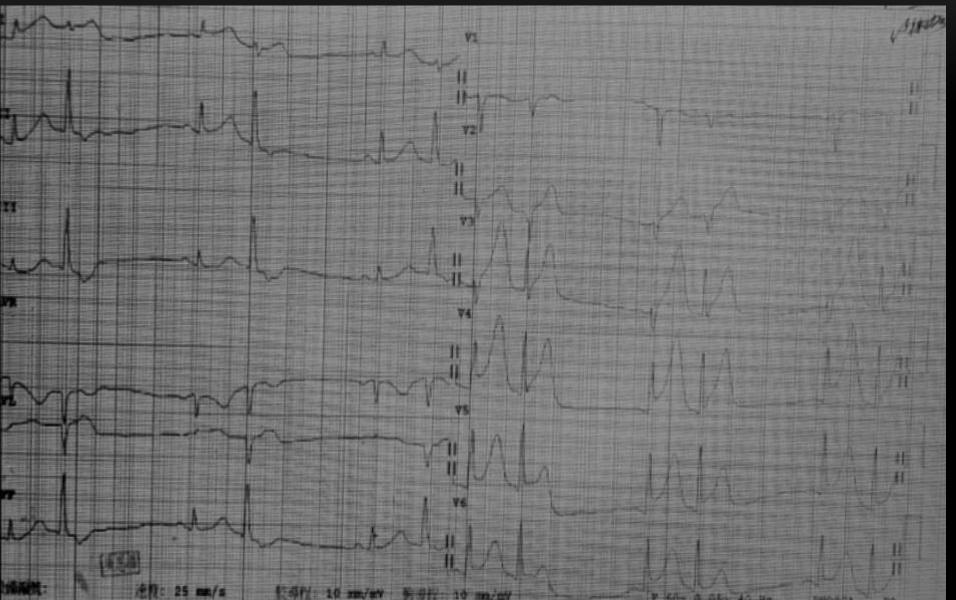
A Successful Bridging Support with IABP for a 60 y/o Man with Acute Anterior STEMI with CAD-3VD and LM Disease

Yang, Feng-Ching

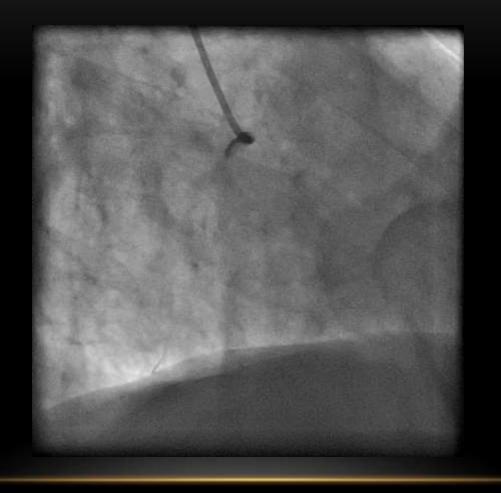
Brief History:

- A 60 y/o Iranian male
 - Sudden onset of severe chest tightness for 10-20 minutes at night
 - was sent to the hospital by the hotel's staff
- ECG: c/w acute anterior STEMI
- CAD risk factor: smoker, dyslipidemia
- Oxygen status: room air; no signs of shock
- CXR: mild pulmonary congestion

Treated with aspirin, ticagrelor and heparin Advised a CAG via trans-radial approach



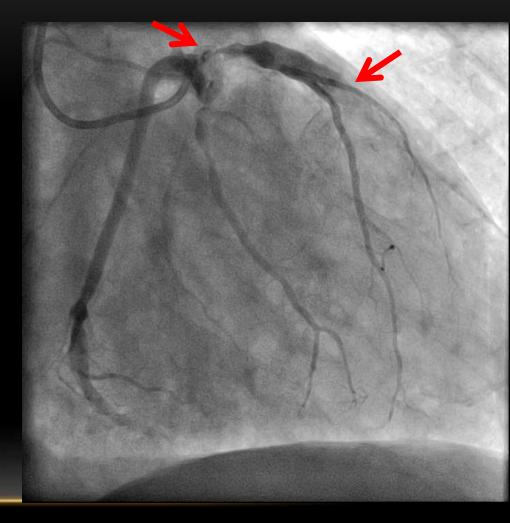




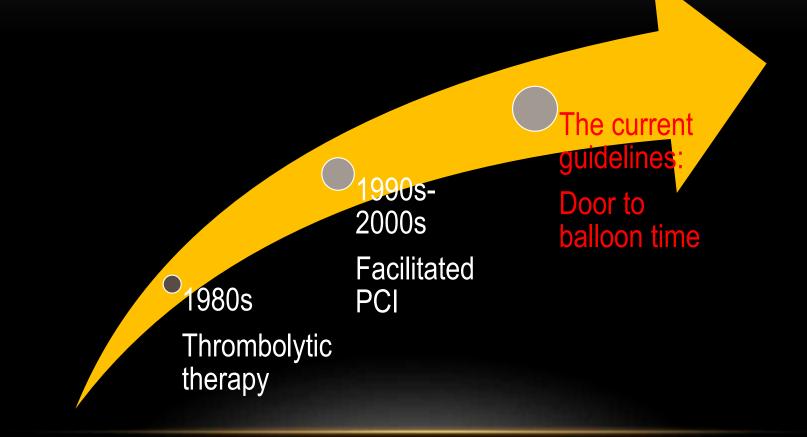
Strategies:

- The infarct related vessel: LAD
- The largest balloon and stent in my cath. Lab were only 4.0 mm !!





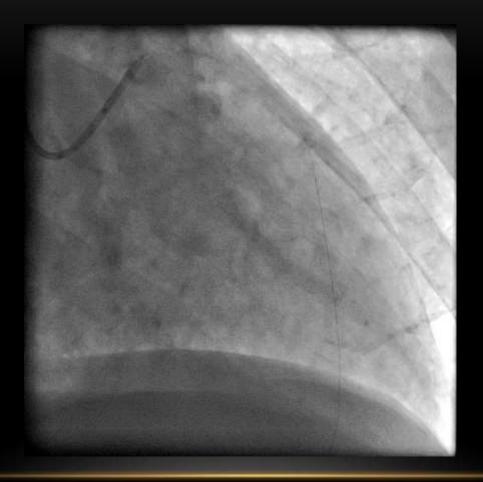
Treating acute STEMI: early reperfusion therapy

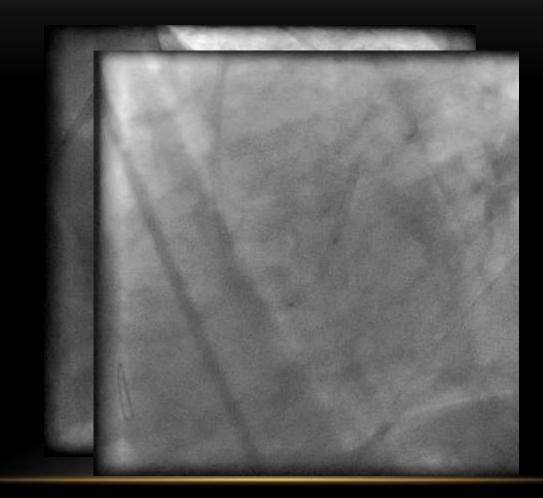


Strategies: a modified early reperfusion therapy

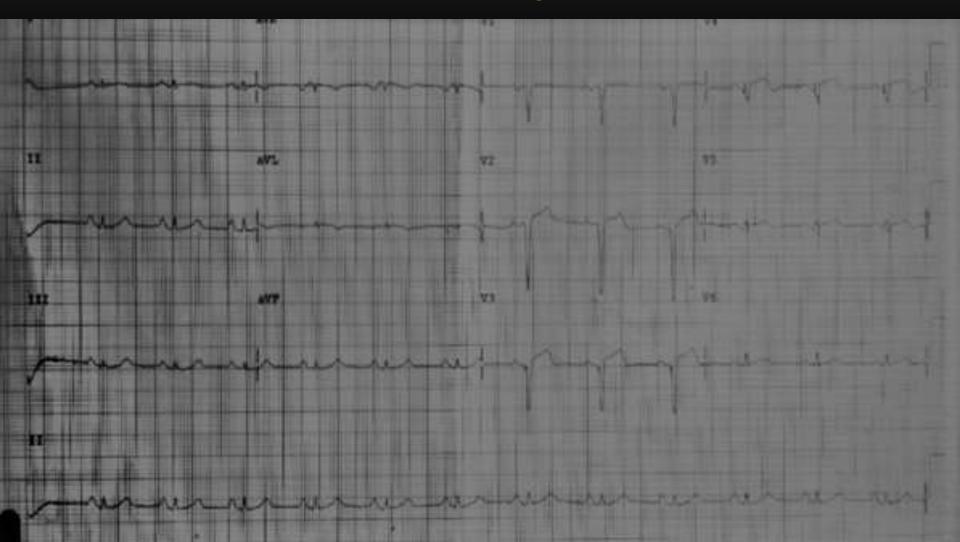
Criteria: The regression of more than <u>50%</u> of the sum total (or maximum) ST elevation in infarct leads.

- Procedures:
 - Simple PCI: aspiration catheter; POBA +/- STENT
 - Anti-coagulation +/- TPA
 - IABP or ECMO
 - A rescue PCI or CABG



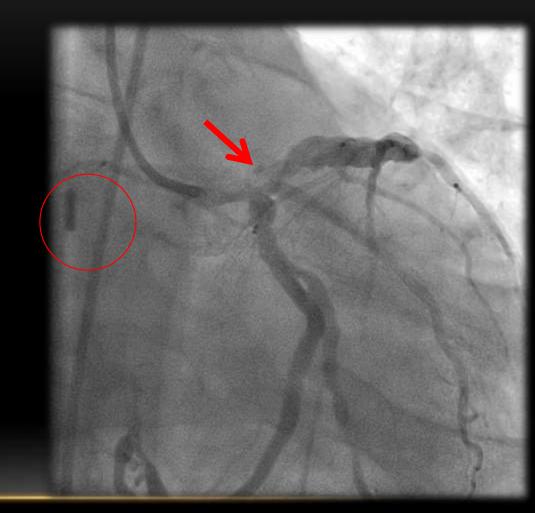


Regression of ST elevation Persistent but mild chest tightness



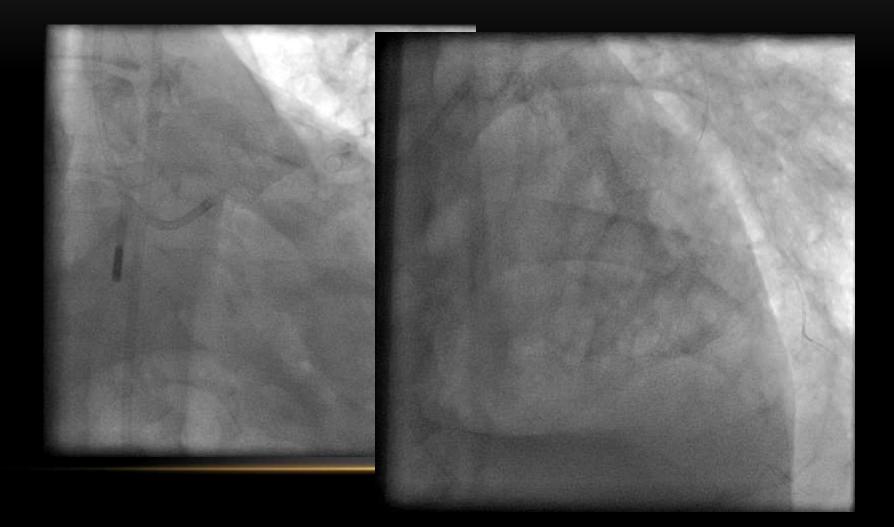
Slow flow phenomenon

- Anti-coagulation and dual anti-platelet agents
- An <u>IABP</u> support
- A <u>rescue PCI</u> within 12 hours
 - A filter catheter
 - Big-sized (4.5mm, 5.0 mm, and 5.5 mm) NC balloons and metallic stents



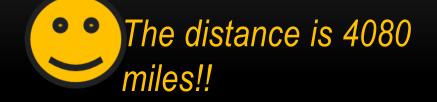






Conclusion:

- For resolving heart failure and ischemia
 - LVEF 38%
 - Post-MI treatment as a guideline
 - Performing 21 courses of <u>enhanced external</u> <u>counterpulsation (EECP)</u>
 - Treating his LCX and RCA after 2 weeks



- He took a commercial airline and returned to his country 28 days later
- He had follow-ups at a hospital in his country for 2 years
- There were no recurrent symptoms

Taiwan has a high density of cath. Labs(> 90 hospitals)



A modified early reperfusion therapy for <u>complex</u> acute <u>STEMI</u>

