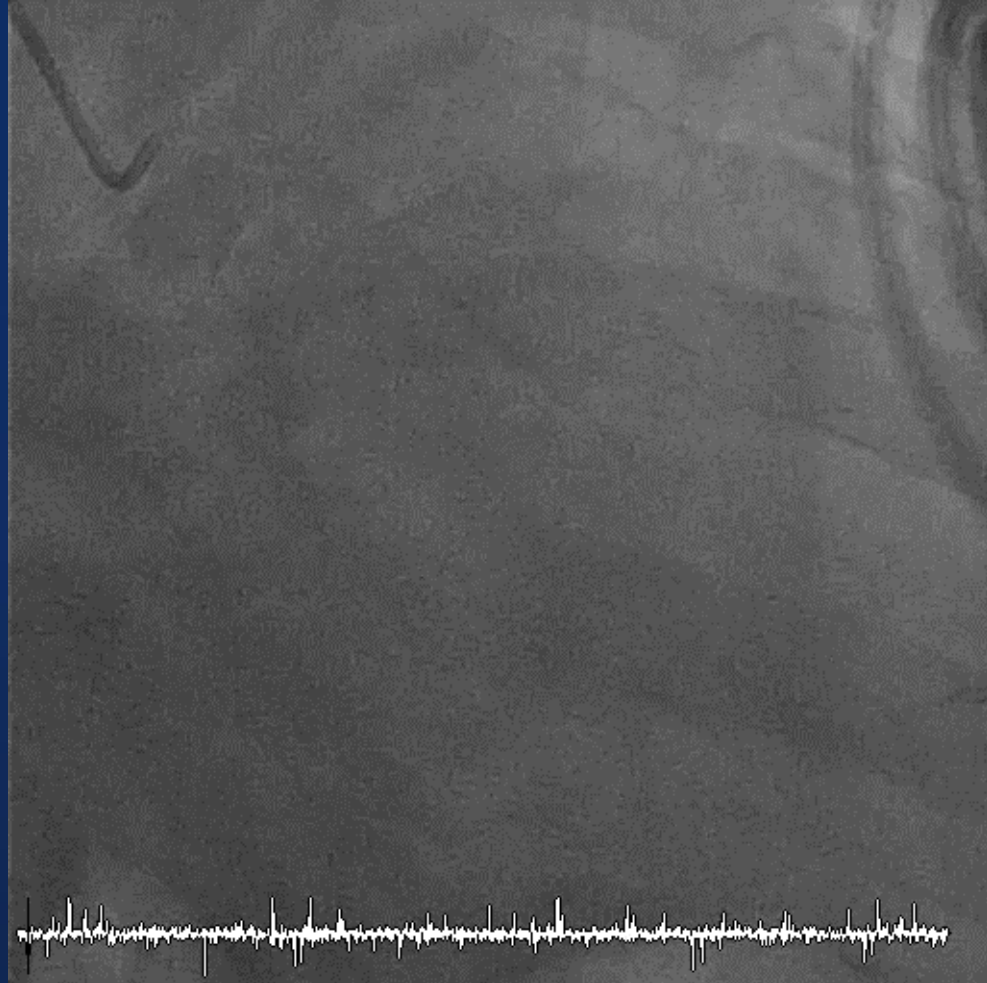
- 55 year old man
- Acute chest pain for 2 hours
- Bradycardia
- Hypotension (85/69 mmHg)
- SpO₂ = 85%
- Bedside echo : LVEF = 15-20%, inferior wall akinesia

Acute inferior wall STEMI with CHB

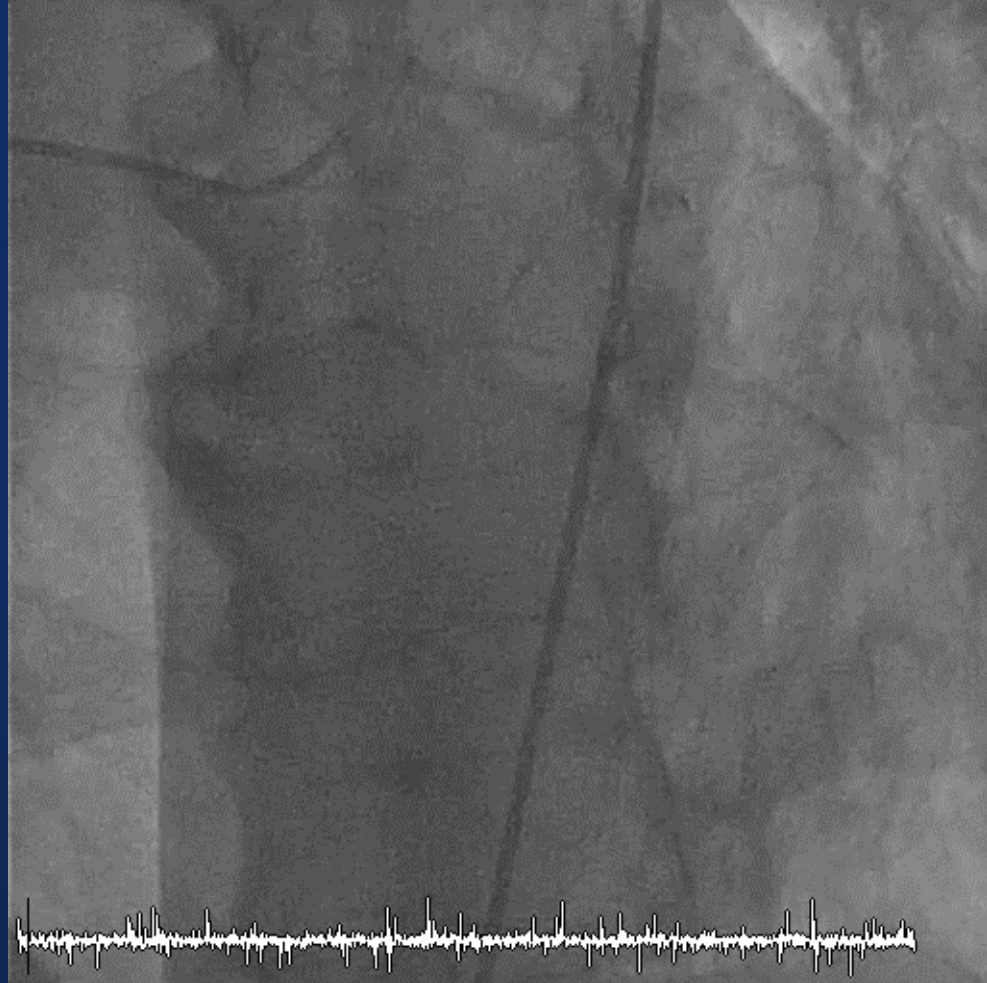


Management at ER

- ET-intubation
- External pacemaker
- Dopamine iv infusion
- Activate STEMI fast tract for primary PCI
- Pre-treatment
 - ASA
 - Ticagrelor
- Transfer to cath. lab.

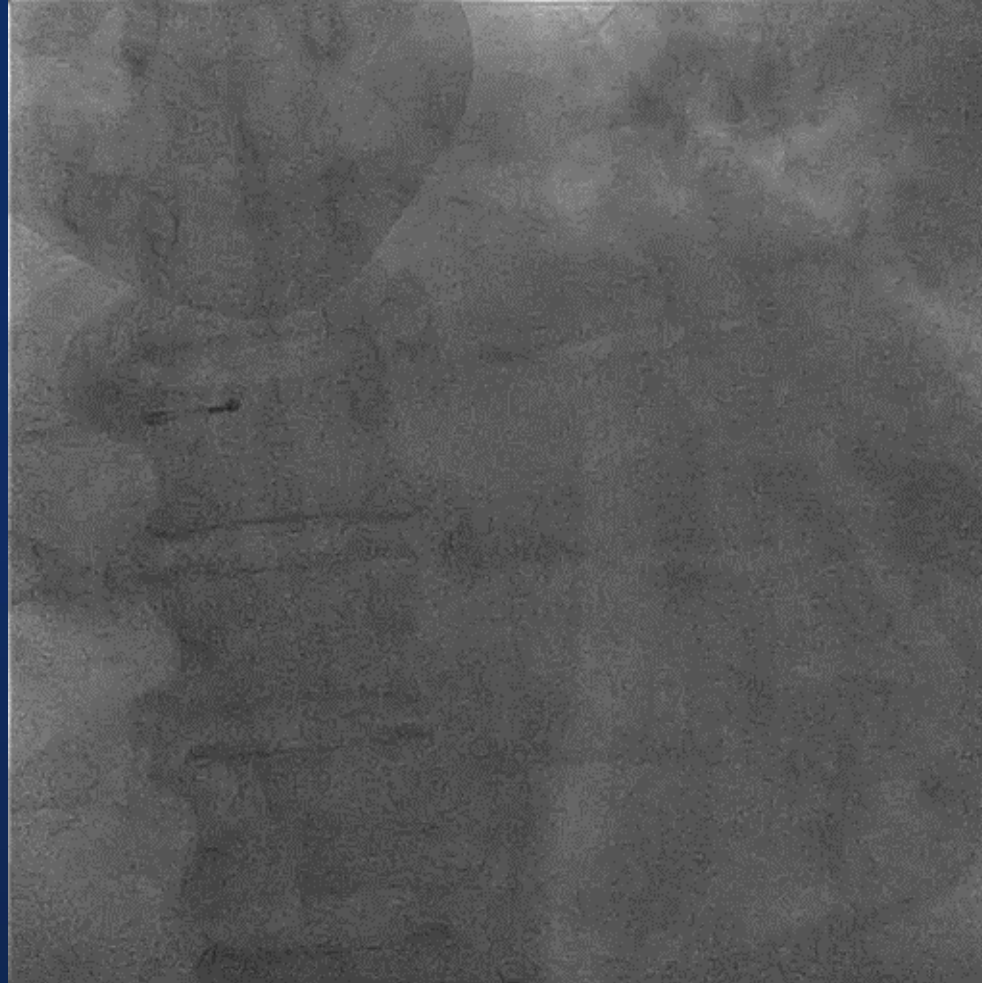


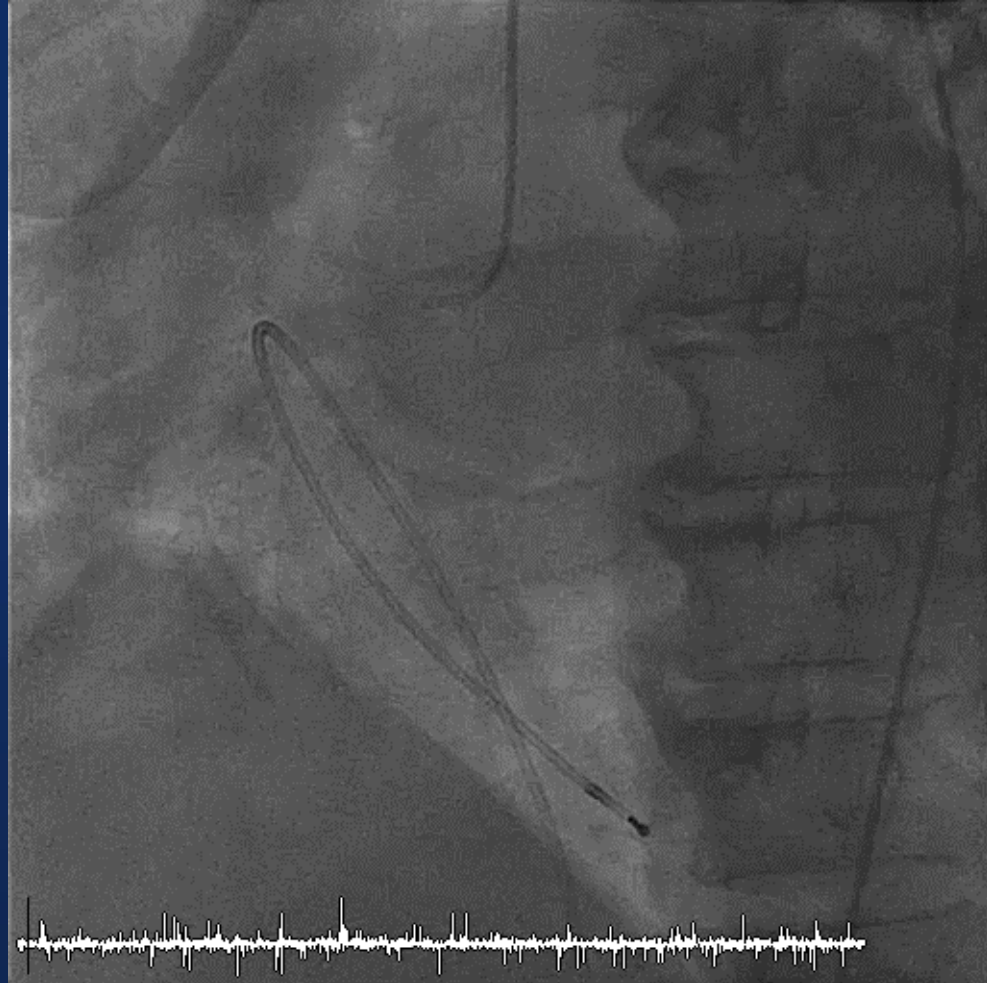


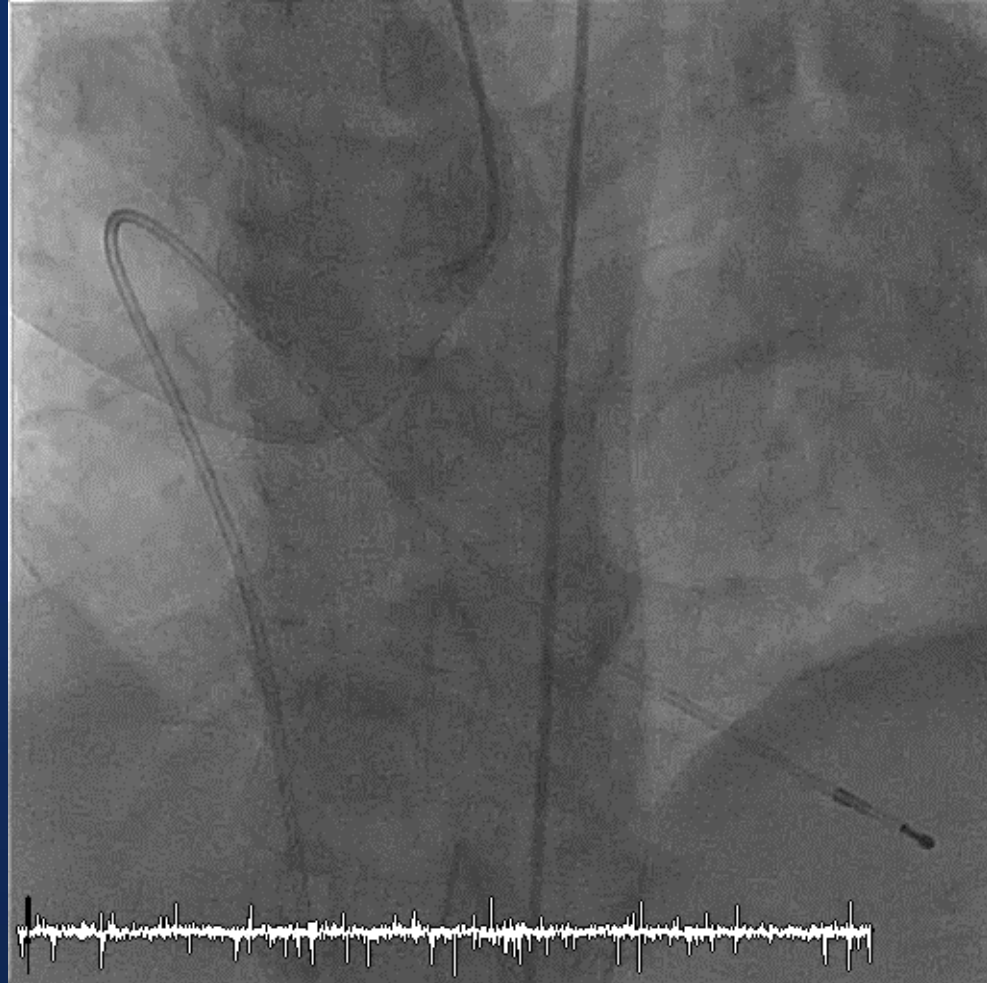


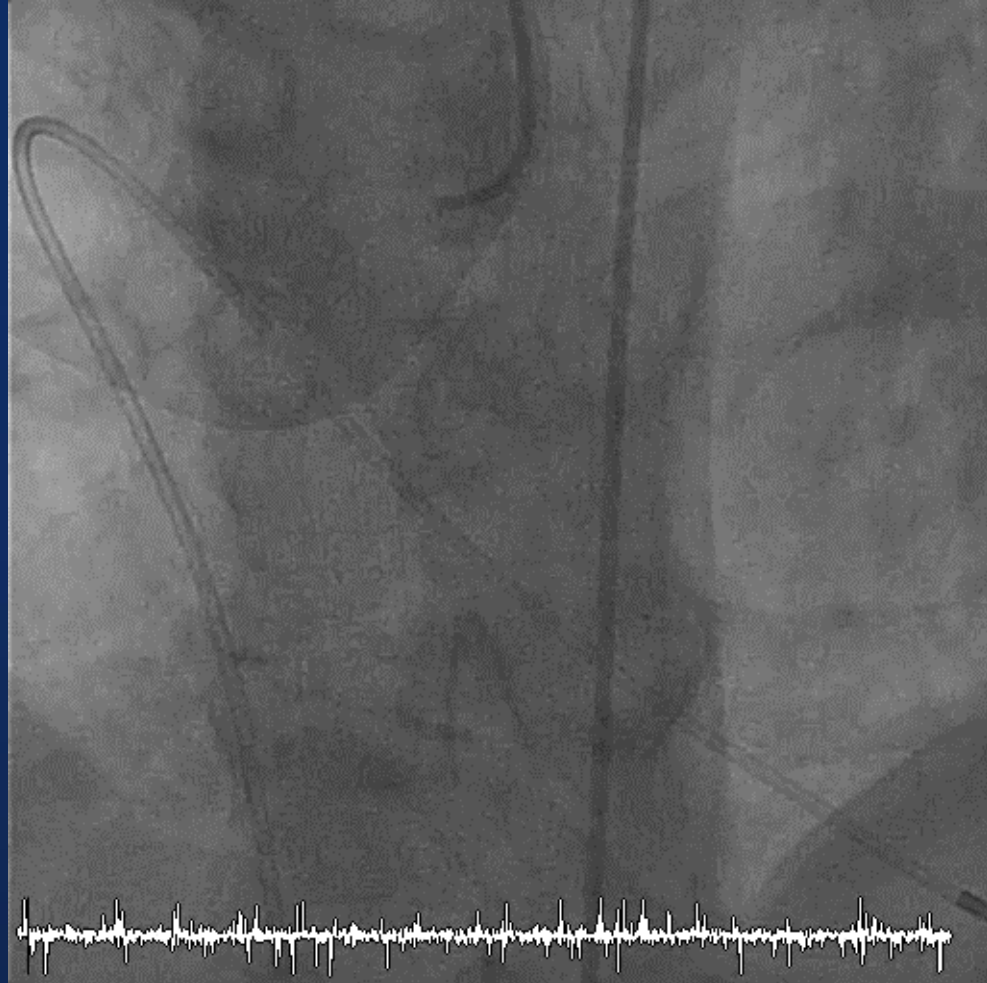


Temporary transvenous pacemaker









Cardiogenic shock

- Up dose Dopamine
- Start Norepinephrine
- Adrenaline iv
- IABP insertion

What is the culprit lesion

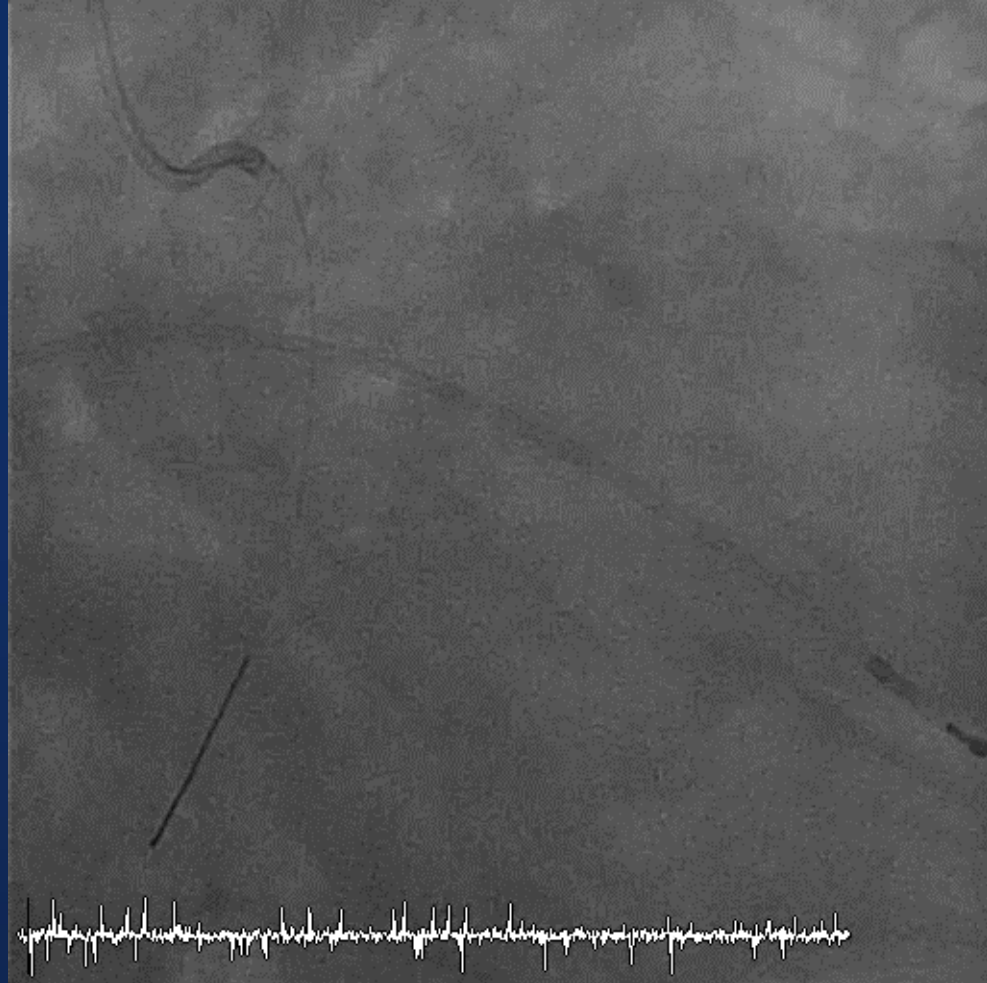
- Which one should be treated (or treated first)
- Strategy and equipments

My strategy

- Treat LCX first
- Then RCA
- Guiding catheter : AL1 6Fr
- Guide wire : Work horse (Rinato)
- Aspiration thrombectomy : Large vessel, high thrombus grade
- Direct stent if possible
- Preparing for slow/ no reflow phenomenon

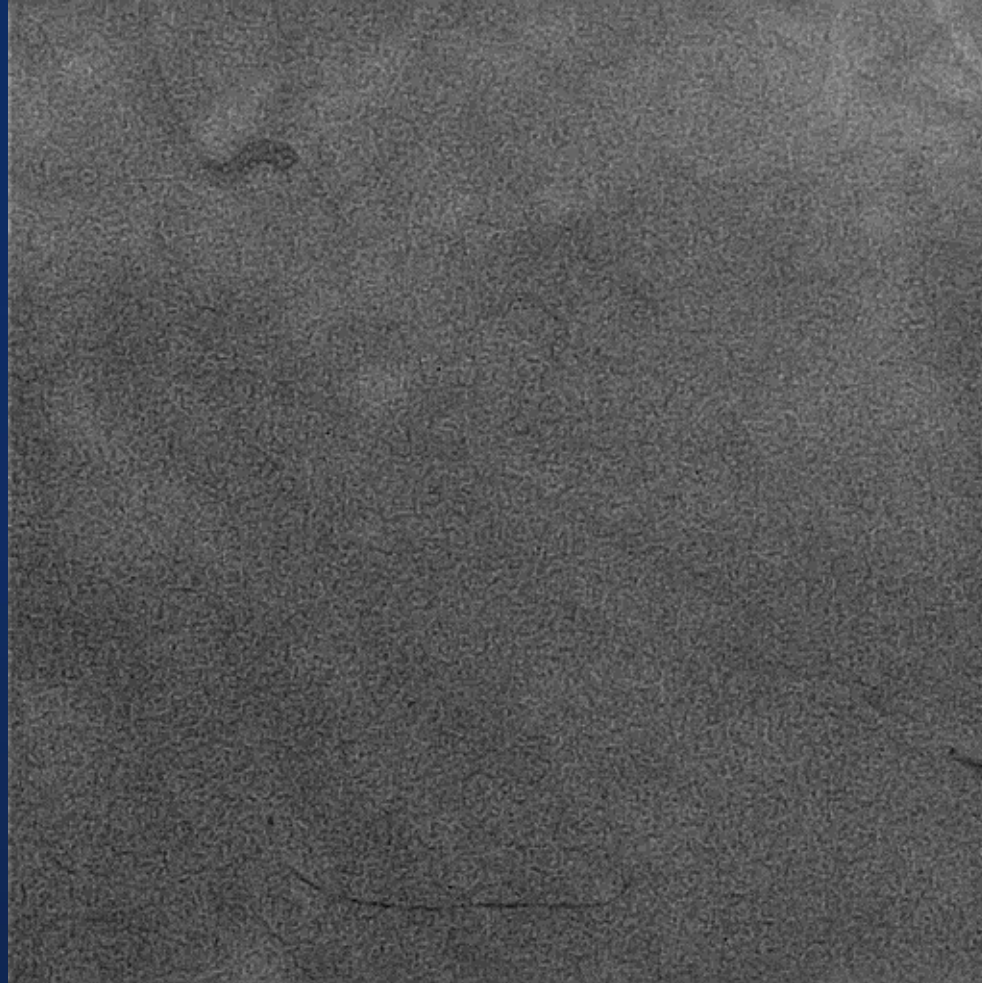
AL1, Rinato







Aspiration thrombectomy



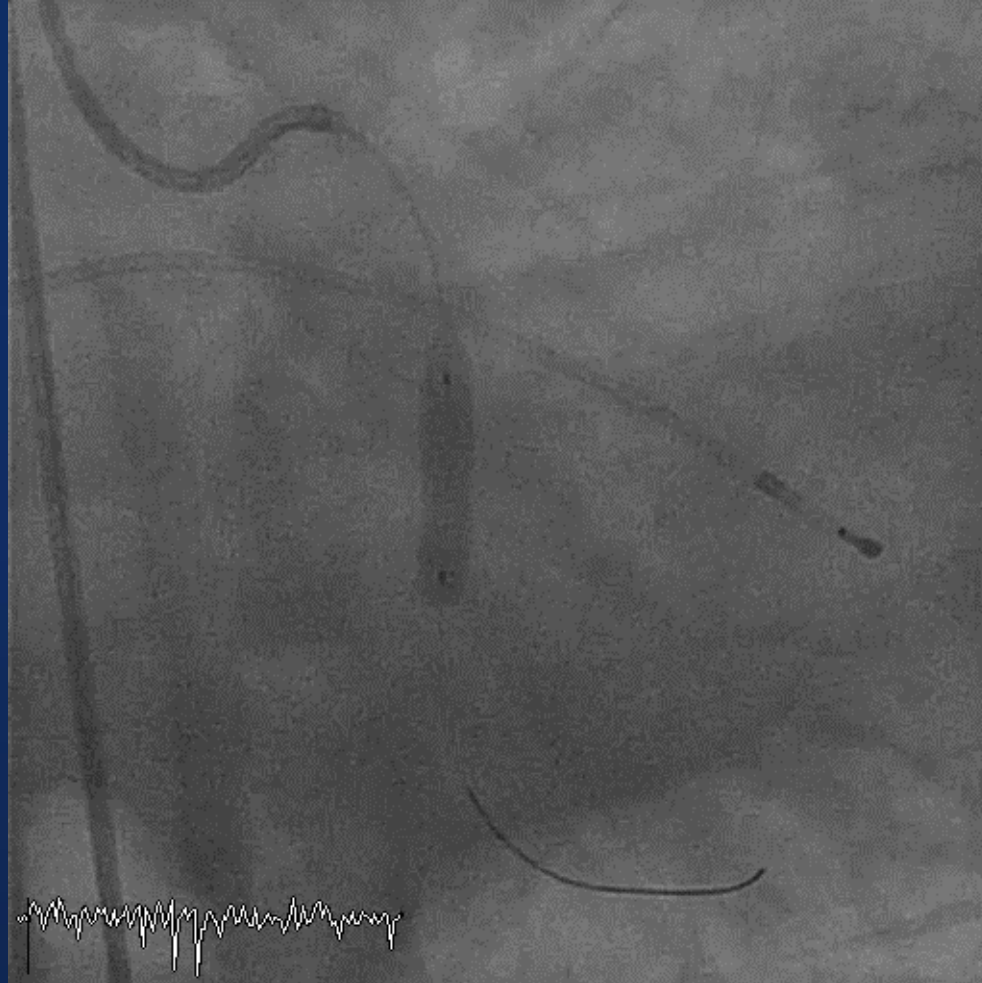




DES 5.0 x 12 mm



12 atm (2 times inflation)

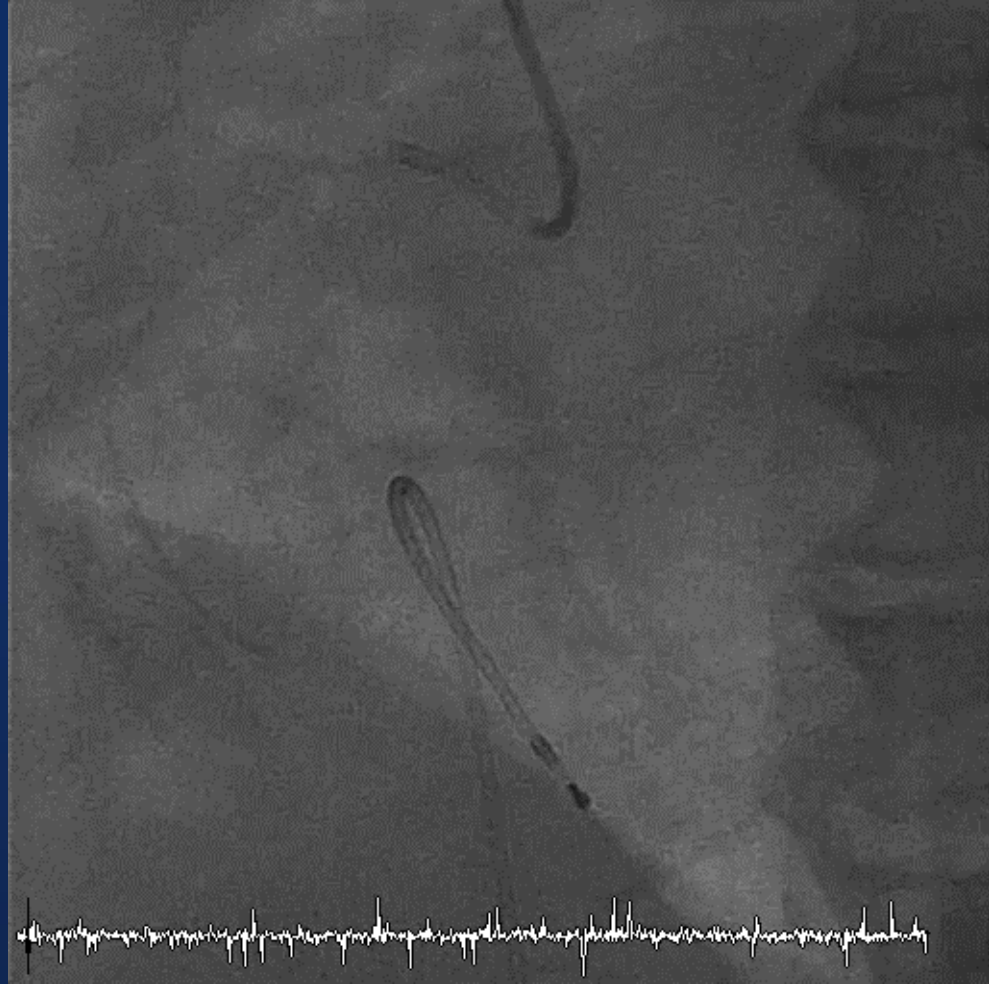






VT

- Cardioversion 200 J
- Move AL1 to engage RCA



Rinato

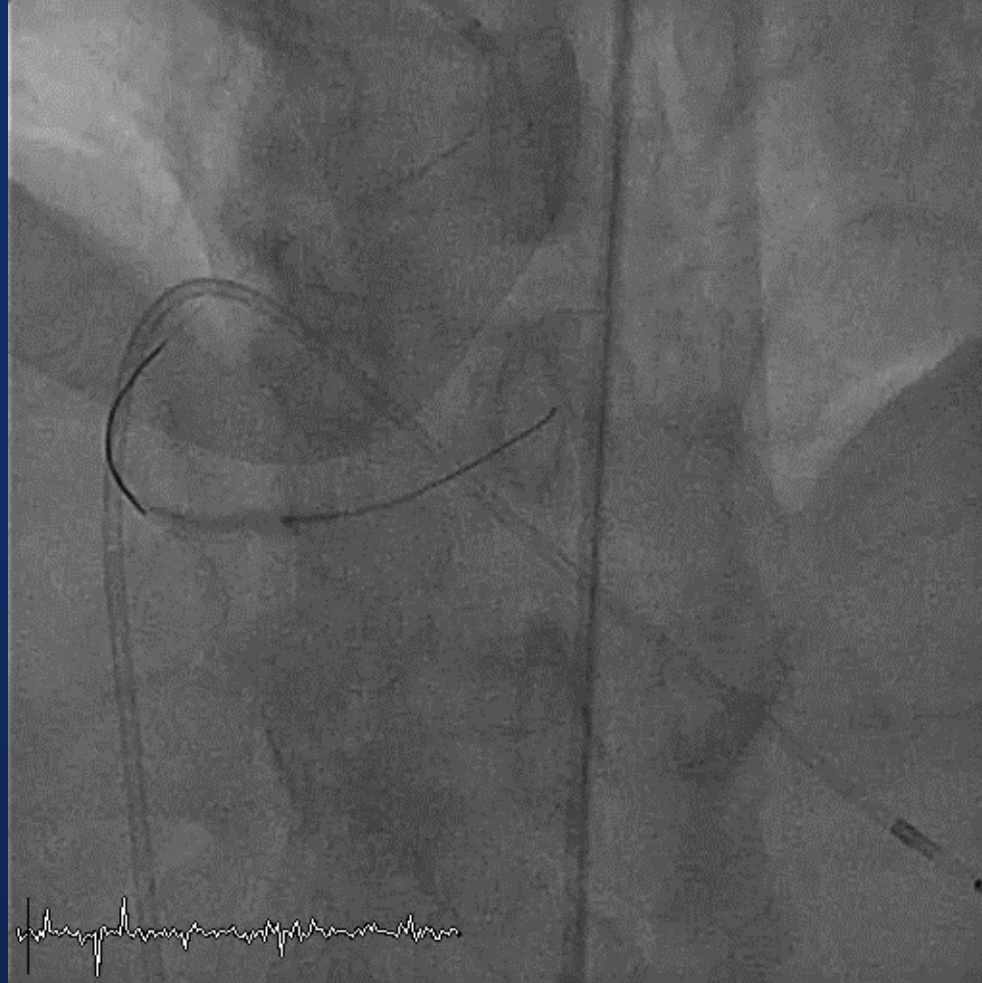


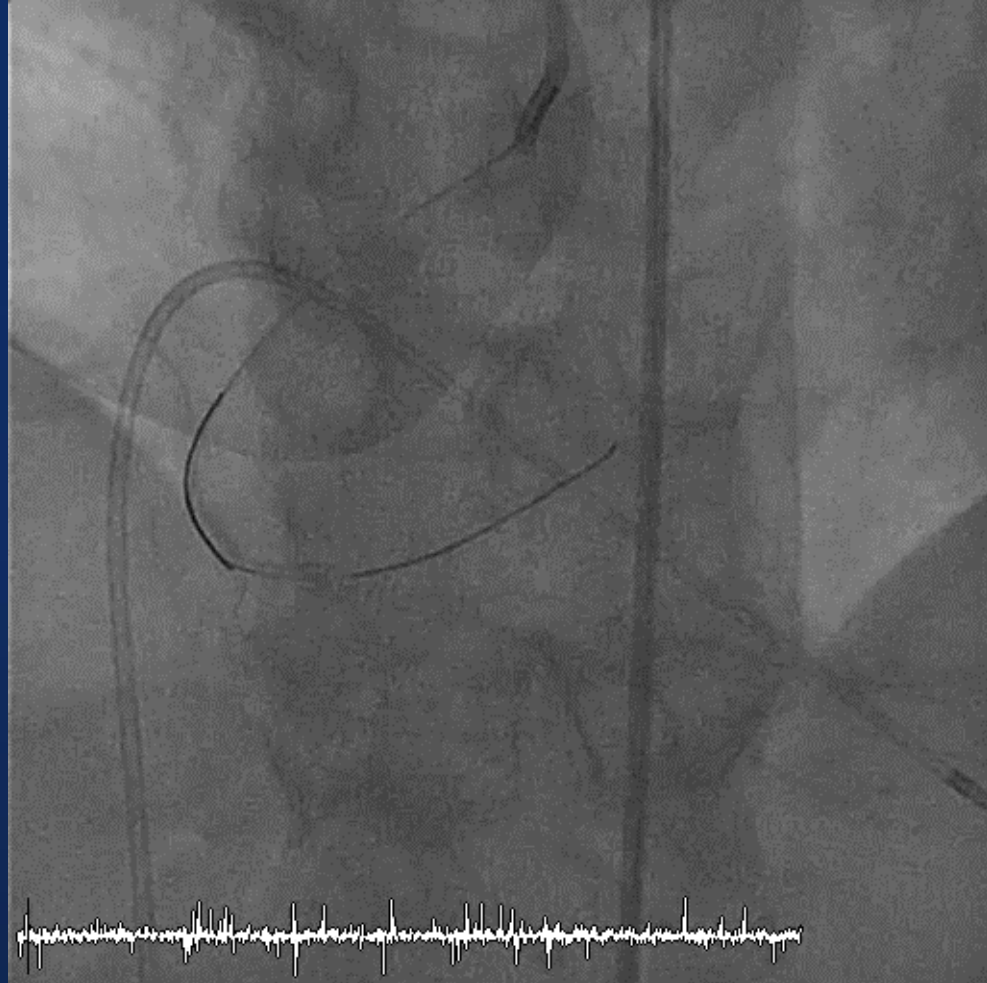


Pilot150 to RPL

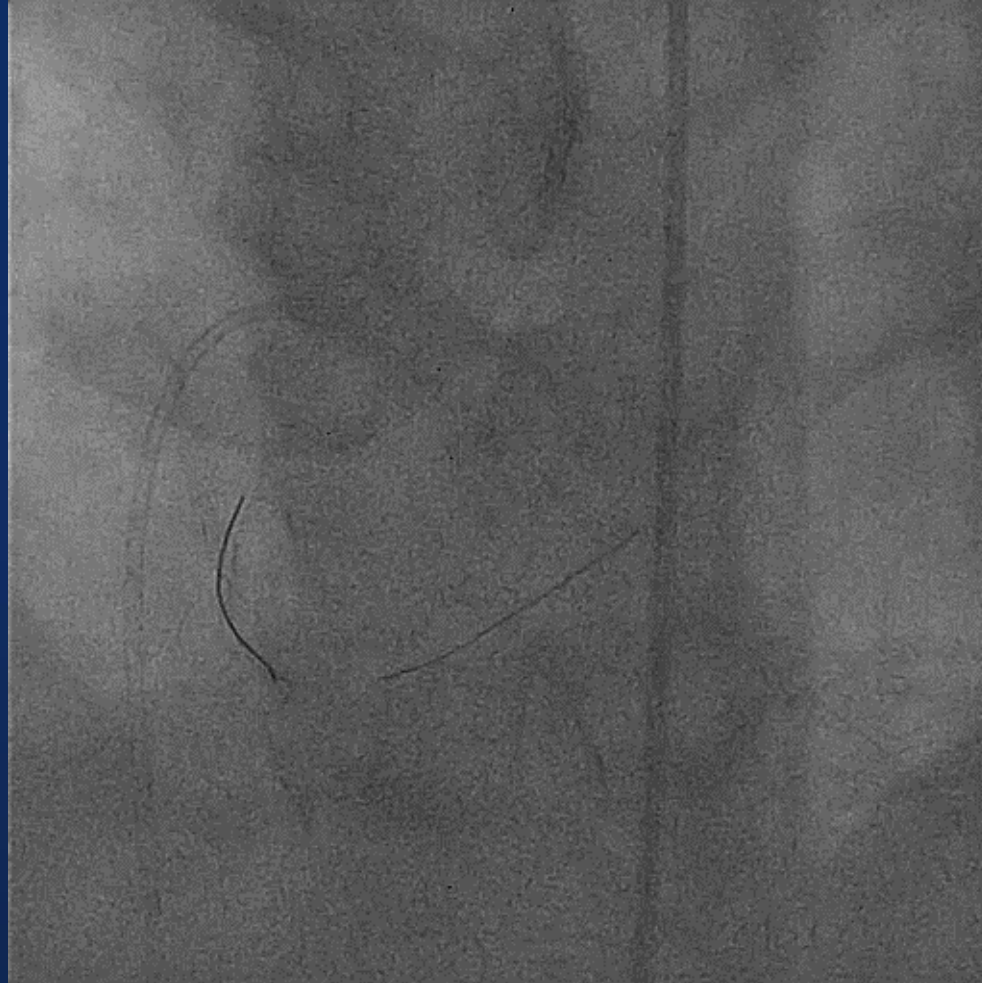


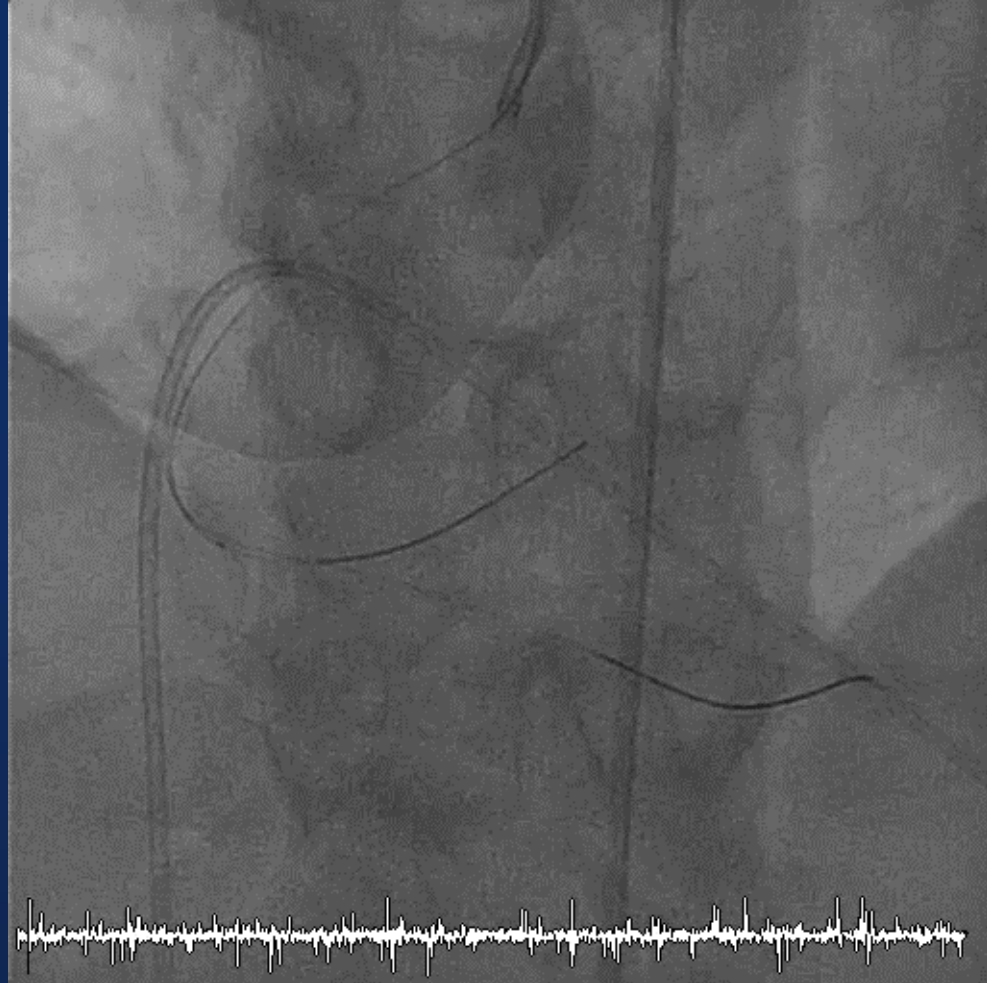
SC balloon 1.5 x 15 mm



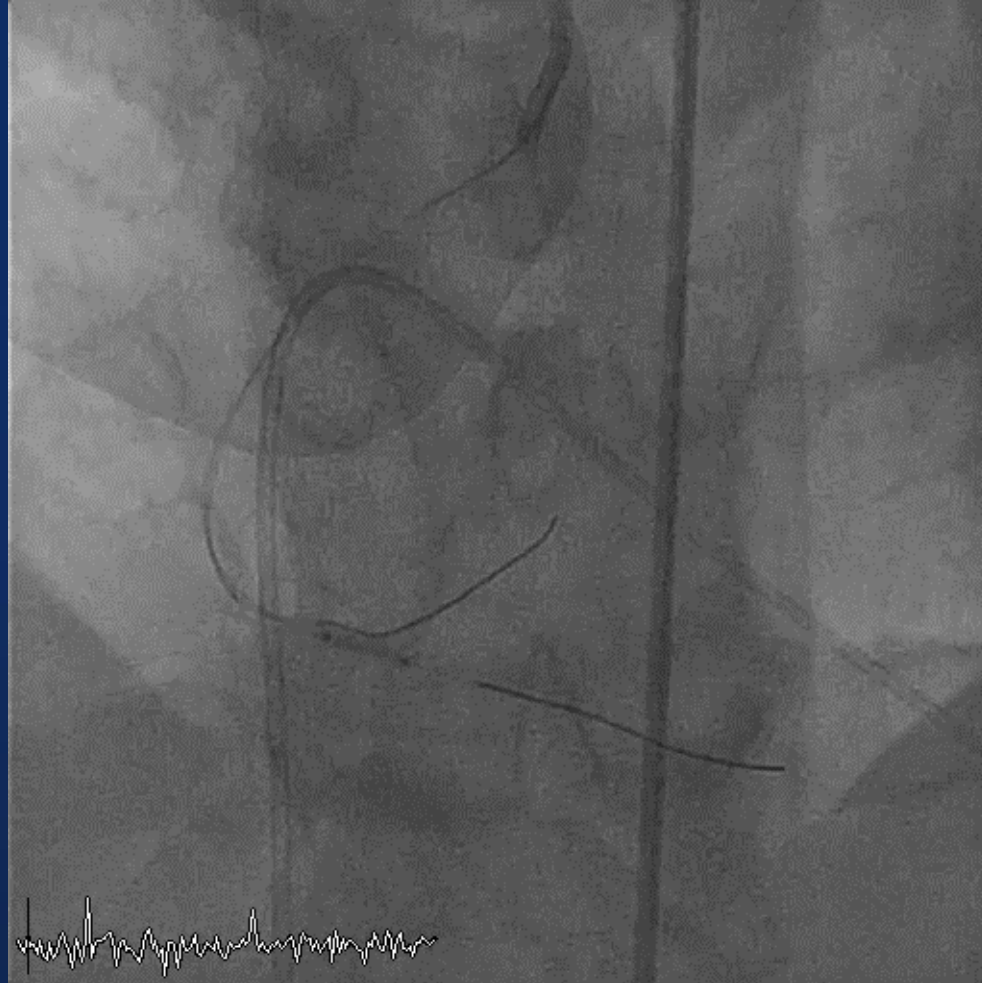


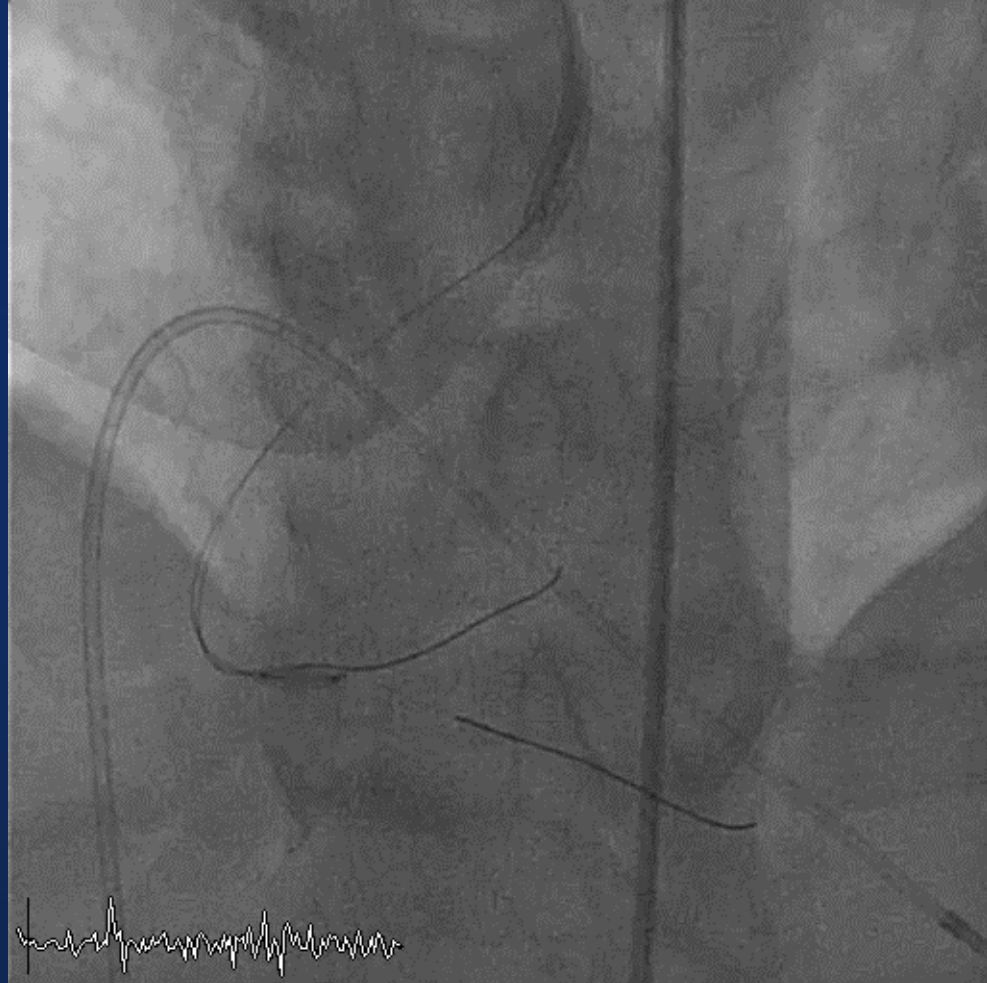
Rinato to RPD

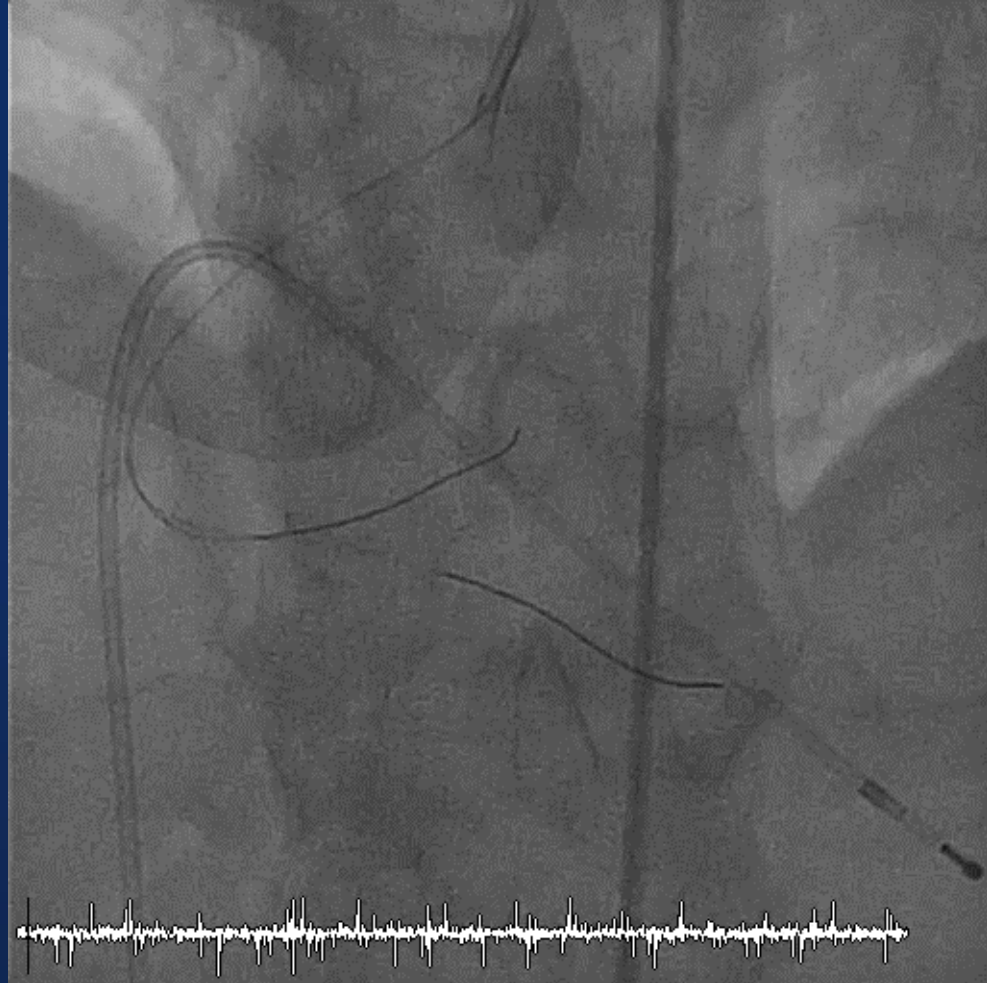




SC balloon 2.0 x 12 mm



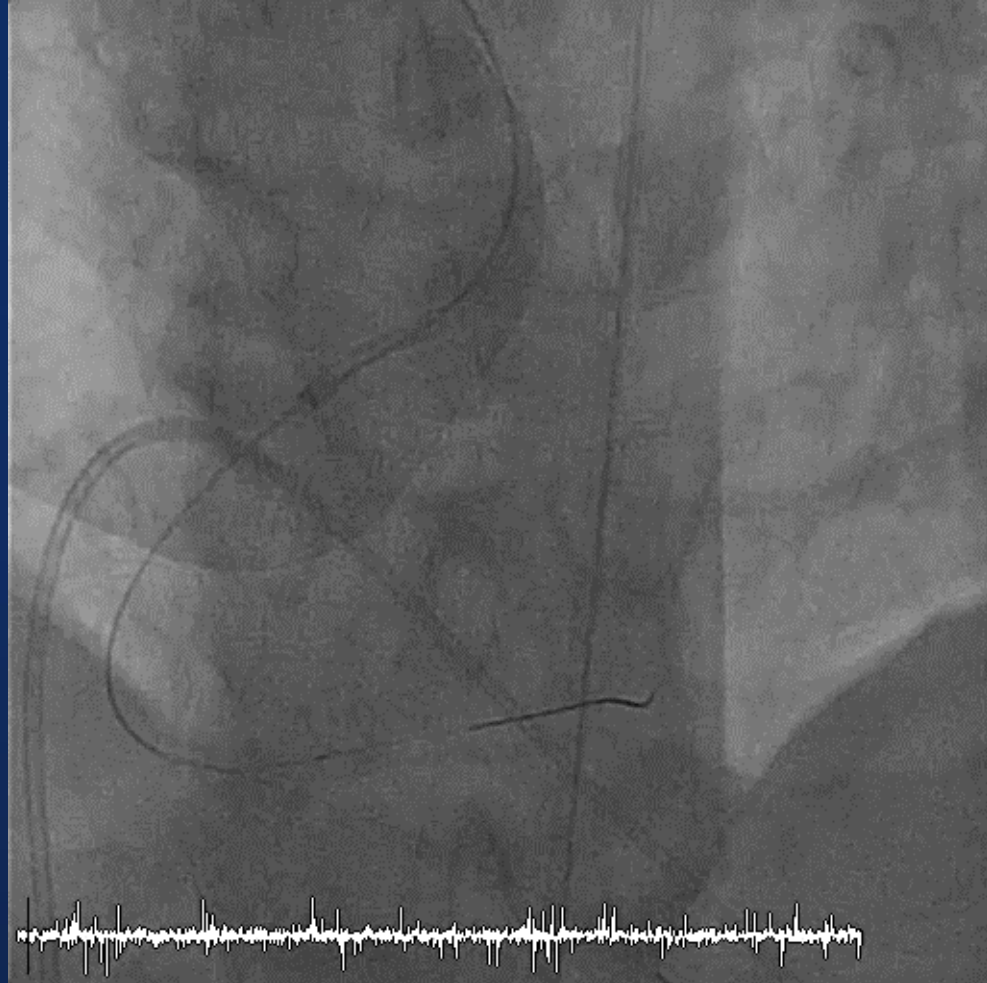




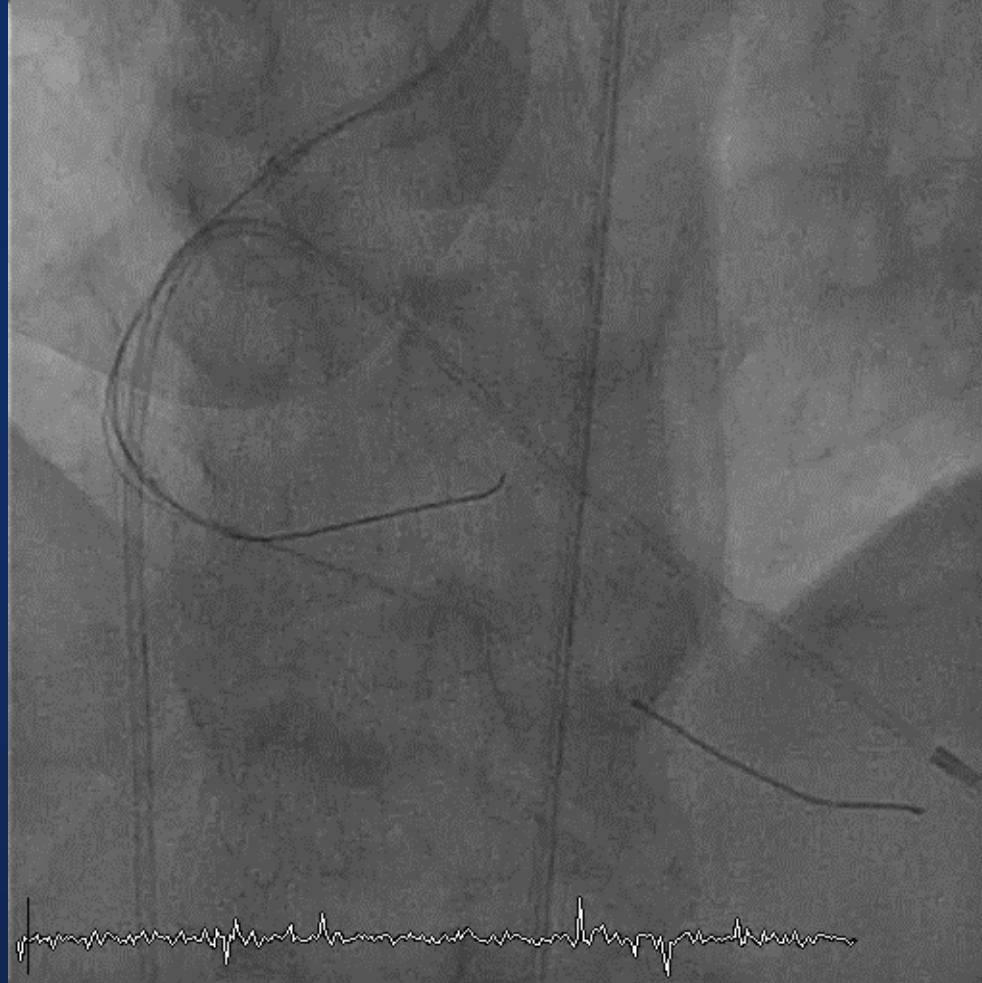


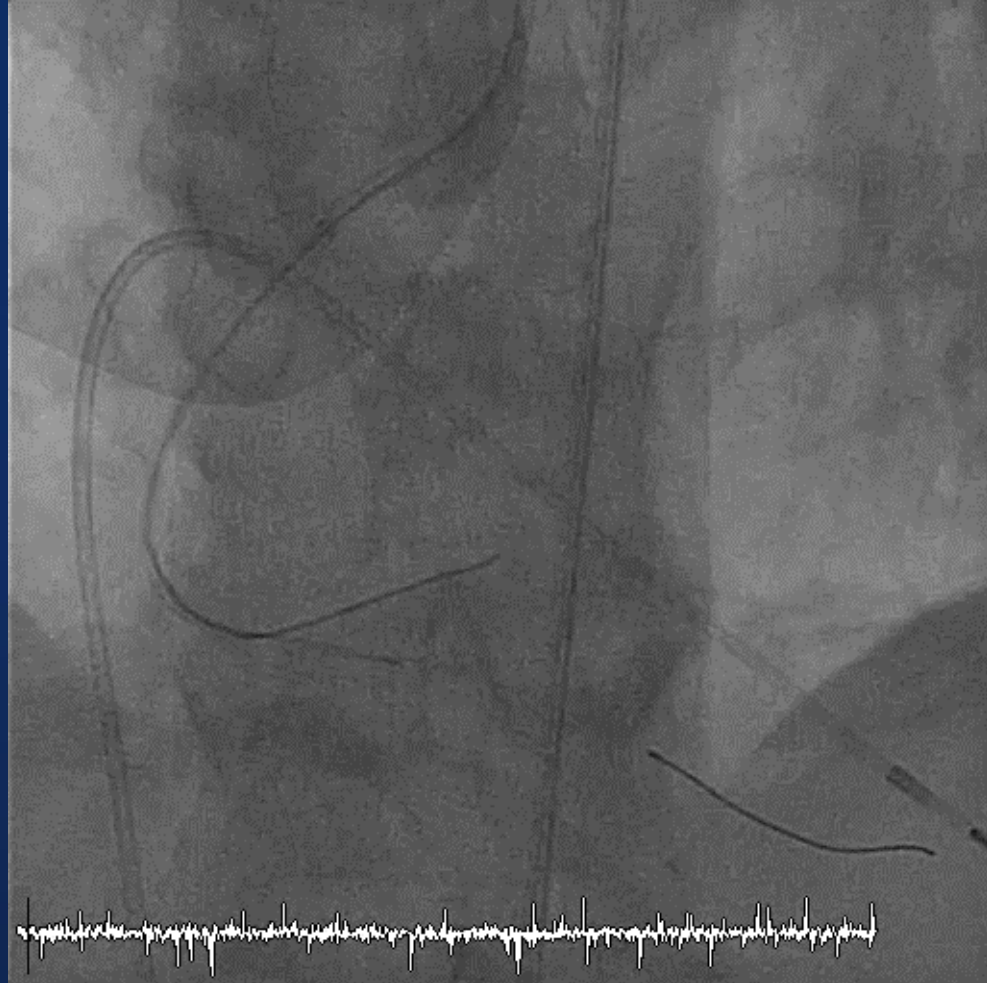
Aspiration thrombectomy

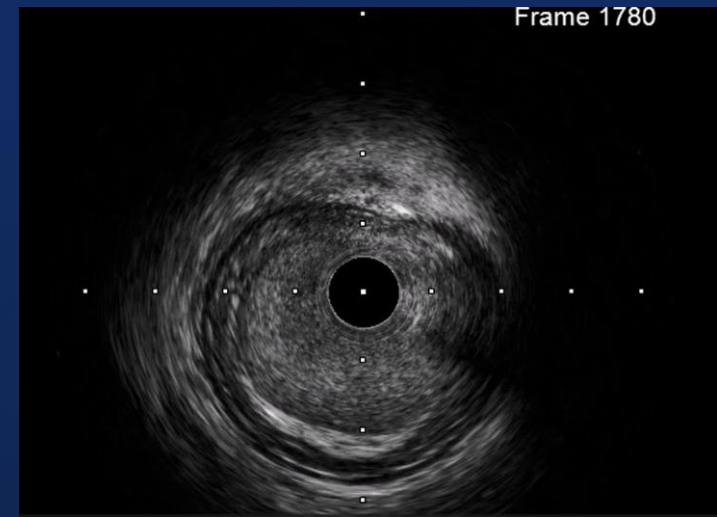
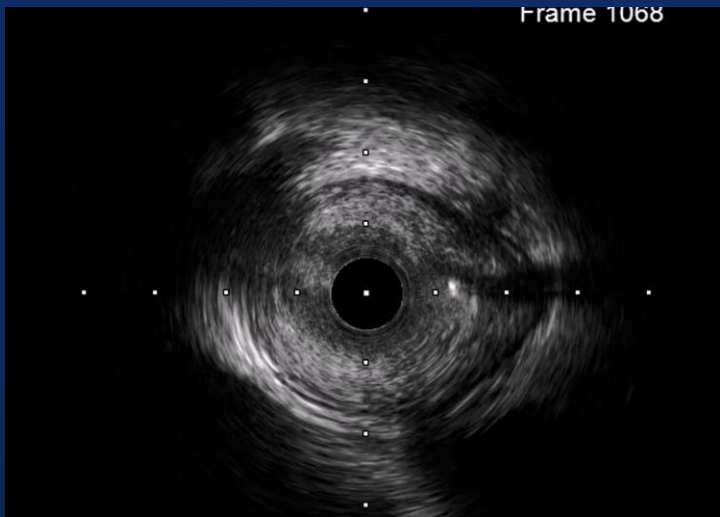
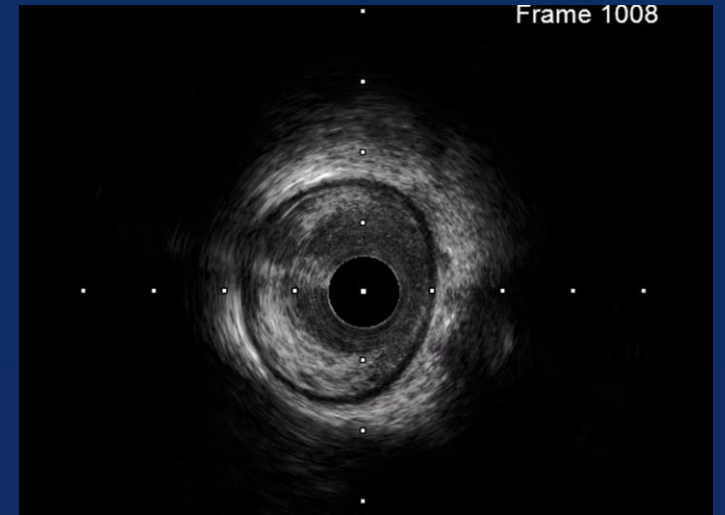
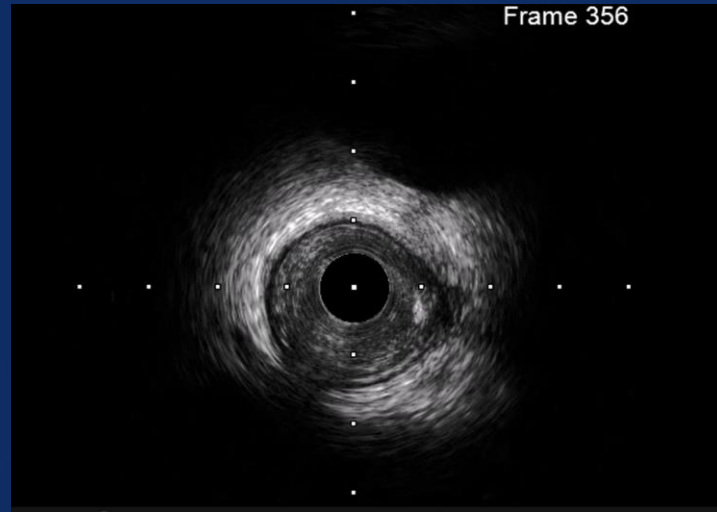




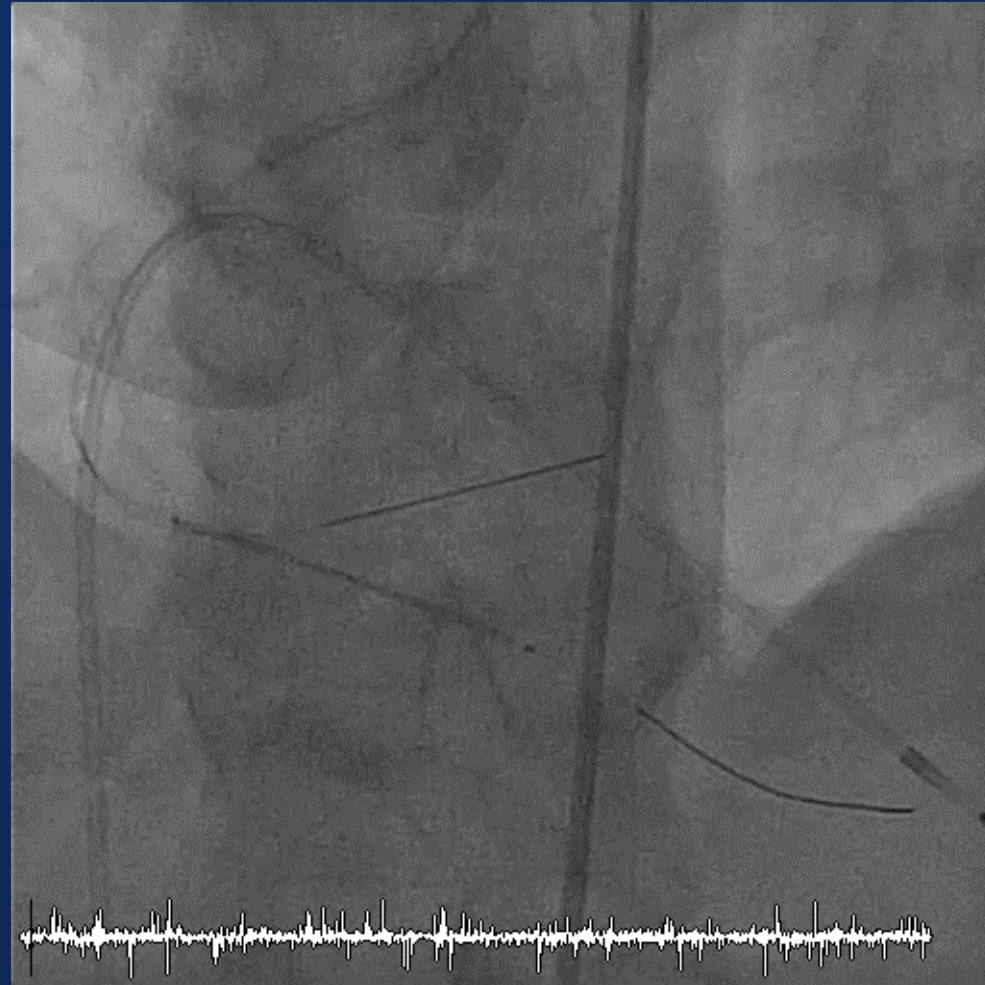
IVUS



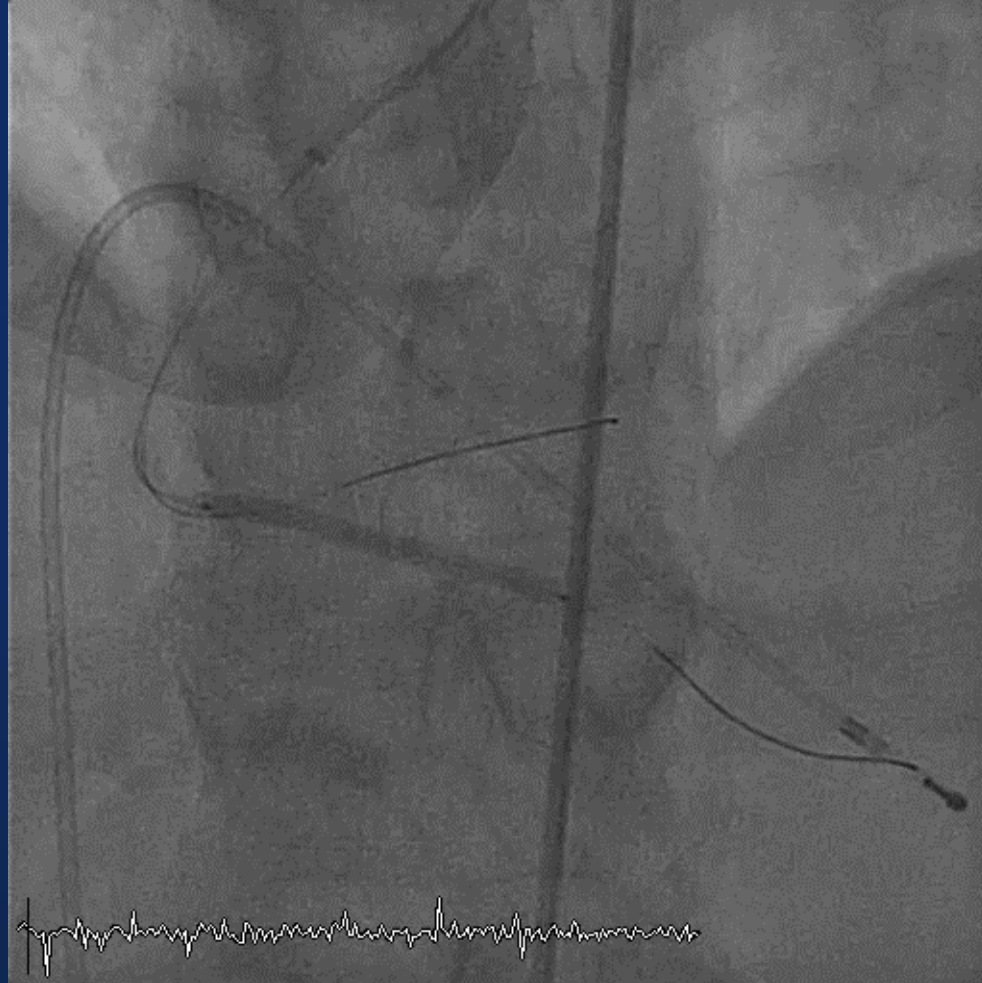


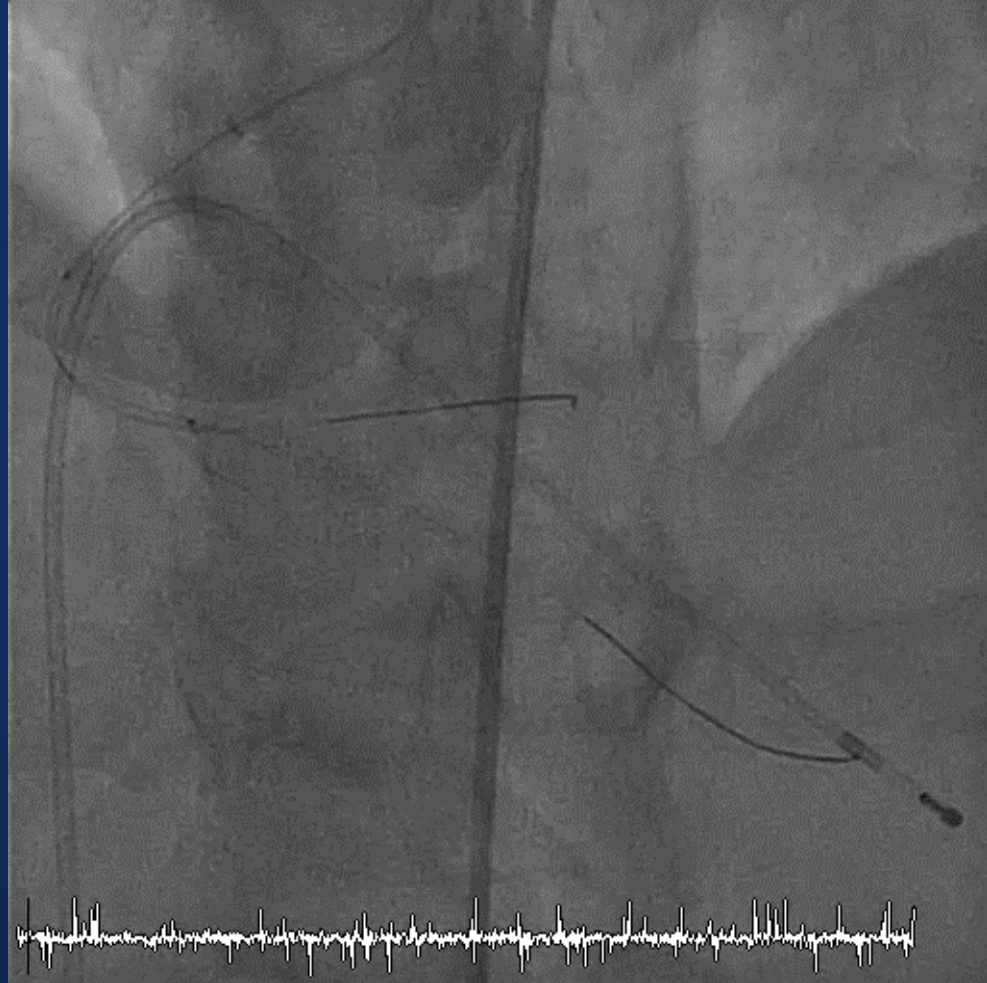


DES 2.25 x 38 mm

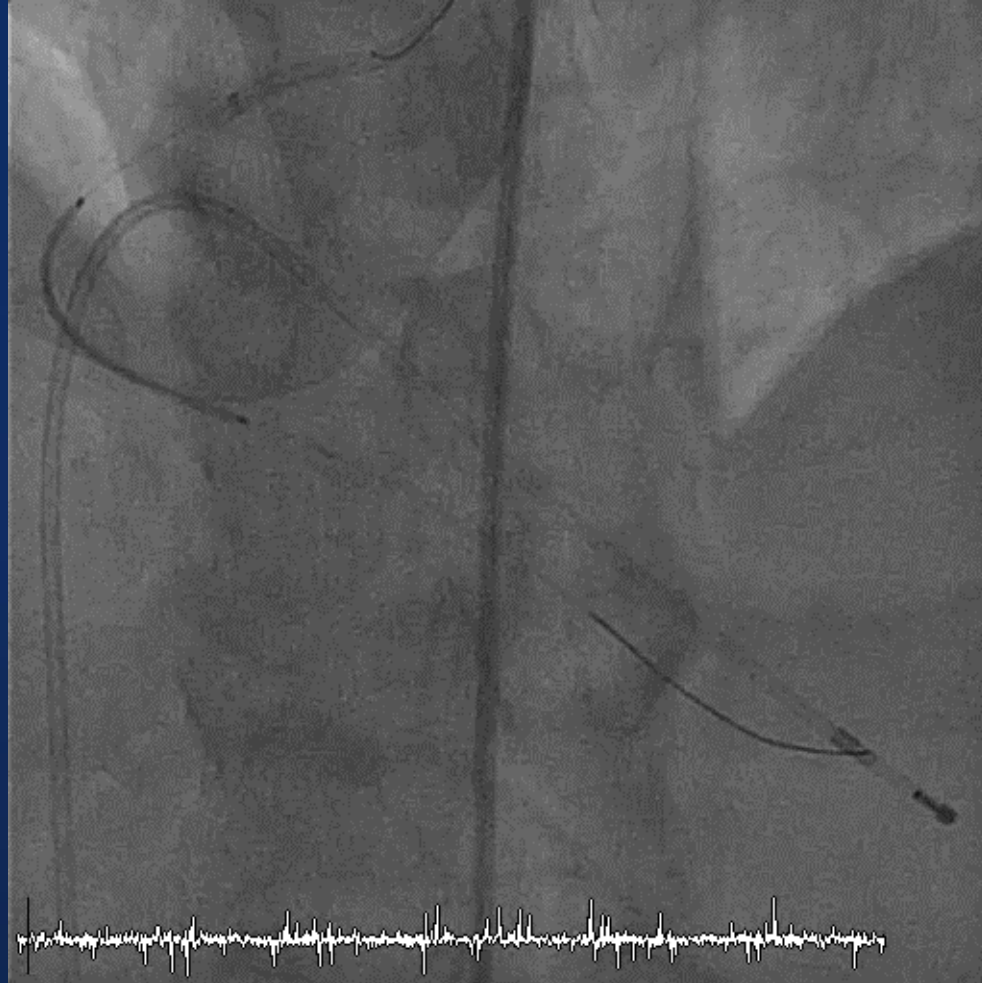


12 atm x 2 times





DES 3.0 x 48 mm

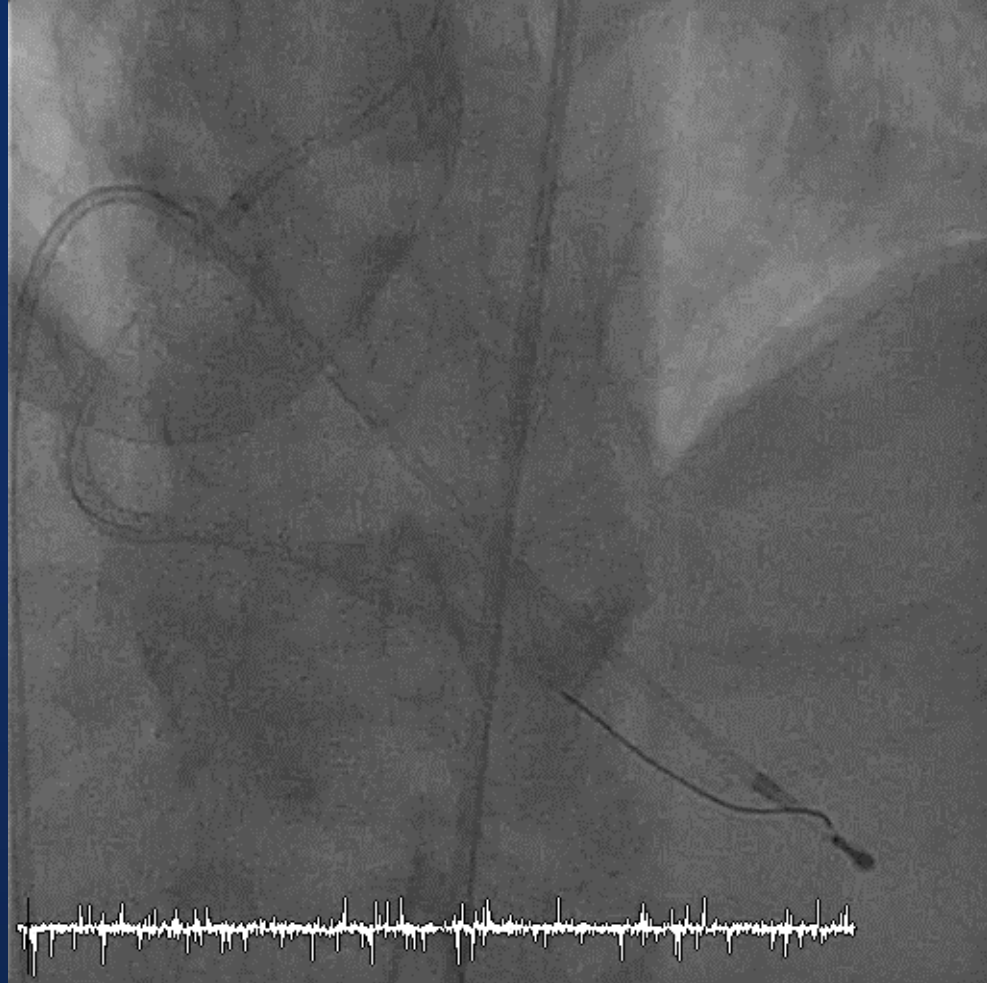




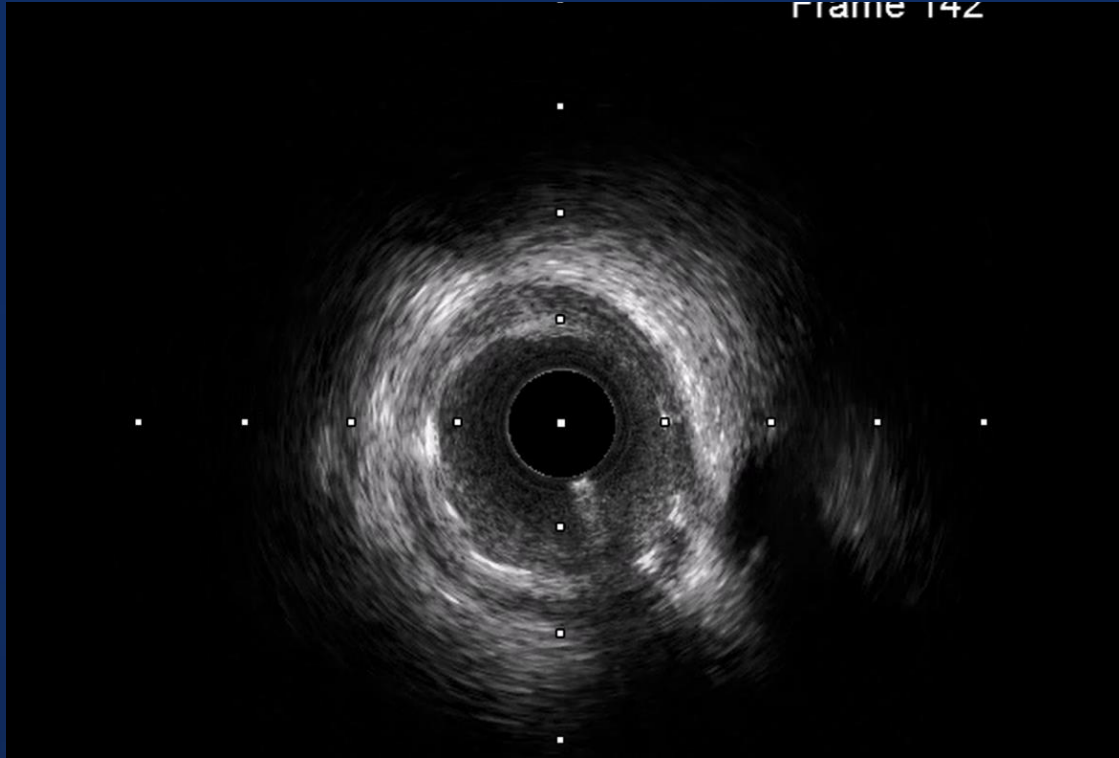
11 atm and 12 atm



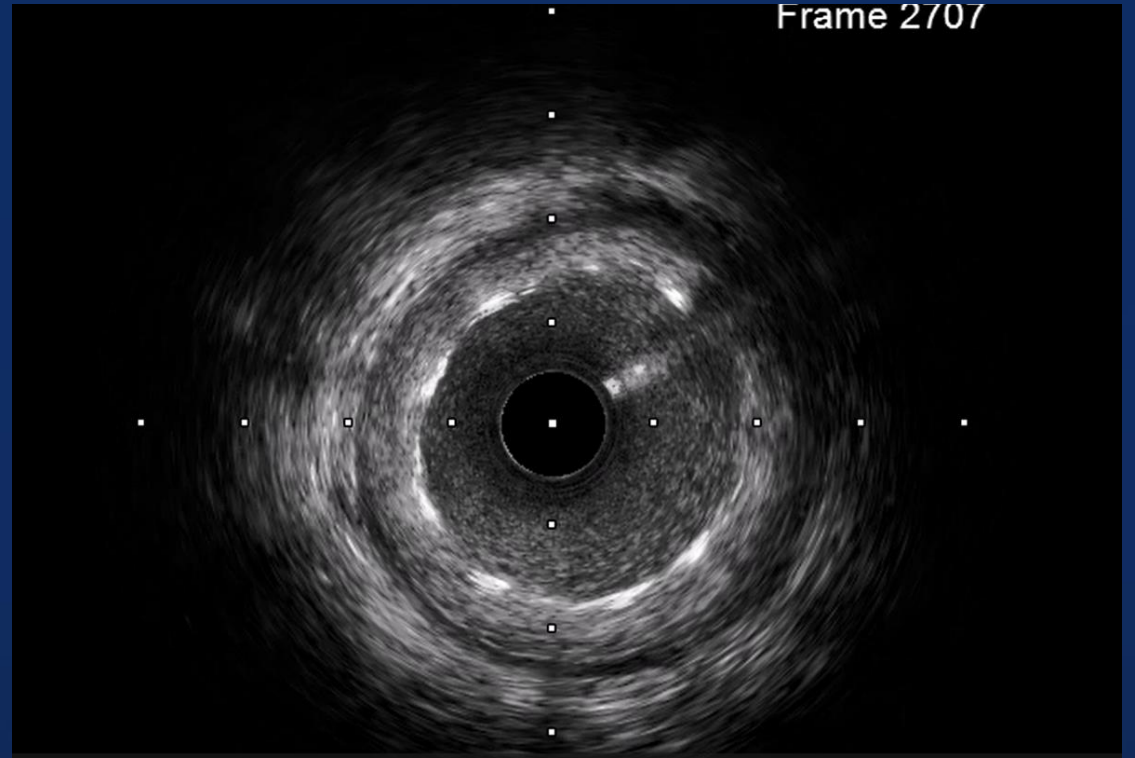




Frame 142

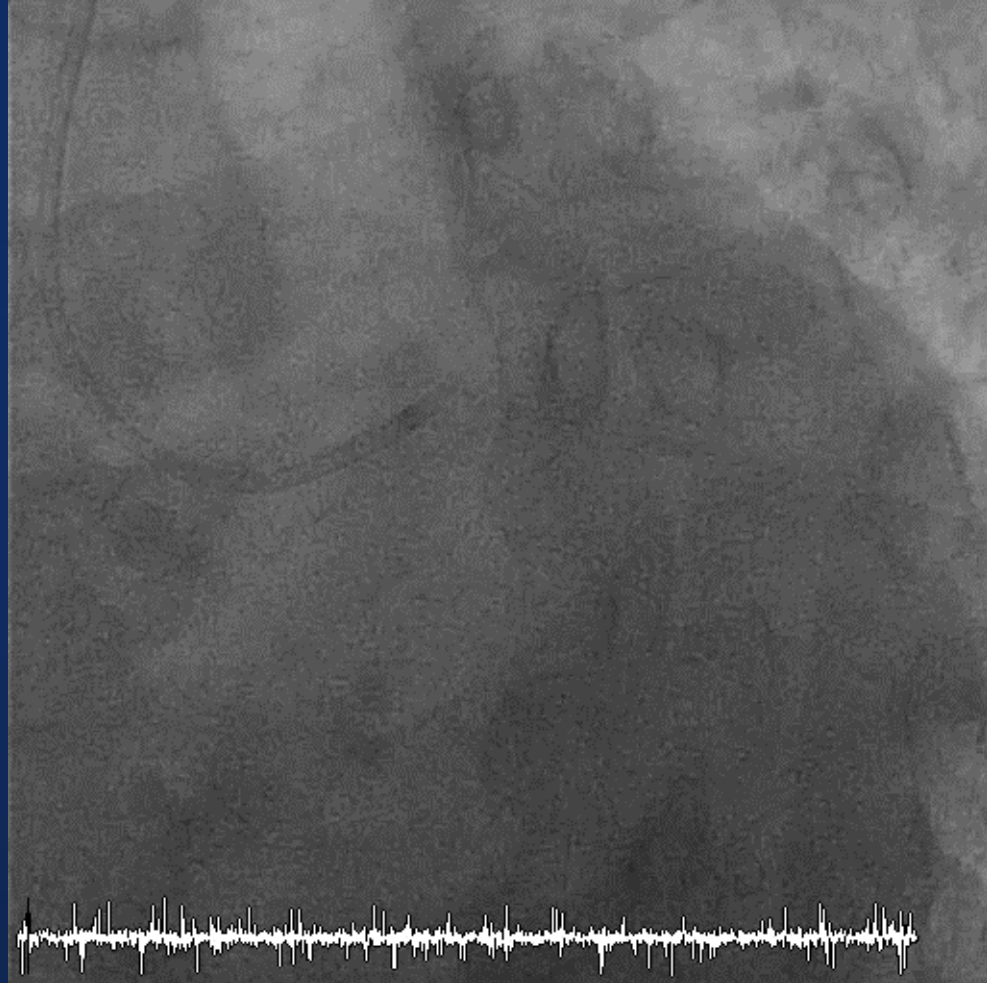


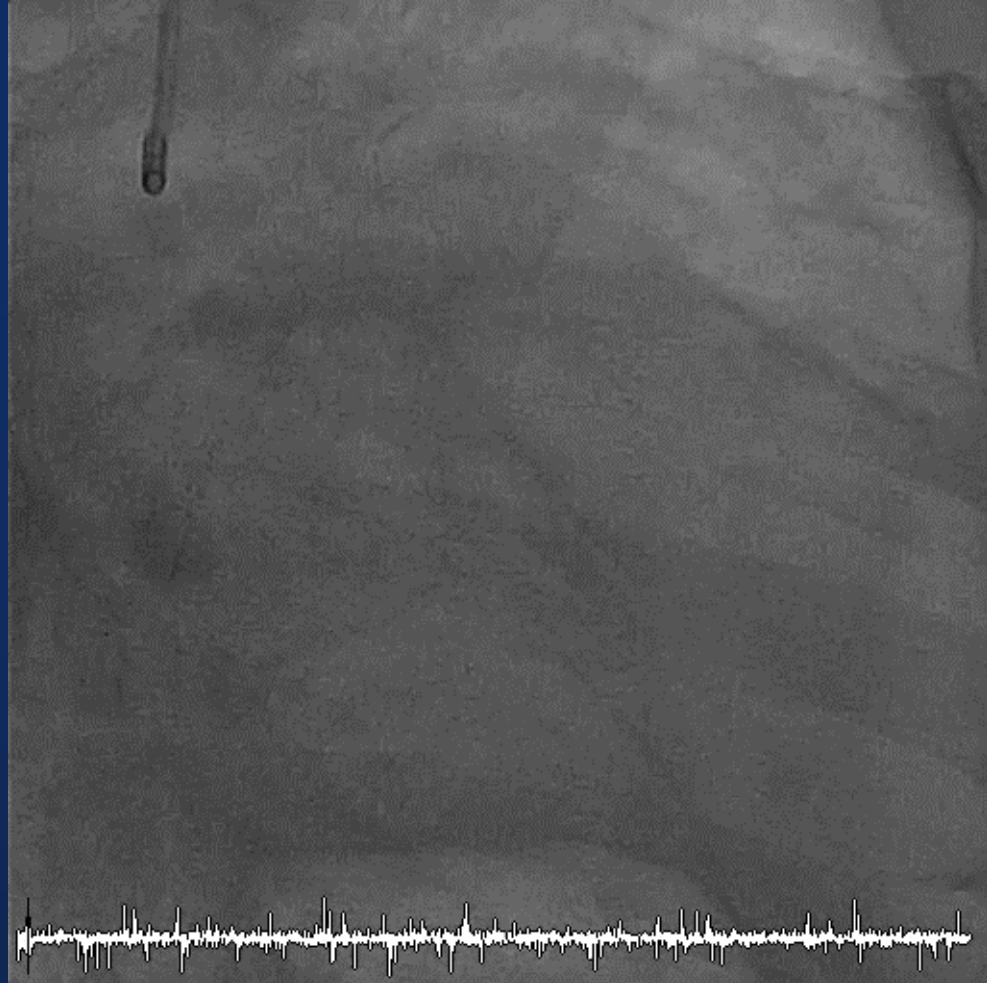
Frame 2707

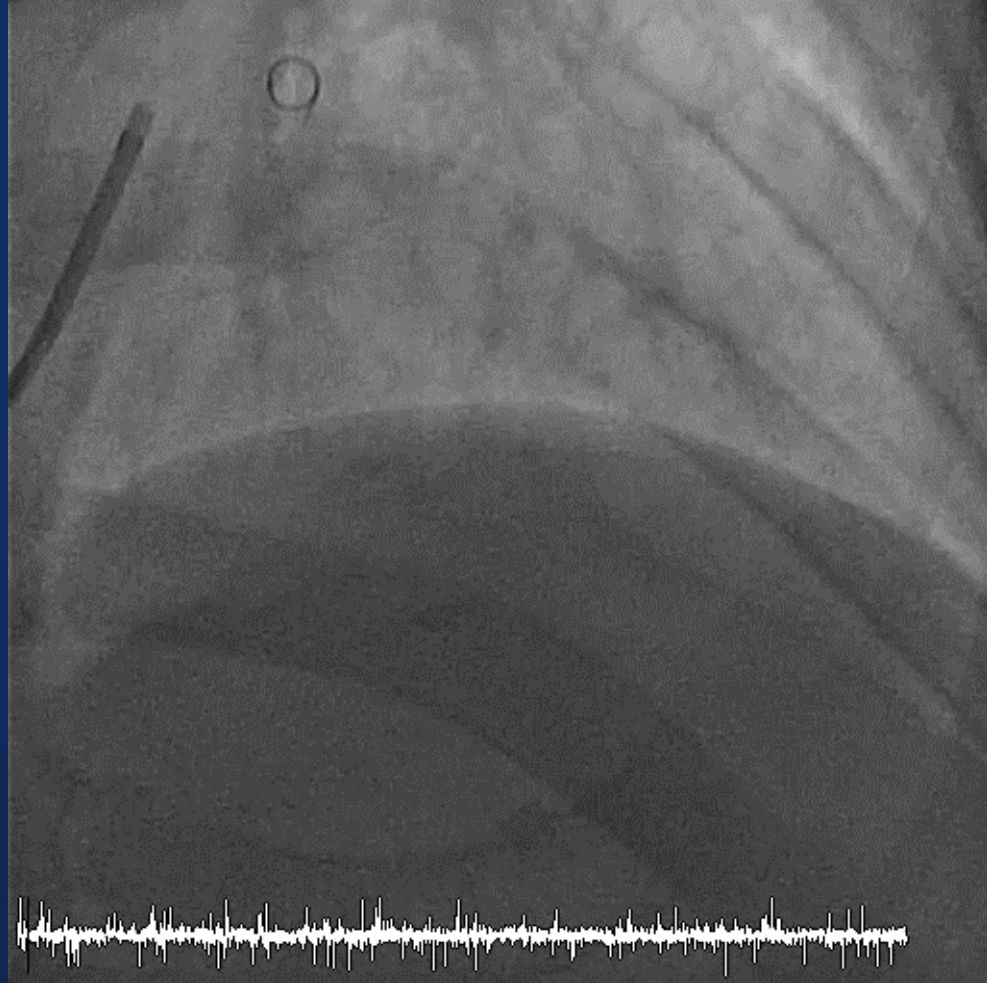


Stage PCI at LAD





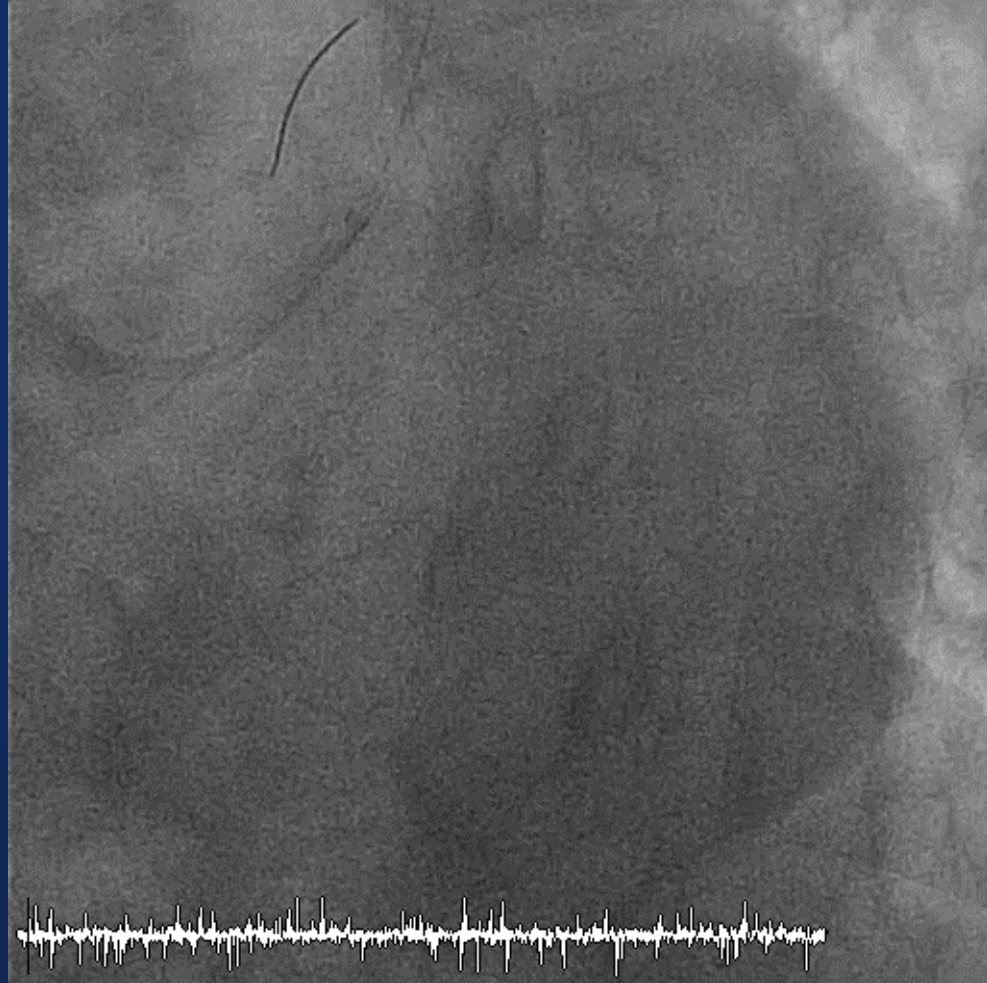


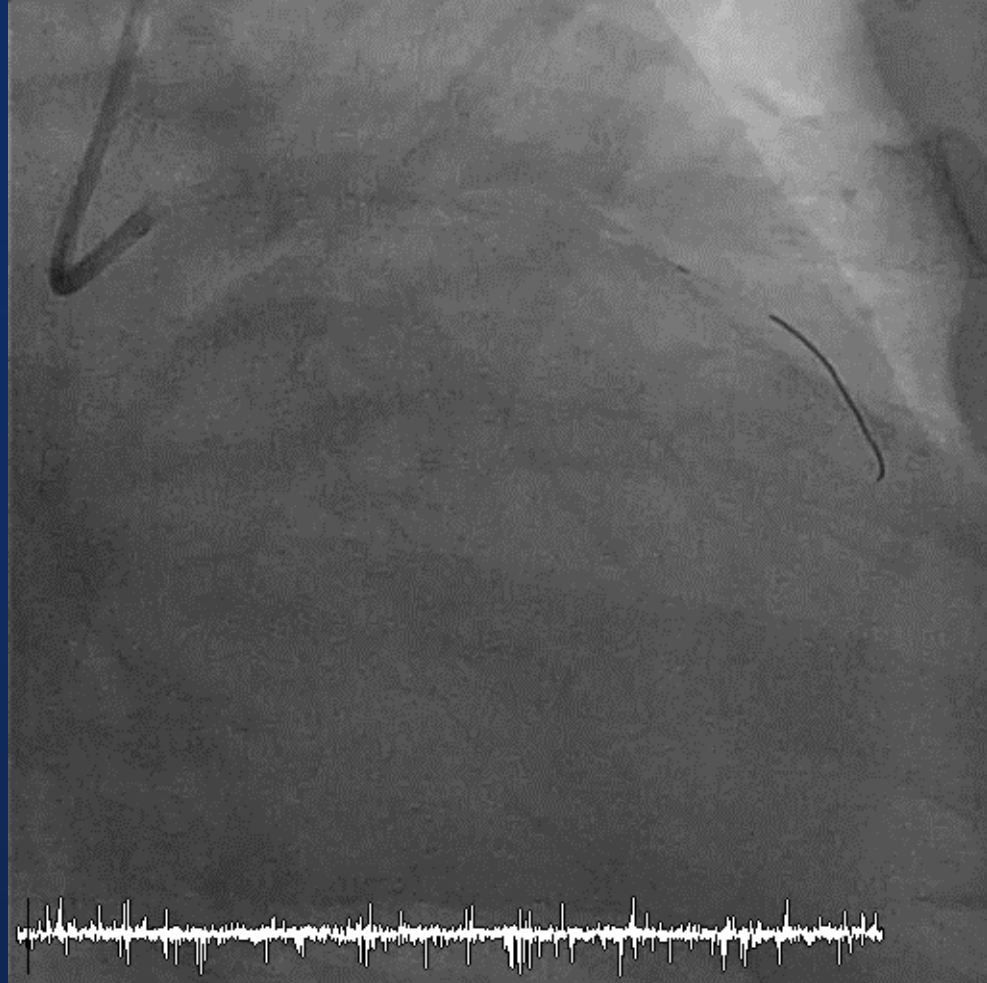












Post-PCI

- The patient status is stable with regular follow up
- Continue medical therapy for HFrEF

Discussion Points

- What is the culprit?
 - Angiographic findings
 - ECG
 - Condition
 - RV infarction
 - AV block
- How many lesions to be treated?
 - Guideline recommendation : Multivessel PCI in cardiogenic shock
 - Risks : Benefits
- If decide to treat
 - Strategy
 - Equipment selection
 - When to stop

Conclusion

- Difficultly define culprit lesion(s)
- When in doubt
 - Treat all ?
 - Select the most likely or more significant first
- Strategy planning and Equipment selection
- Goal and Limitation