

# Blessing in disguise

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# Case report

- 47 years old man P.Z.
- FH: negative for CVD
- personal history:
  - IGT, dyslipidaemia, smoker
  - 12/2006: anterior QIM treated in conservative way because of time delay (echo: hypokinesis of anterior wall, LV EF 50%)
  - recommended therapy did not use

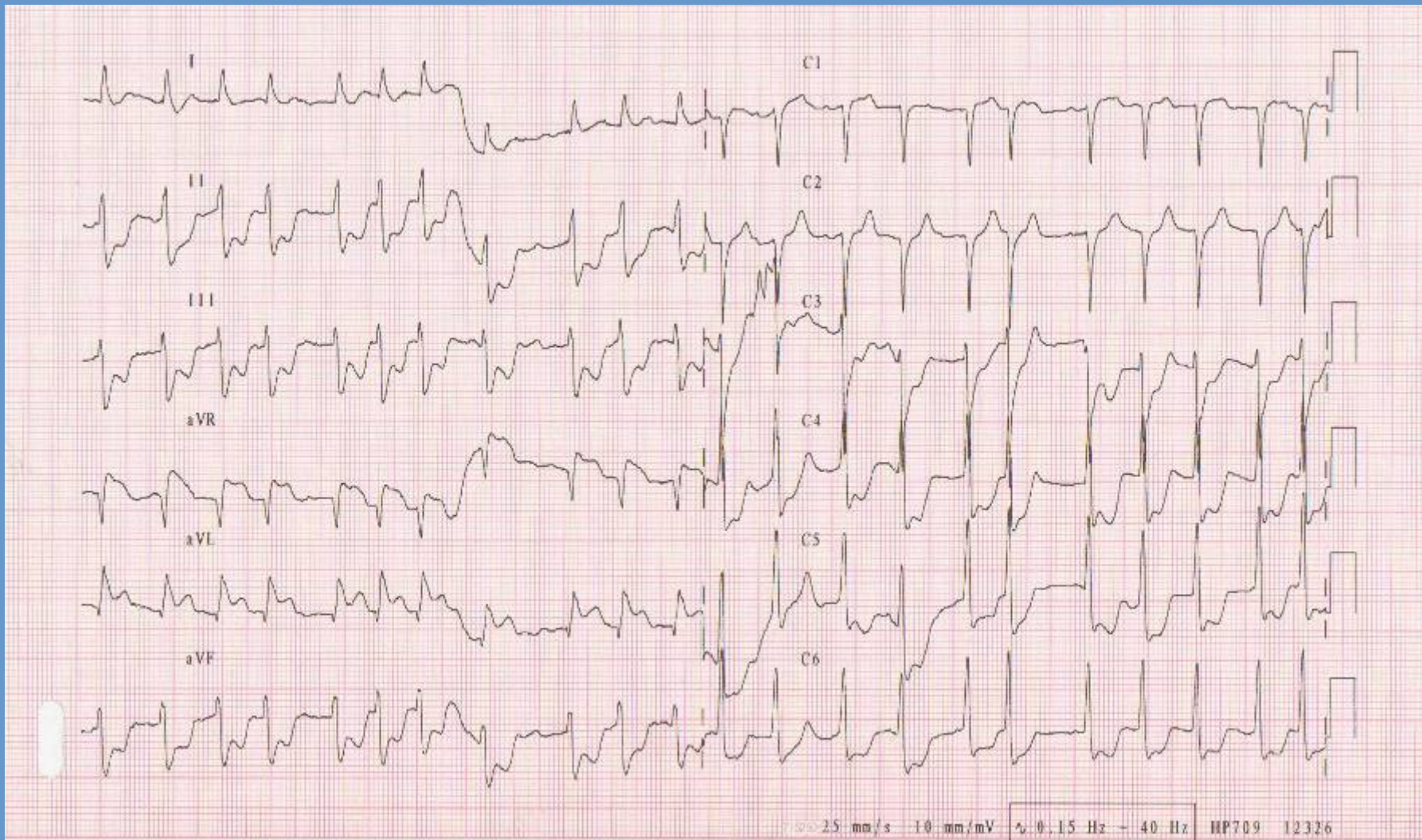


# Case report

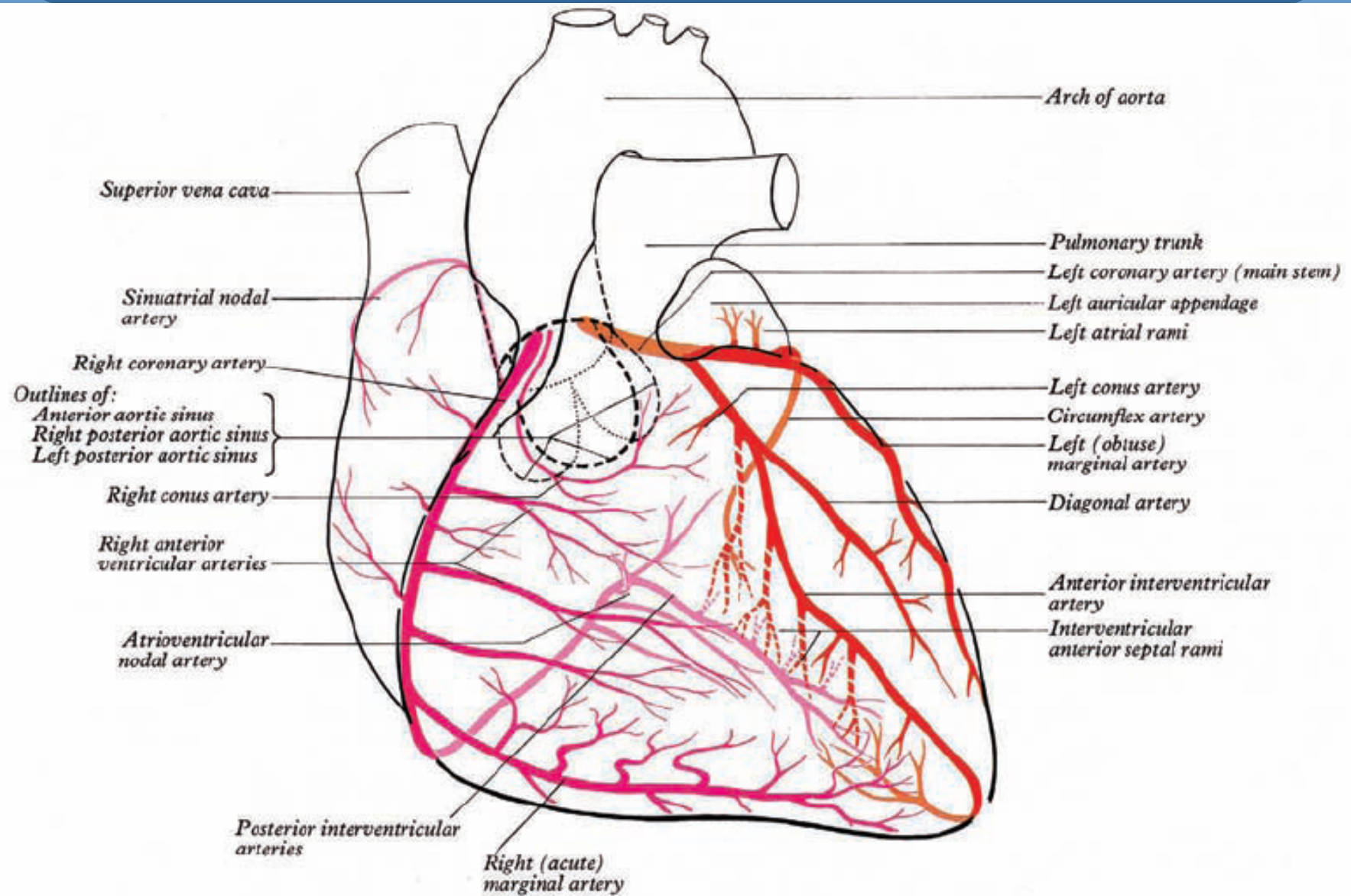
- 5.3.2010 at 08.00 a.m. severe chest pain
- 9.40 a.m.
  - examined on internal ambulance with conclusion of acute lateral STEMI
  - initiated therapy (Aspirin 400mg, Clopidogrel 600mg, Heparin 10000U i.v., Sufentanyl 2ml i.v.)
- 11.10 a.m.:
  - admission to cathlab
  - hypotension (BP 95/60 Torr), HR 120/min, breathing without signs of congestion



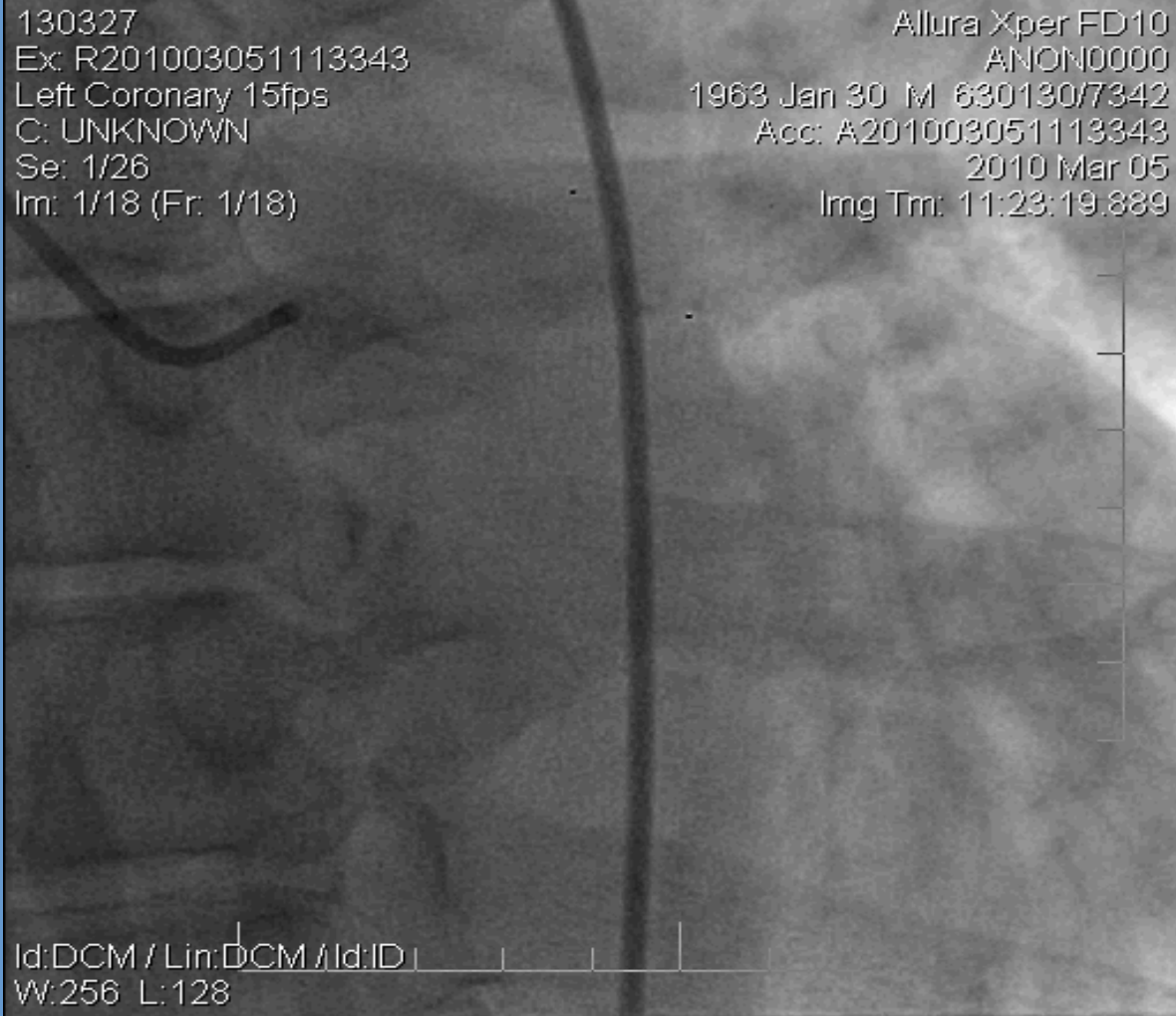
# Case report - ECG



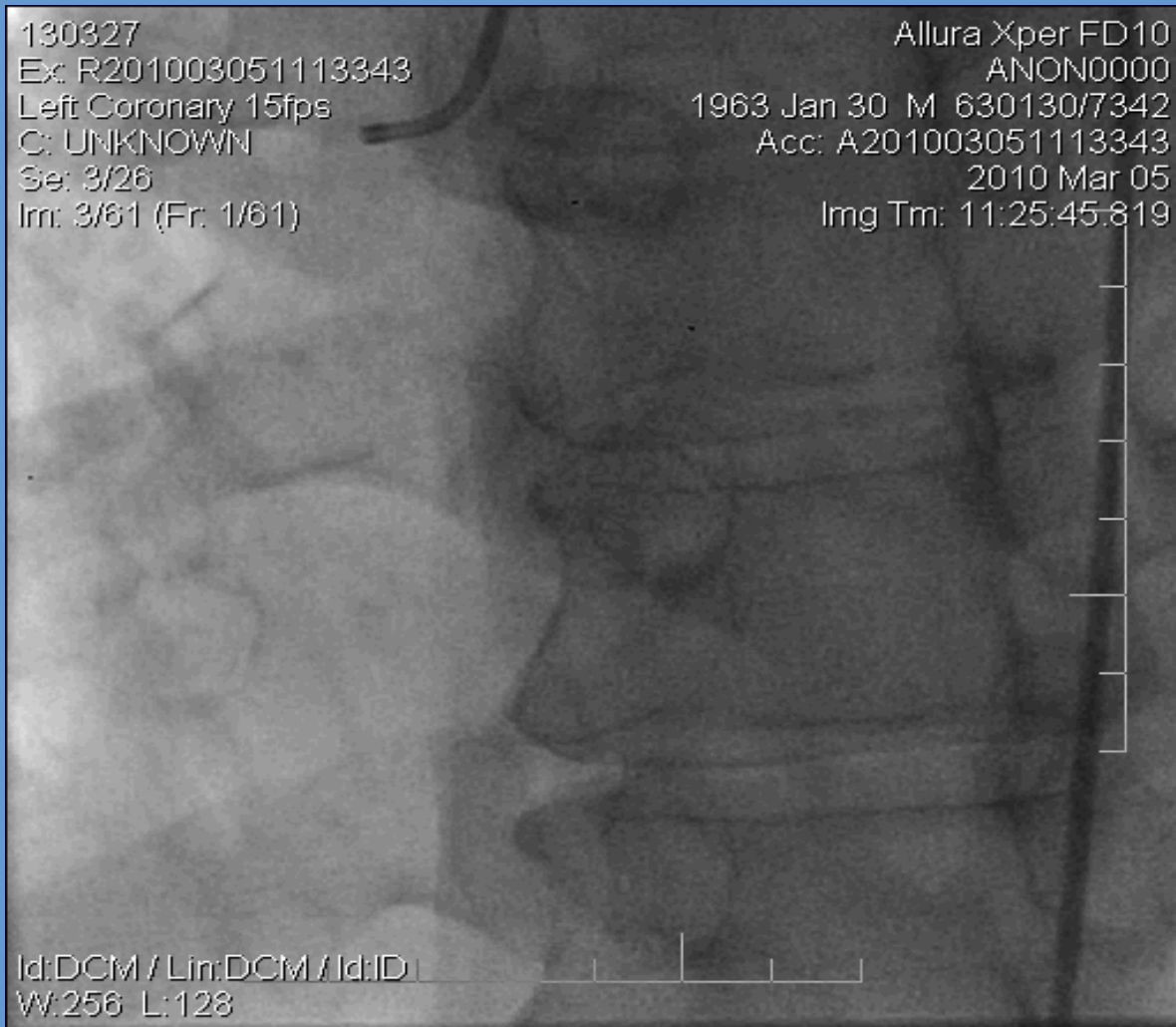
# Which coronary artery is affected?



# Selective coronarography



# Selective coronarography



What to do now?



## Left Main (LM) disease

- Severe infarction of LM is found in u 5 - 7 % patients undergoing coronarography
- Total occlusion of LM is rare
  - elective examination 0,03 - 0,04 %
  - acute STEMI 0,37 - 2,96 %



## Common clinical presentation

- sudden cardiac death
- cardiogenic shock
- pulmonary oedema
- malignant arrhythmias
- acute respiratory failure



# Survival predictors

- preexisting collateral arteries
- dominant right coronary artery
- incompletely occluded LM

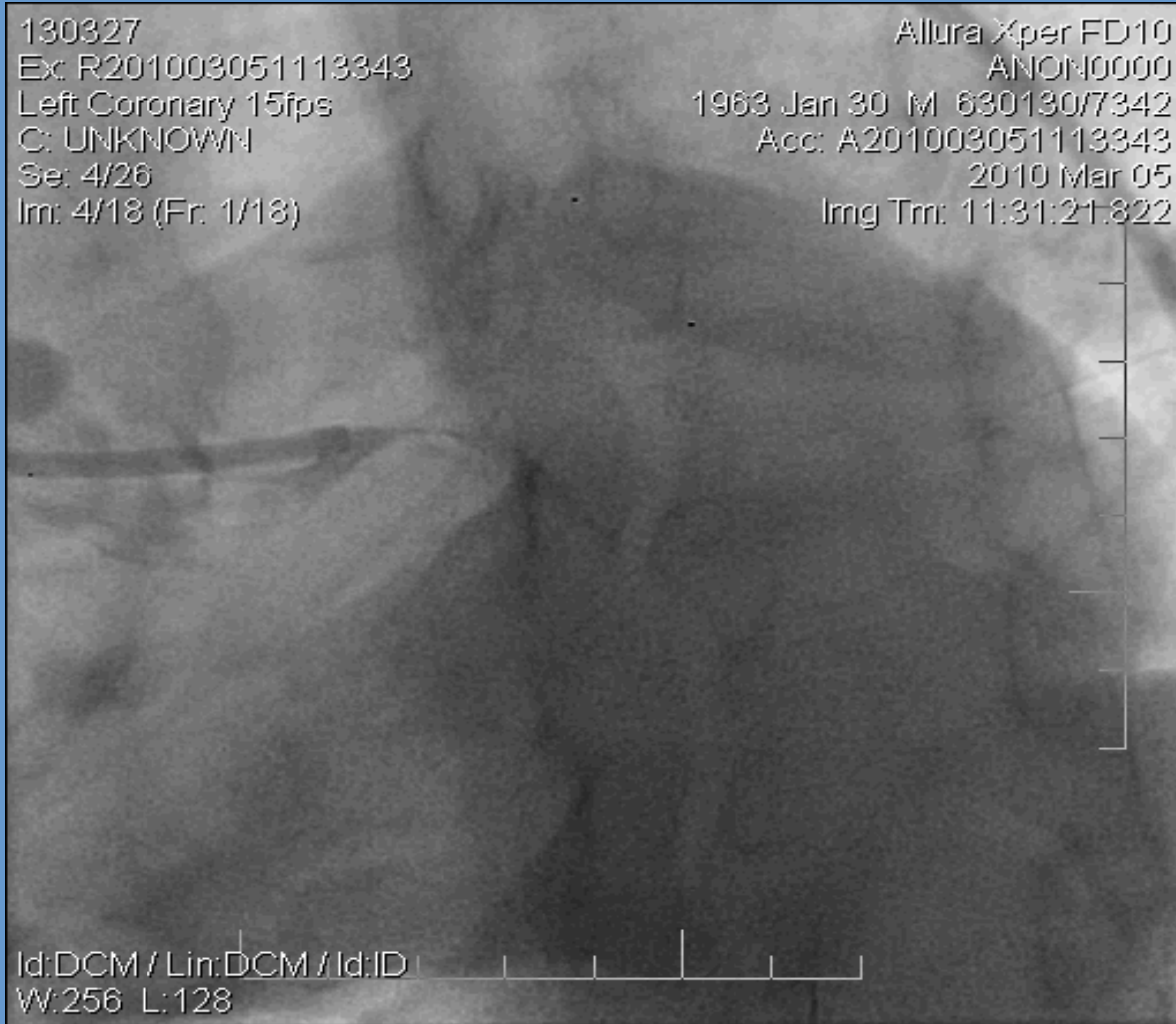


## Syntax study

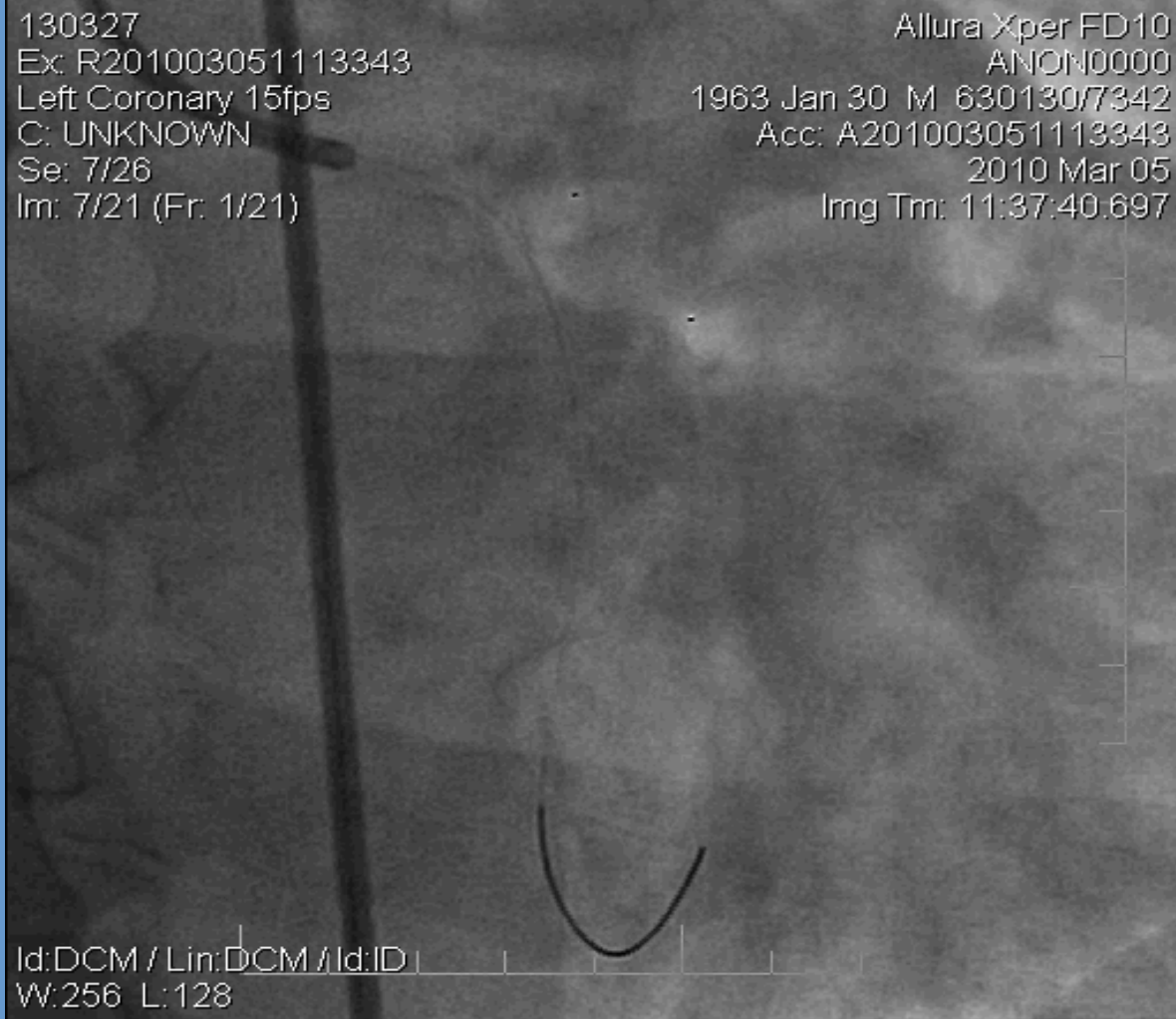
- CABG has been regarded as the standard therapy for patients with unprotected LM disease
- Current availability of DES has reduced the rates of restenosis and re-evaluated the role of PCI for LM disease



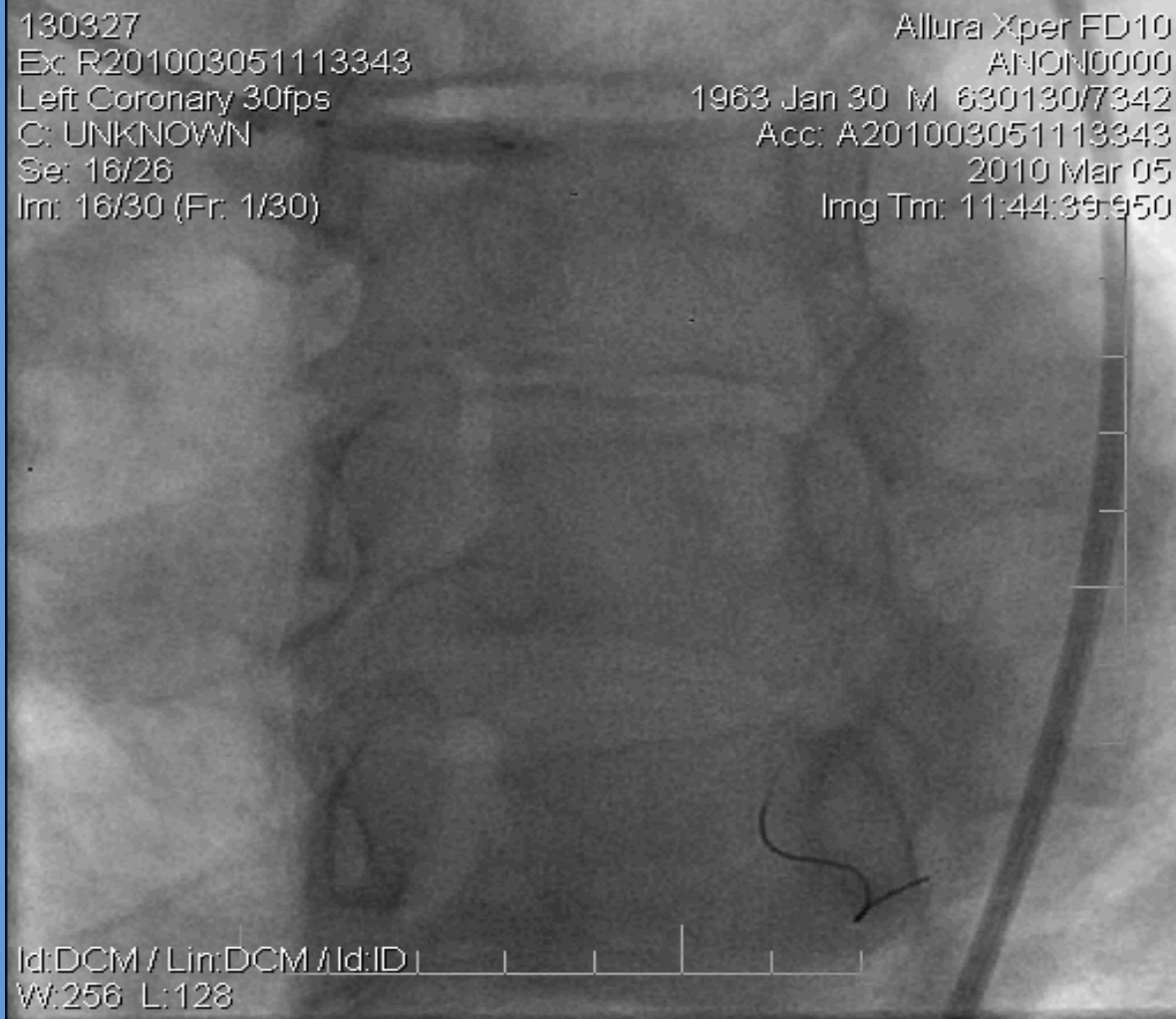
# Selective coronarography



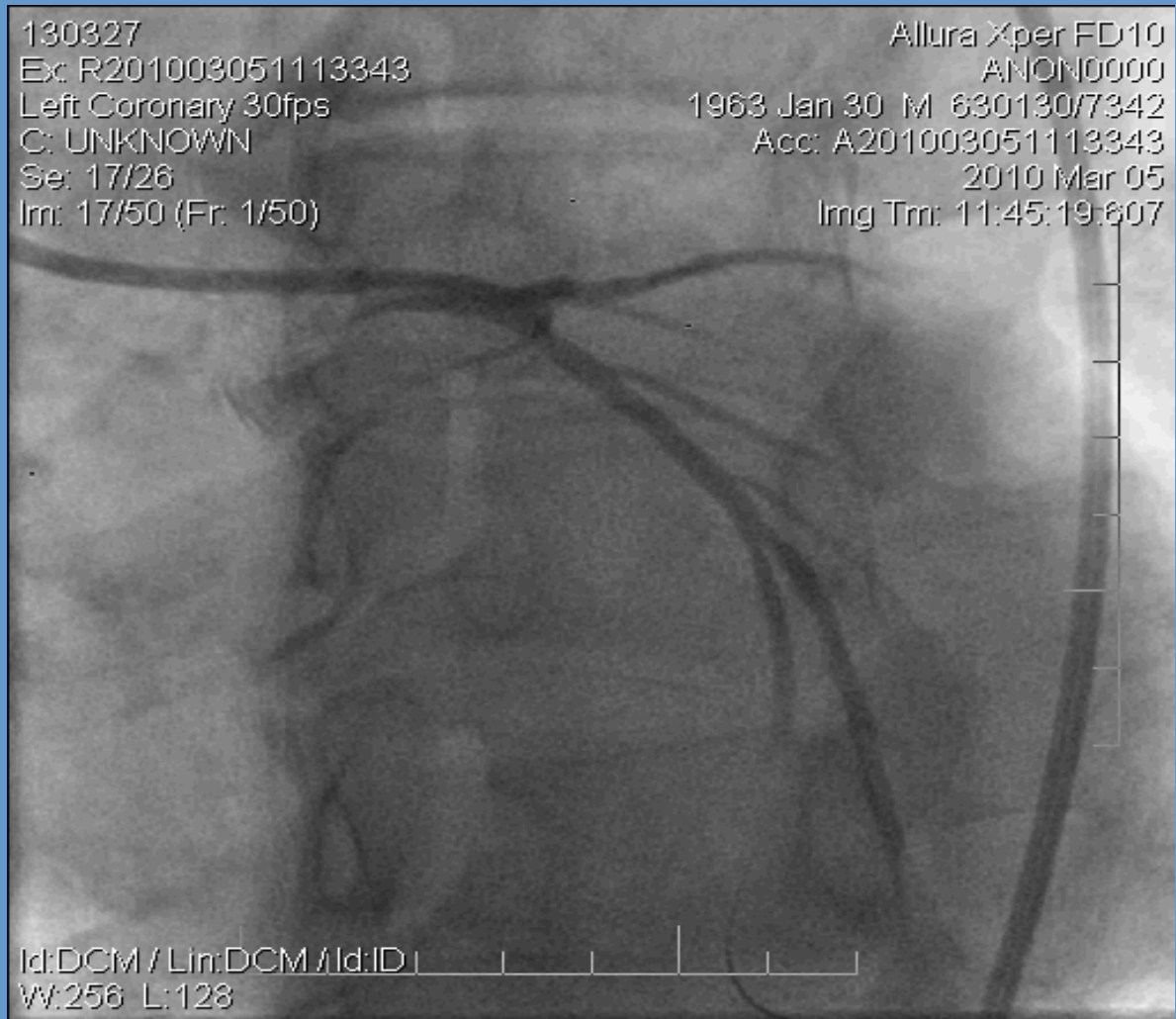
# Selective coronarography



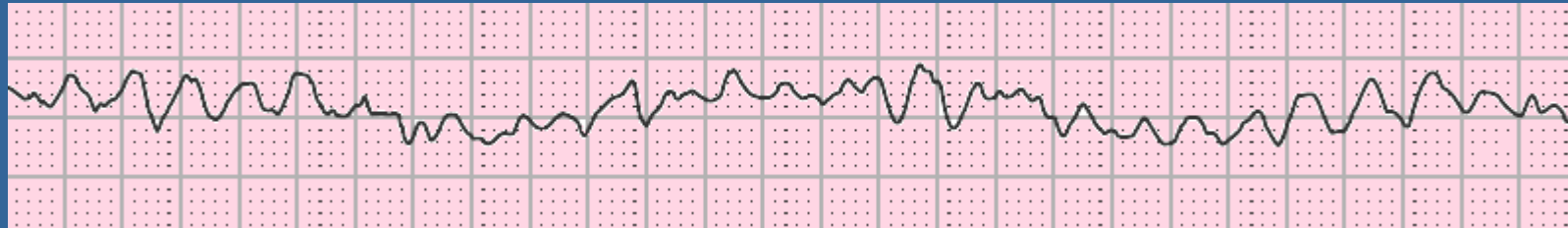
# Selective coronarography



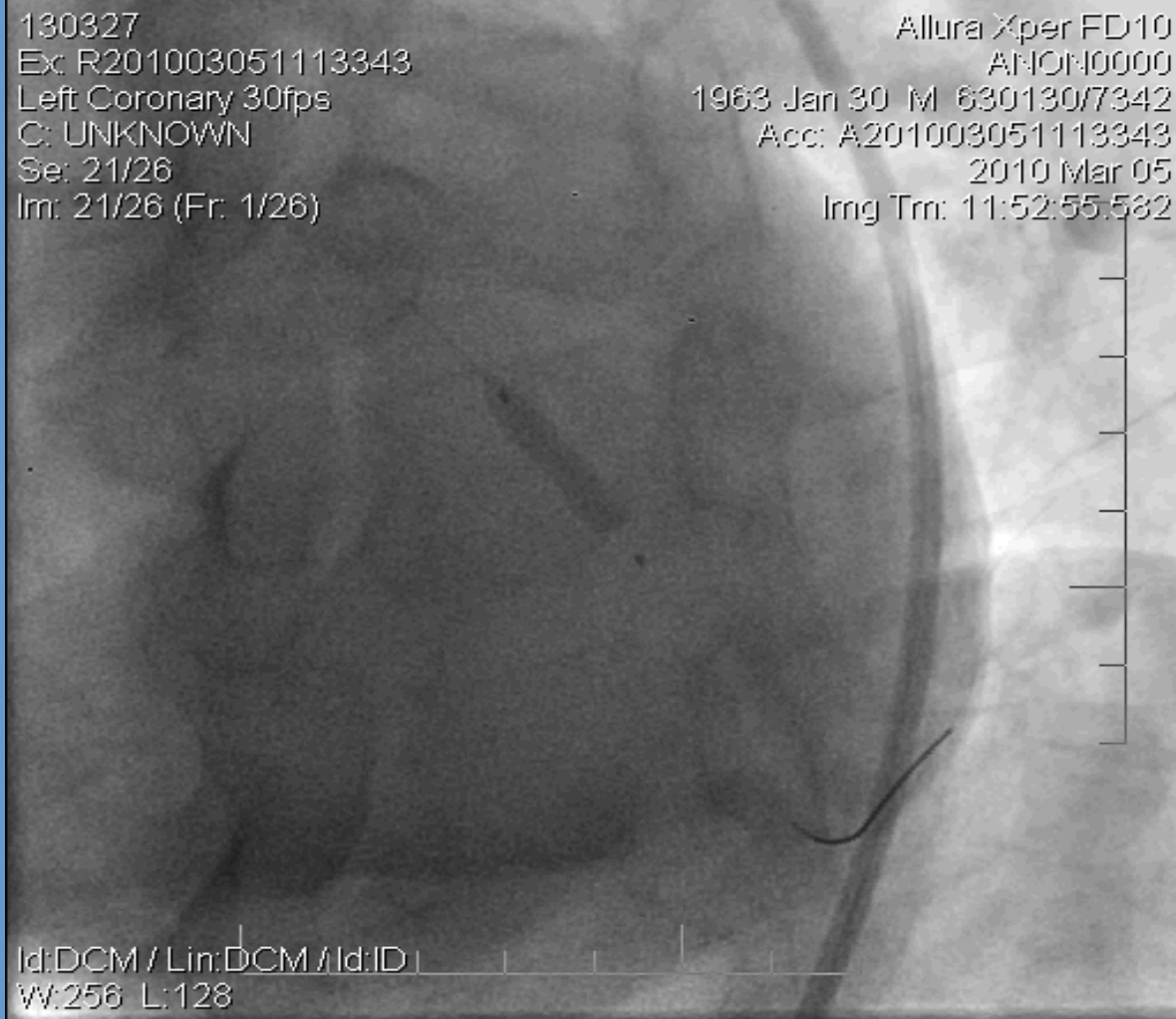
# Selective coronarography



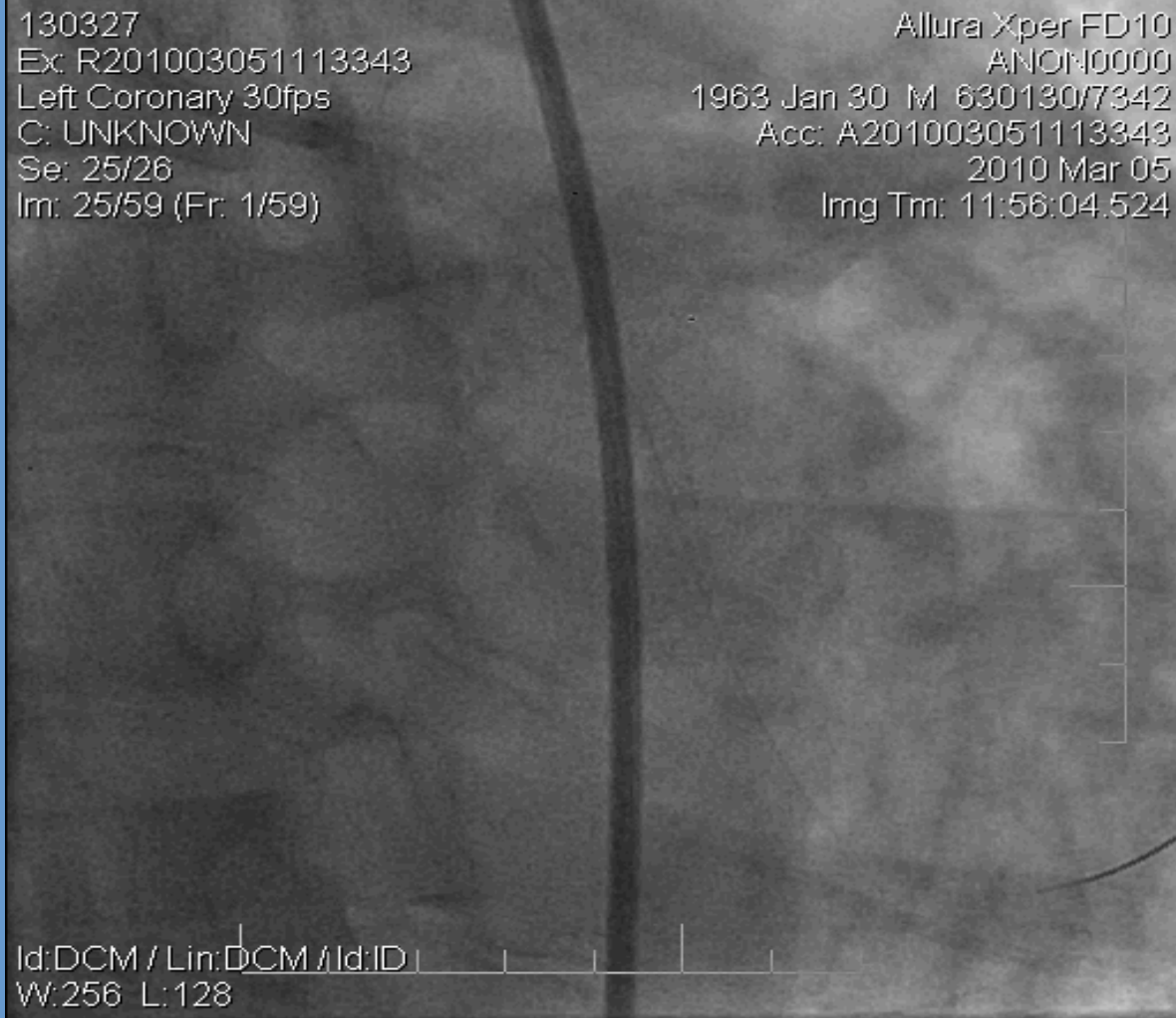
# Complication during PCI



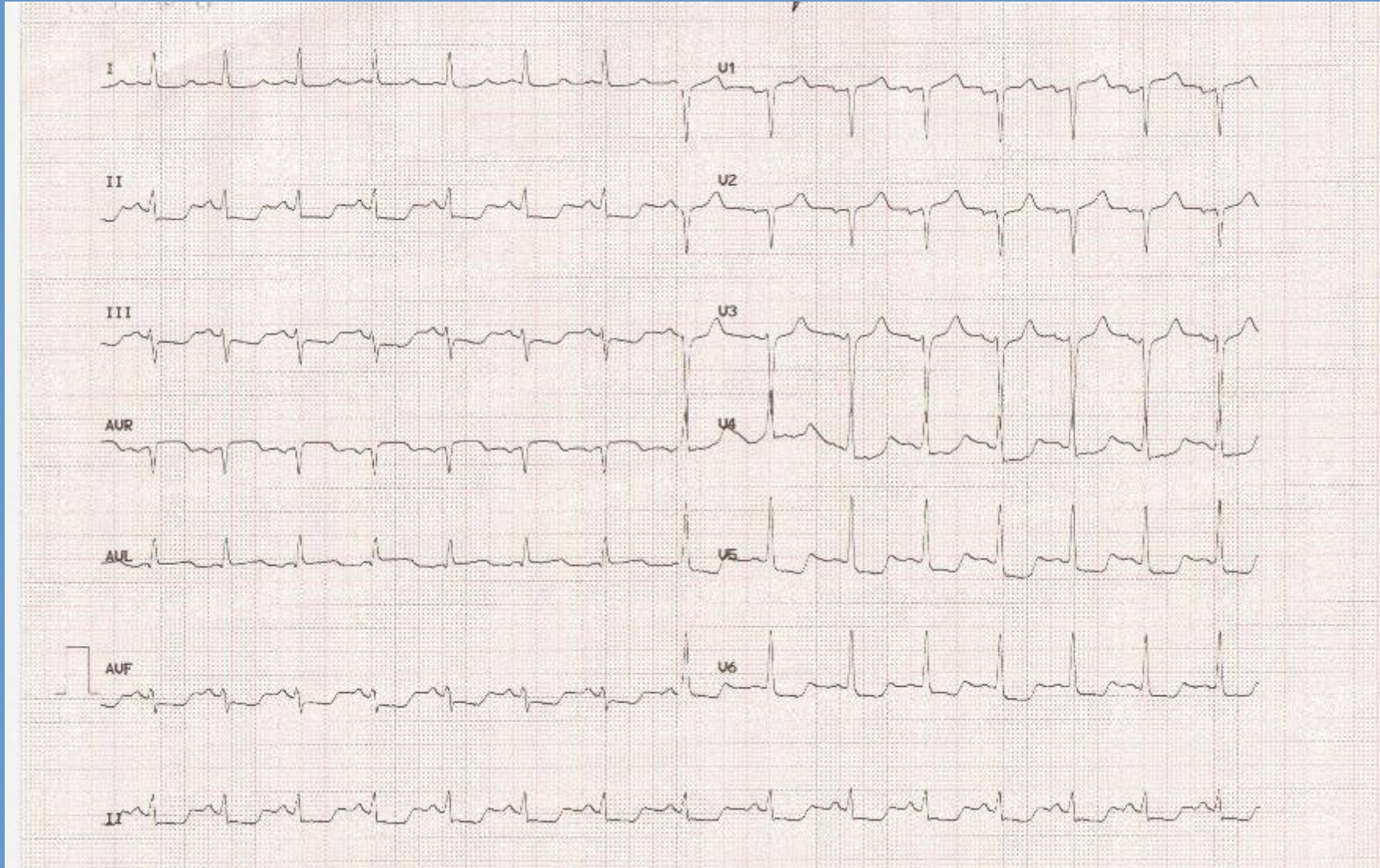
# Selective coronarography



# Selective coronarography



# Case report - ECG after PCI



## Case report

- subsequently without severe arrhythmia, without chest pain or cardiac failure
- echo: LVEDD 60mm, hypokinesis of inferior and anterolateral wall, LV EF 40 %, mitral regurgitation of the 2-nd degree



## Case report

- Therapy: Aspirin, Clopidogrel, Abciximab, Enoxaparine, Bisoprolol, Telmisartan, Eplerenon, Atorvastatin
- Demitiation on the 6-th day
- Regular one month controls without difficulties

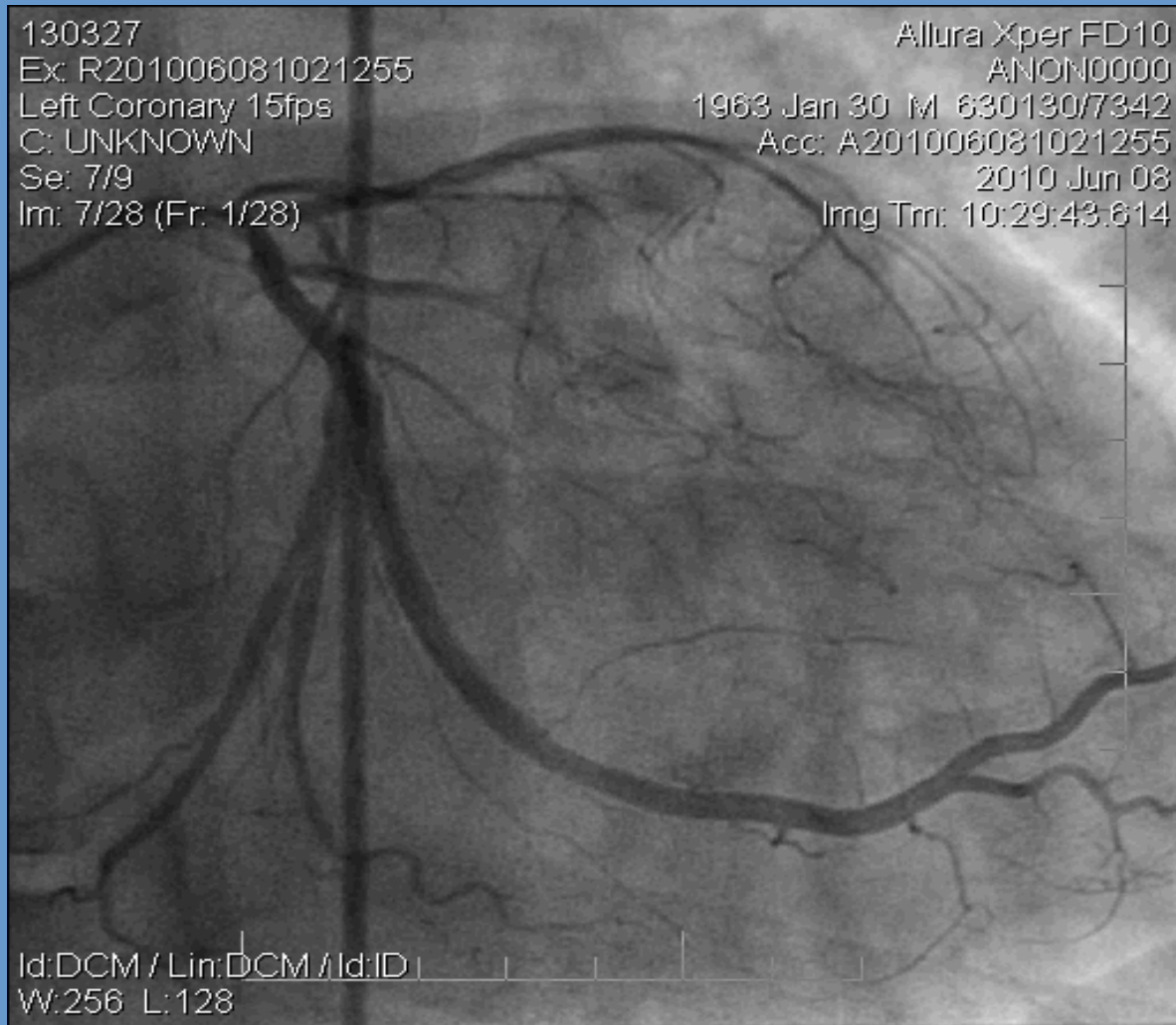


## Case report

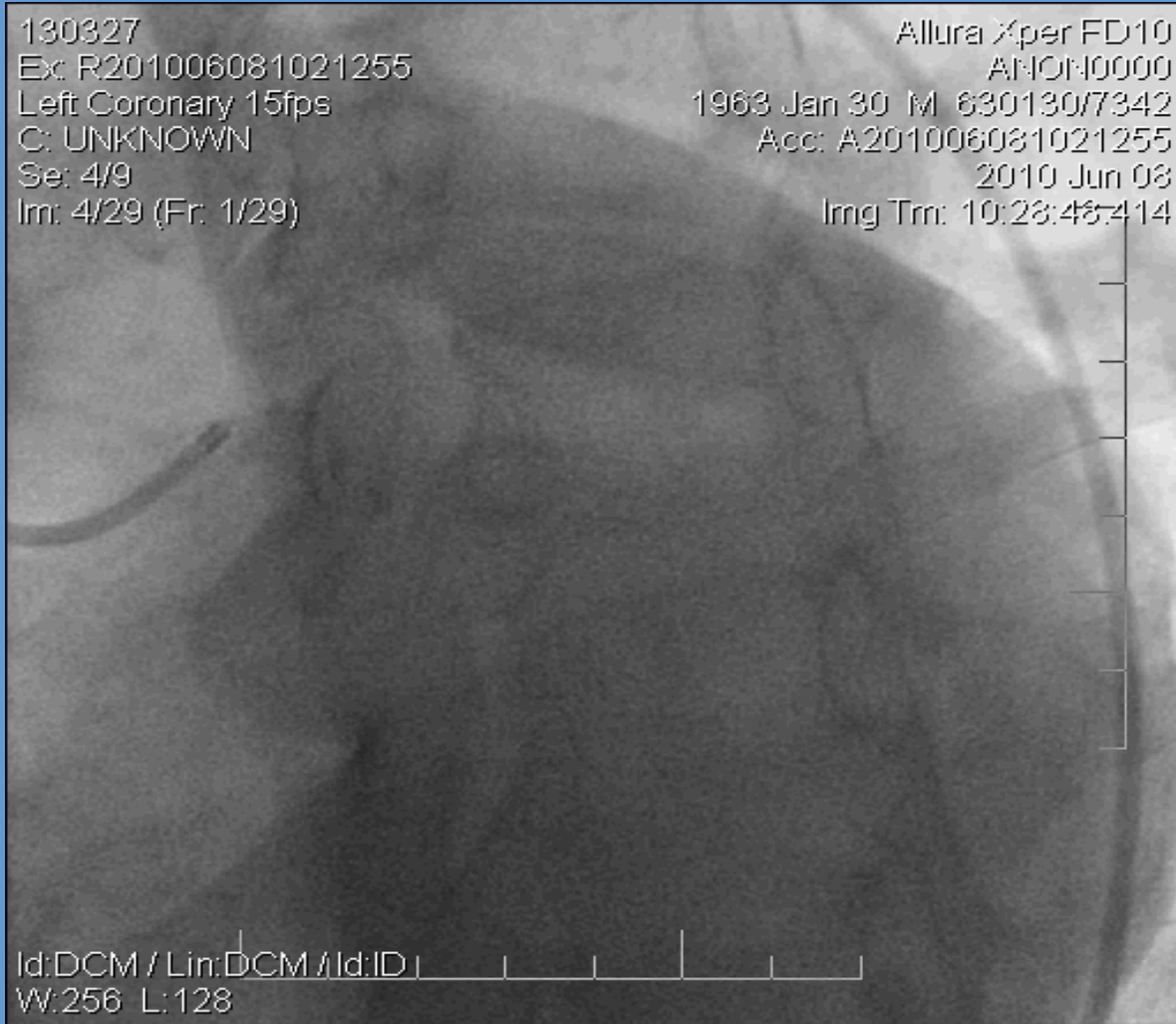
- control SCG after 3 months
- patient without chest pain, functional stage NYHA I-II



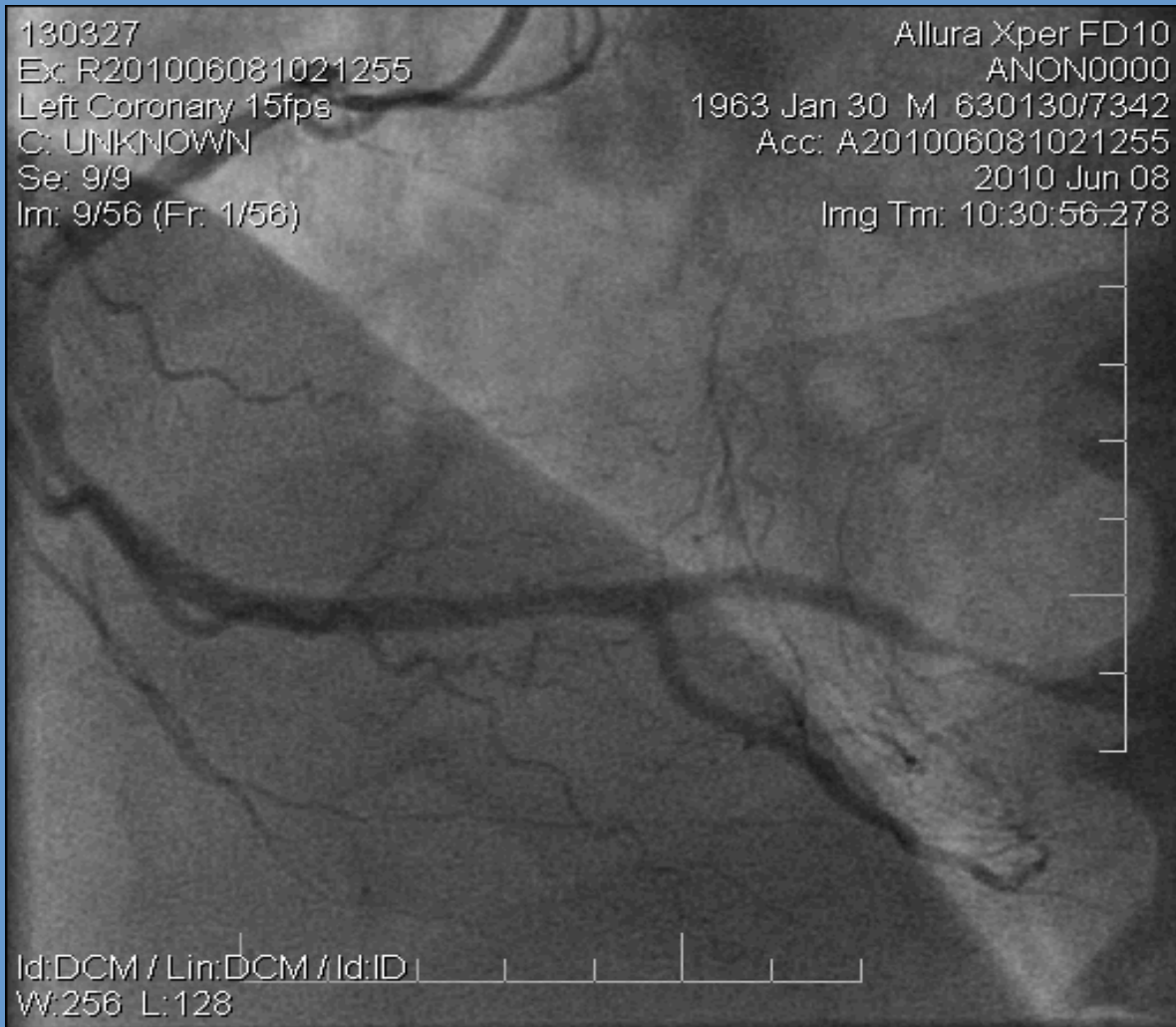
# Control coronarography



# Control coronarography



# Control coronarography



# Quiz

- 1. When CABG was done for the first time?
  - 1968
- 2. When PTCA was done for the first time?
  - 1977
- 3. When PCI of LM was done for the first time?
  - 1978



## Take home message

- STE in aVR and V1 with STd in I, II, aVL suggest LM disease
- Rare cause of STEMI with high mortality
- Protected LM - changed clinical pattern, better prognosis



