



Altru STEMI Case Study

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FINANCIAL DISCLOSURE:

No relevant financial relationship exists

PATIENT INFORMATION

44 year old male

History of:

- * No current medications
- * No medical history
- * Strong Family History of Cardiac Disease

PATIENT SCENARIO

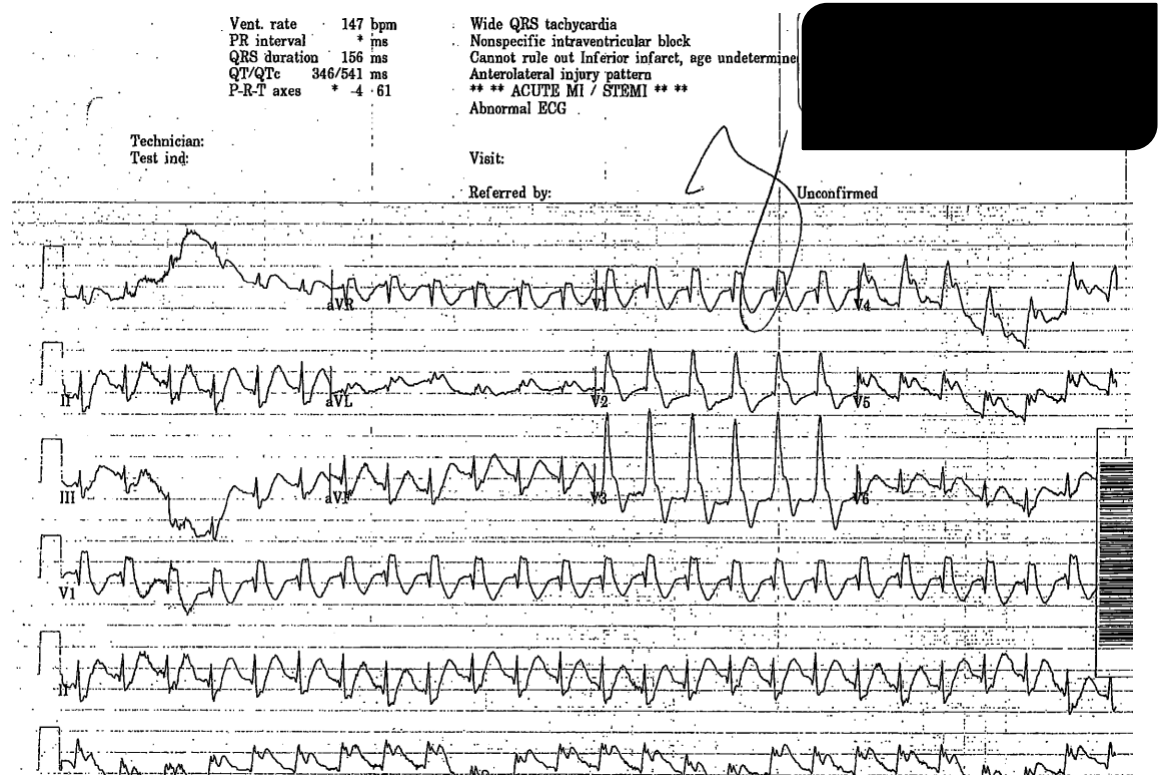
Regional Emergency Department:

Patient presents to ED by POV with complaints of chest pain for the past 2 hours. EKG shows Sinus Tachycardia with ST elevation. Following TNK administration patient clenched chest, slumped over, and was agonal breathing. CPR initiated-ROSC obtained after 50 min of interventions.

EKG

Presented with tachycardia and ST elevation. In and out of a ventricular rhythm.

Echo



Ejection Fraction - 15%. Only functional segment of heart is the inferolateral territory at the base. All other areas are akinetic.

PATIENT SCENARIO

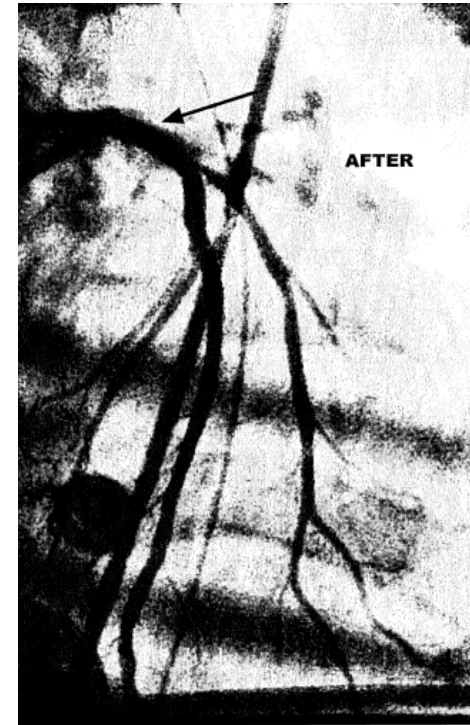
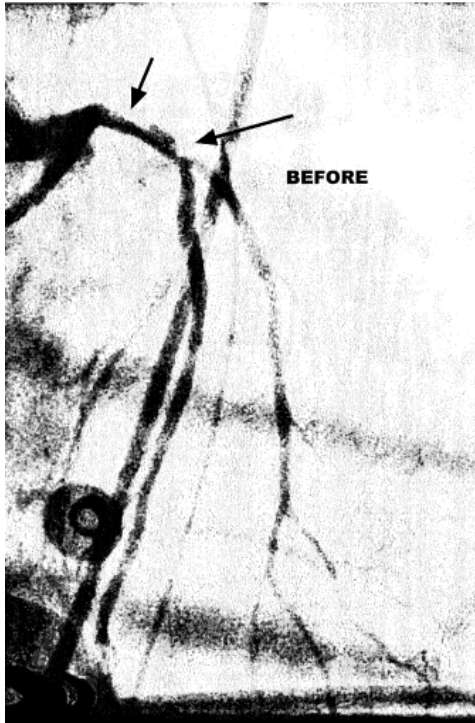
Air Ambulance and Altru Emergency Department:

Patient transported via air ambulance. Arrested during flight, CPR initiated. LUCAS device applied by ground ambulance. Patient arrived at the Altru Emergency Department; CPR continued.

PATIENT SCENARIO

Altru Cath Lab:

Patient arrival to Cath Lab in cardiac arrest with LUCAS in place. Proximal LAD was 95% occluded, stent placed to LAD. ROSC obtained, patient continued to go in and out of a ventricular rhythm. Due to cardiogenic shock, Impella device was placed- transferred to ICU for hyperthermia therapy and further medical management.



95% occlusion of Proximal LAD

PCI to Proximal LAD

THE OUTCOME

*Ejection Fraction = 20-25%

Anteroseptal wall and apex severely hypokinetic but improvement noted from previous study.

*Impella device removed POD 4.

*Moving all extremities to command.

*Off pressors

*Extubated

WHY?

The etiology of the STEMI is possibly due to proximal occlusion of the LAD, which resulted in Cardiogenic Shock.

However.... Family History is ALWAYS important!