

DR:MOHAMMED SALAH

3 / 2015



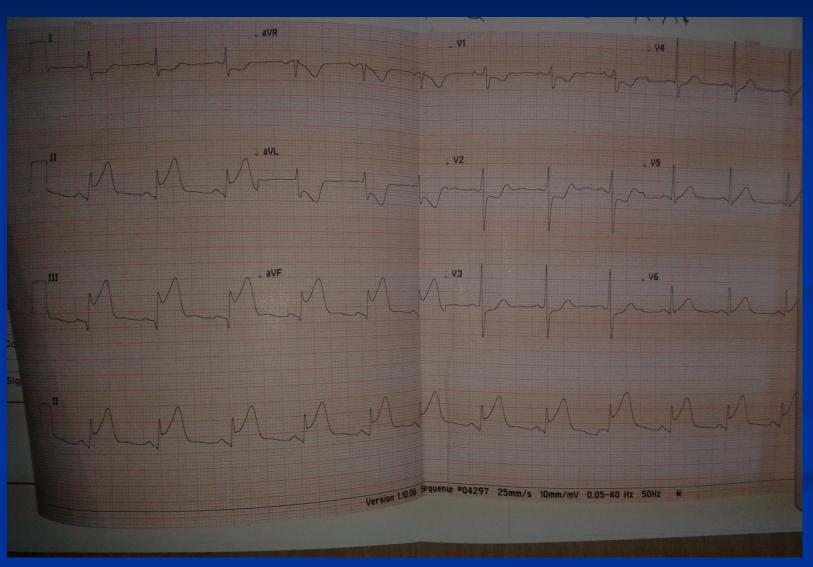
CASE 1

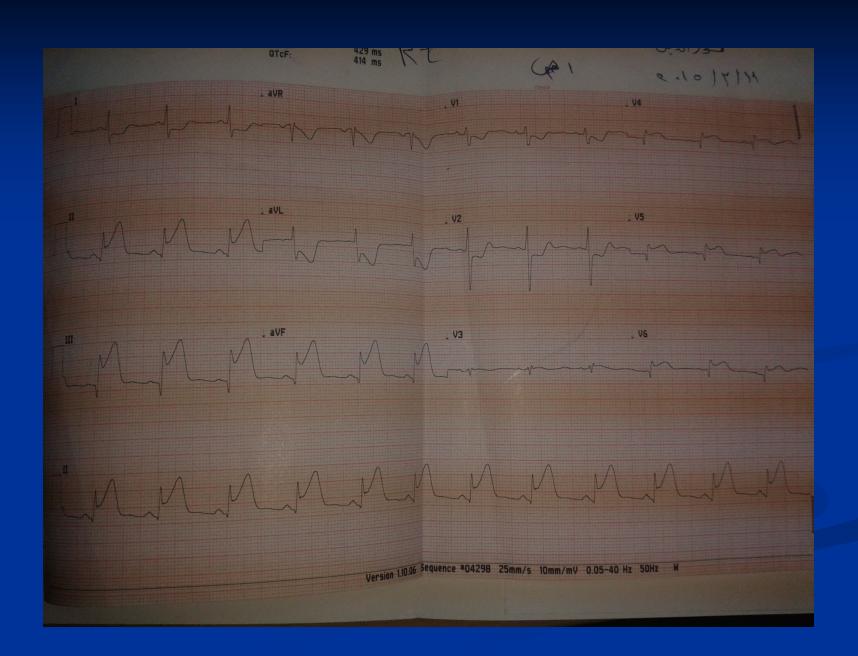
- Male patient , 60Y.
- Heavy Smoker, Dyslipideamia
- Presented by Severe new onset chest pain since 10 min.

EXAMINATION

- BP140 -90 mmHg
- Rate 55 b.-Min.
- Equal pulse on both sides
- ECG: Recent infero-posterior wall MI
- ECHO: RSWMA of inferior wall, EF=58%

ECG

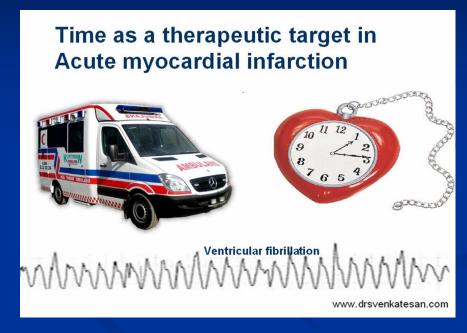




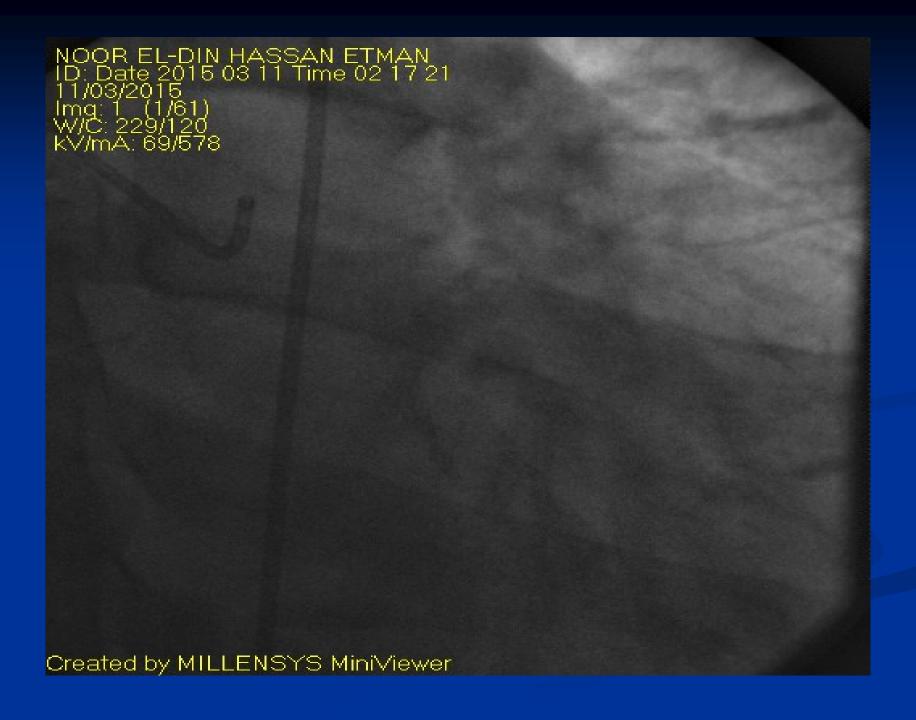


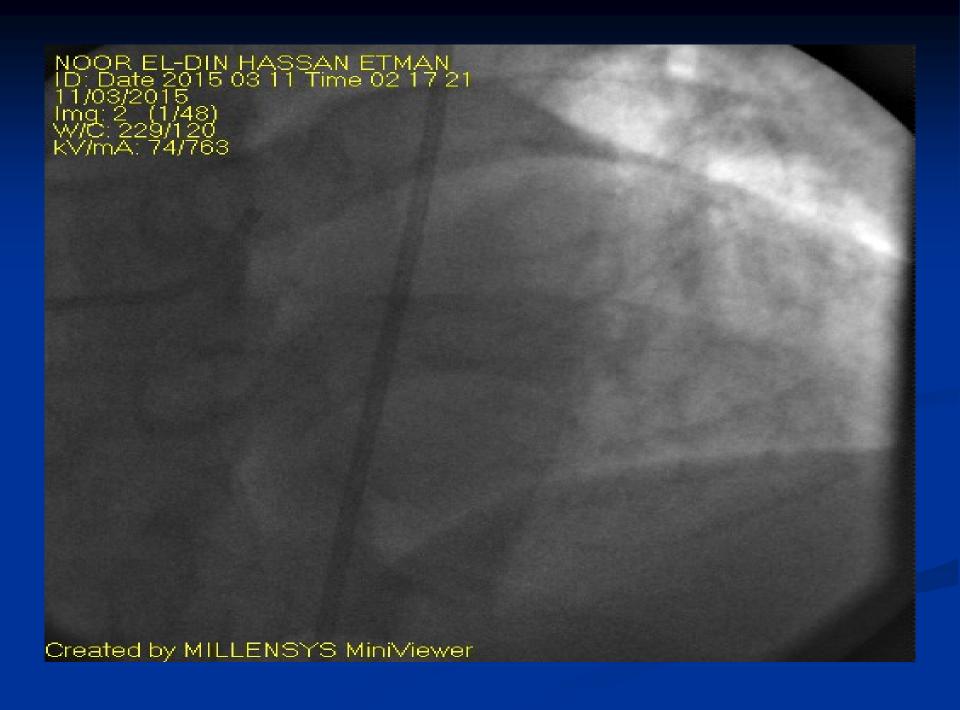
MANEGMENT

- 600 mg Clopidogrel
- 300 mg aspirin
- 80 mg statin



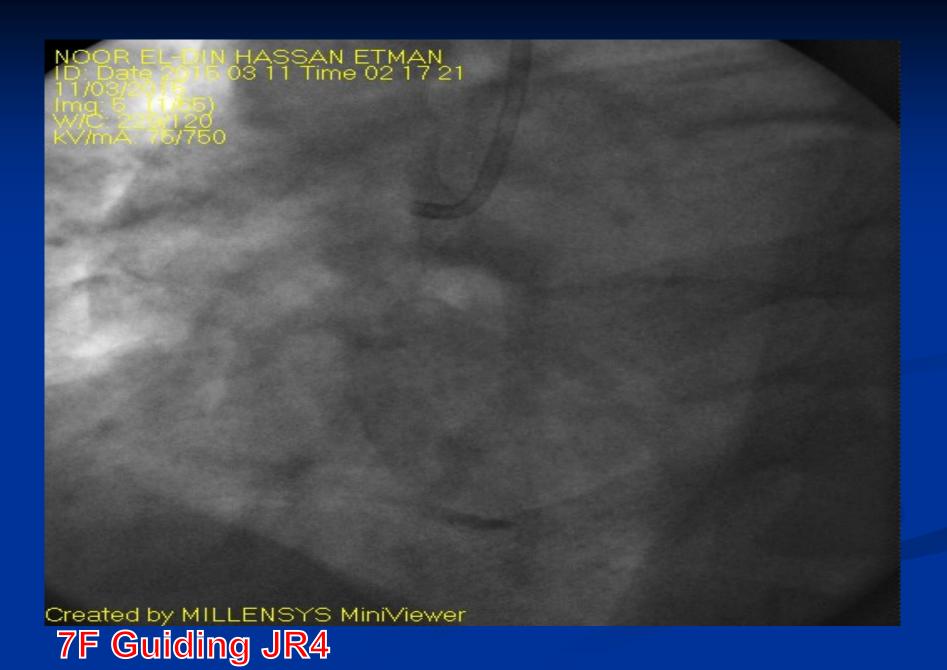
- Transfer to cath-lab within 45 min.
- Preparing GPIIbIIIal(Eptifebatide)







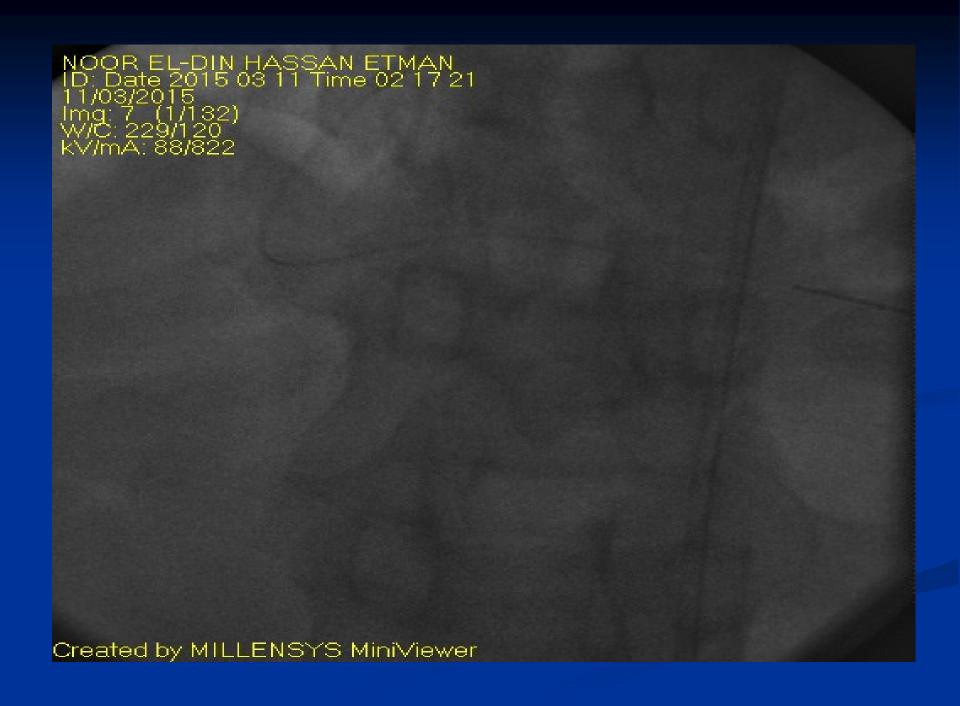






RUNTHROUGH F

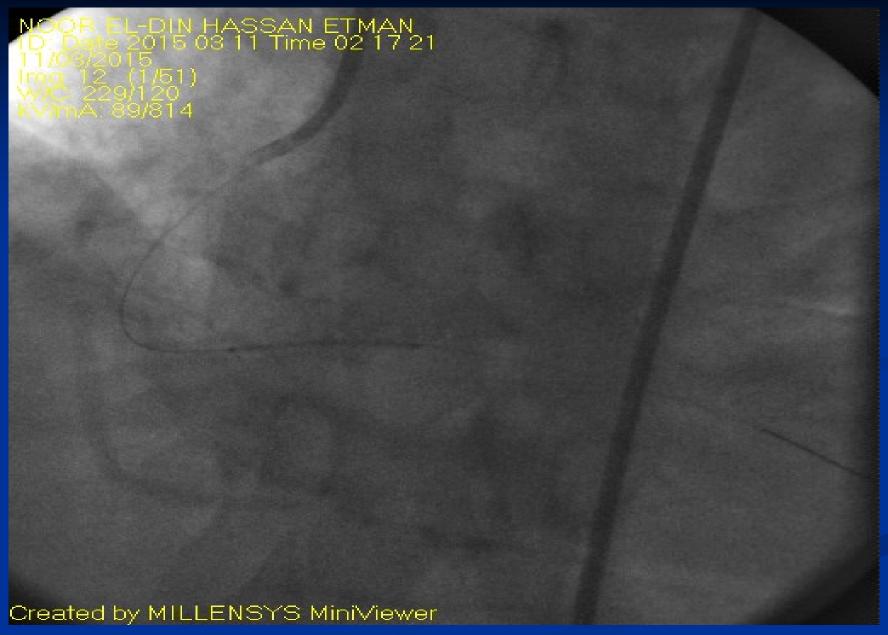
Created by MILLENSYS MiniViewer





IC GP IIb IIIa I

Created by MILLENSYS MiniViewer



Resolute Integrity(DES) 2.75X22



NOOR EL-DIN HASSAN ETMAN ID: Date 2015 03 11 Time 02 17 21 11/03/2015 Img: 14 (1/54) W/C: 229/120 KV/mA: 99/737 Created by MILLENSYS MiniViewer





- Transfemoral approach
- 7F JL4 &Guiding JR4 & standby 6F venous sheath
- Non significant lesion of LT system
- RCA: Totally occluded by large thrombus
- RunThrough F wire
- 180Mg loading IC GPIIbIIIal(Eptifebatide)
- Direct stenting (Resolute Integrity 2.75X22)

Post PCI Follow Up

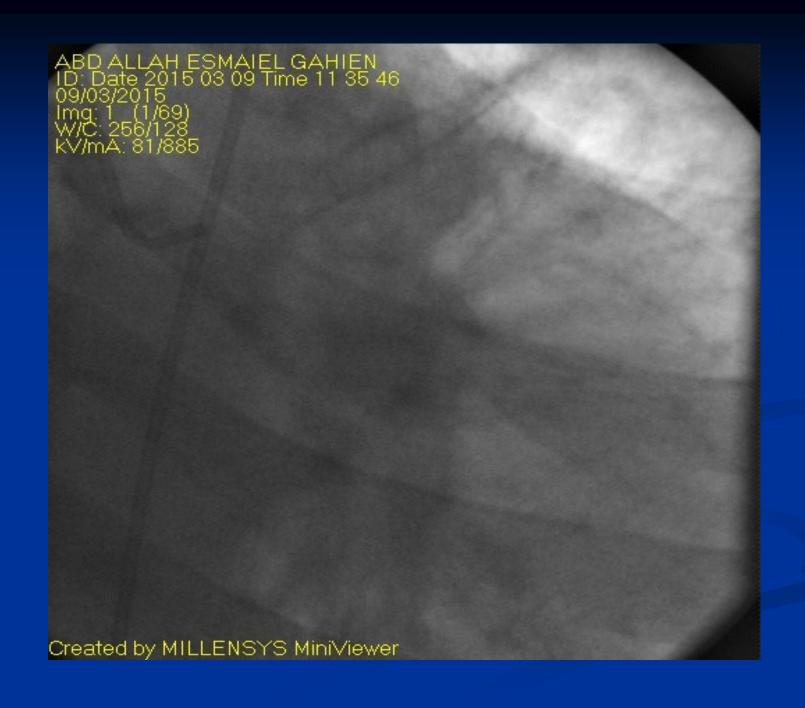
- Improvement chest pain
- Sinus rhythm with no arrythmia.
- ST evolusion

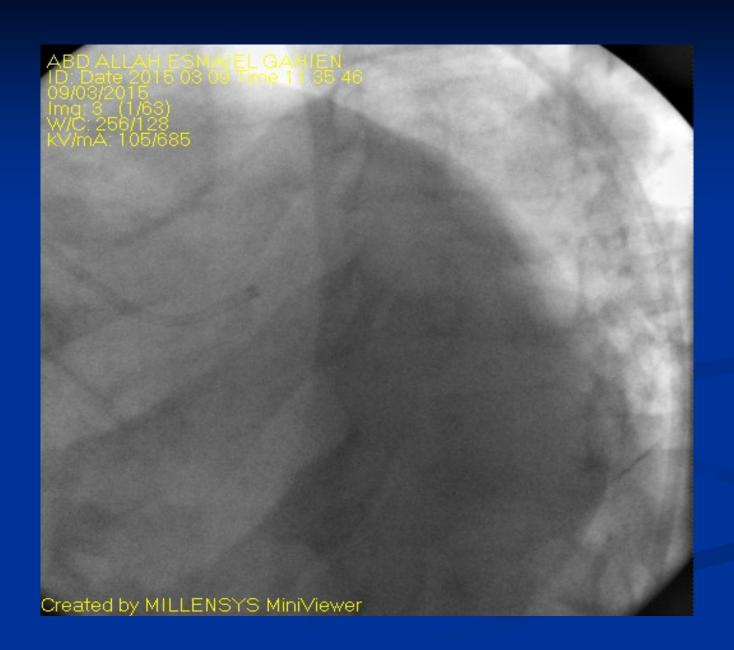


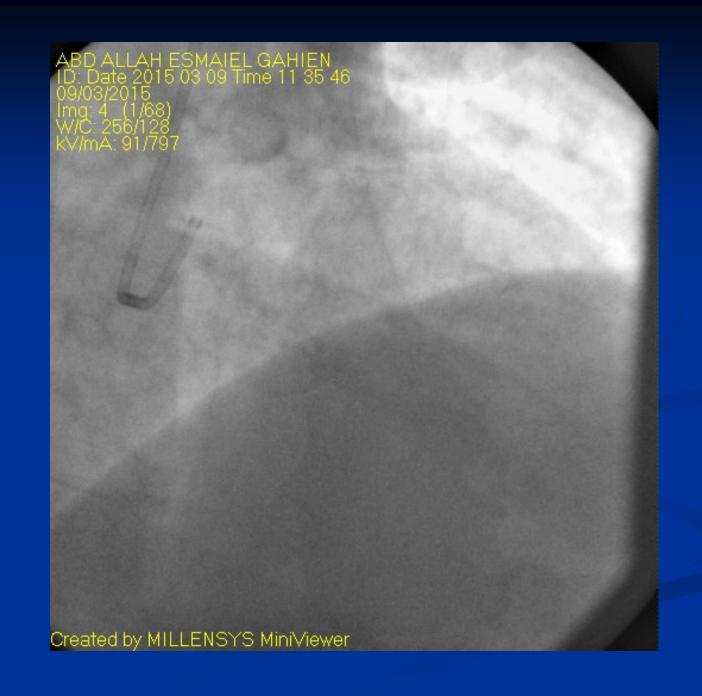
CASE 2

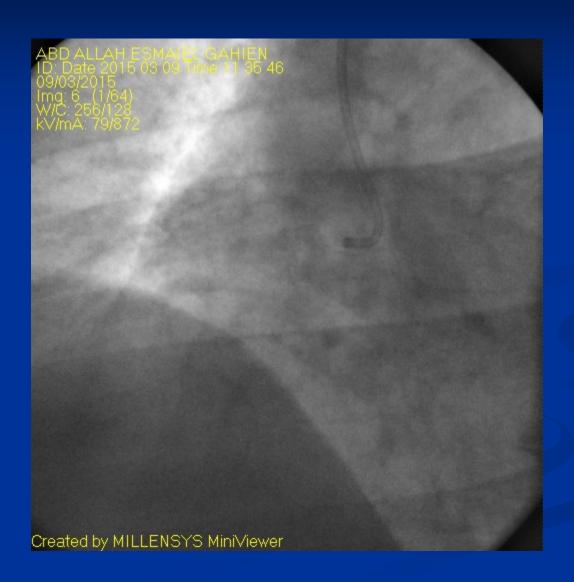
- Male Patient , 69Y.,
- Heavy smoker
- Presented by severe persistent chest pain since 2H.
- ECG: Wellen syndome
- ECHO: RSWMA (LAD territory), EF= 60%

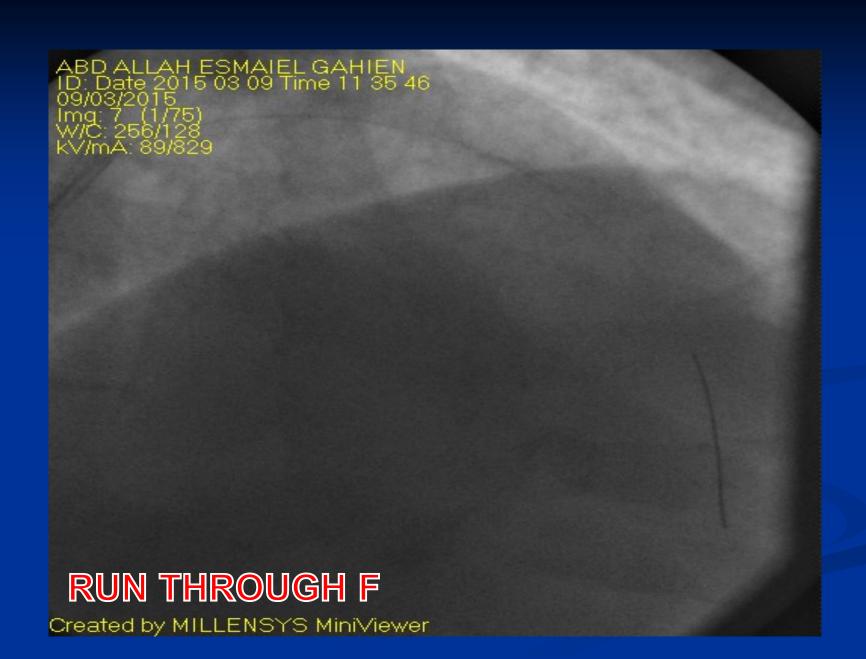
- 600Mg loading Clopidogrel
- 300 mg Aspirin
- 80 mg Statin
- Transfer for cath-lab





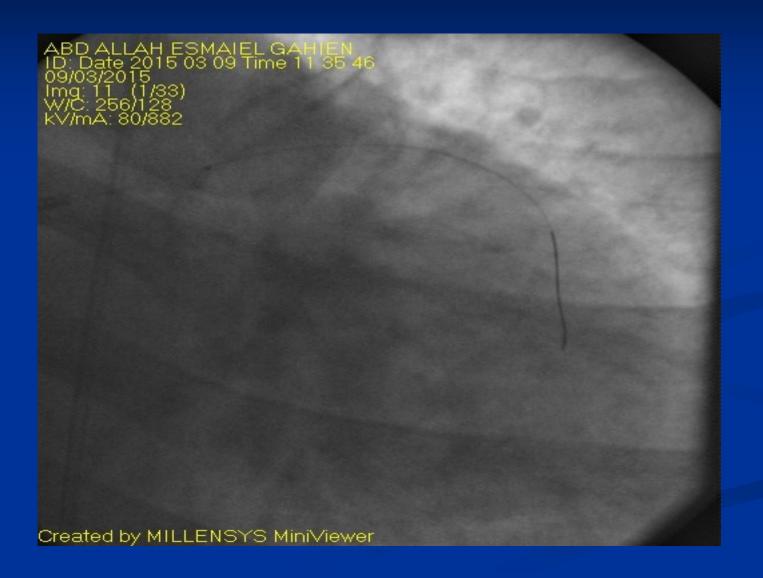


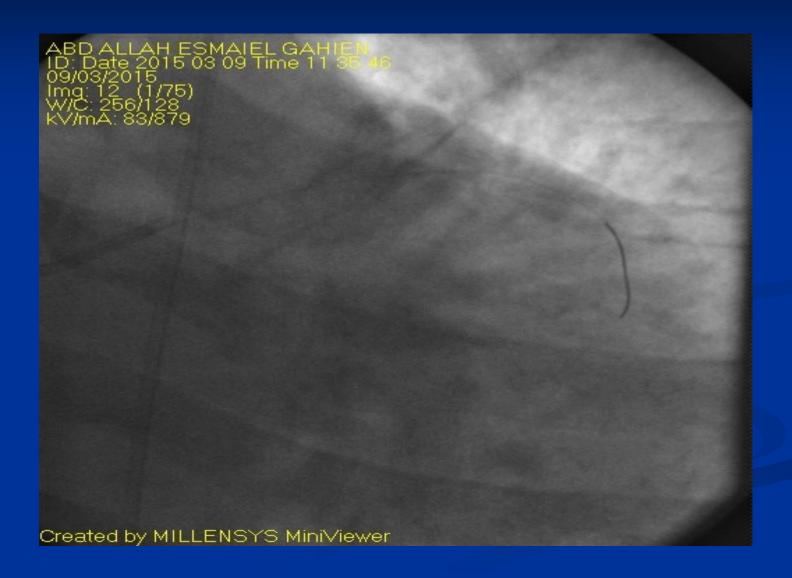






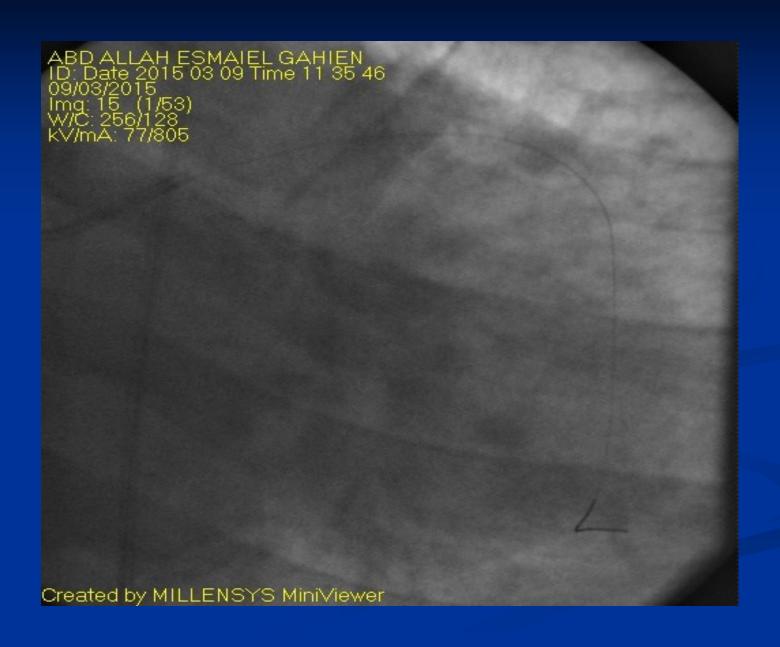


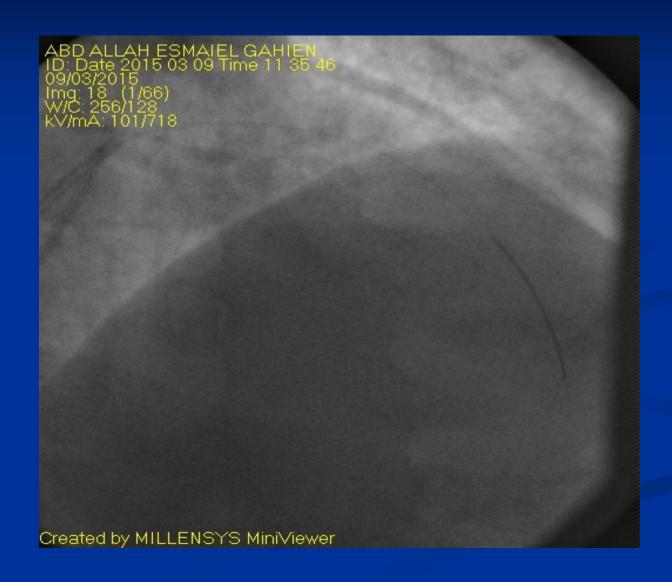










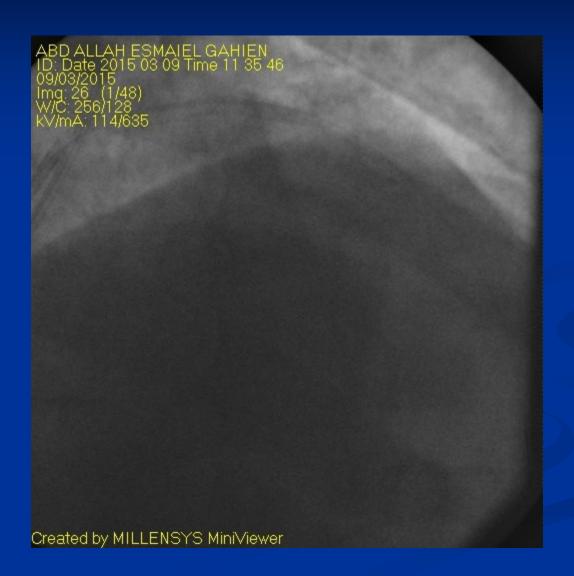








ABD ALLAH ESMAIEL GAHIEN ID: Date 2015 03 09 Time 11 35 46 09/03/2015 Img: 25 (1/56) W/C: 256/128 kV/mA: 111/650 Created by MILLENSYS MiniViewer







- Transfemoral access
- JL4 &3DRC
- Totally occluded LAD from its ostium ,LAD to its proximal segemnt filled retrograde from collaterals of LCX
- Runthrough F wire
- 180Mg IC GPIIb IIIa I
- STEMI aspiration catheter frequent times
- Reloading 180 Mg IC GPIIbIIIal
- Stenting (Xeince Prime 2.75X38)

Take Home Message

- Successful Primary PCI is superior
- Coordinated well equipped Team of PPCI =Successful PPCI
- The timing is the Muscle.
- The Muscle is the Life.
- The most familiar wire is the horse wire
- Coronary thrombus is flare.
- GPIIbIIIal & Thrombus aspiration catheter in cath-Lab are always effective in PPCI with large thrombus burden
- Be patient before stenting with thrombus residual

