Sarah Miller, RN program specialist,
STEMI Coordinator Sanford Bismarck
No disclosures
ATYPICAL SYMPTOMS

▪ Women
  ▪ upper back pressure- feels like squeezing
  ▪ Dizziness, lightheadedness or fainting

▪ Diabetic
  ▪ Nerve damage can blunt heart pains; may report mild to no chest pain
  ▪ nausea, vomiting, sudden dizziness, cold sweat, and fatigue.

▪ Elderly
  ▪ Many other comorbidities that can exacerbate or mask symptoms
  ▪ pain distracters- chronic pain medications, sensory neuropathy
- https://www.youtube.com/watch?v=t7wmPWTnDbE
CASE STUDY

- 49 yo female

- History of
  - Obesity
  - Hyperlipidemia
  - Anemia
  - DVT
  - Hodgkins disease (young age) with radiation to chest, and neck
PRESENTING SYMPTOMS

- Felt pain between shoulder blades
  - Dizziness
  - Blackout
- Reported indigestion
- Stated she thought her DVT came back
- Dyspnea on exertion with orthopnea for 1 month prior
- Denied chest pain, shortness of breath, and palpitations
Differential Diagnosis

- PE?
- Aortic dissection?
- GERD?
- STEMI?

- Dyspnea, orthopnea
- Pain shoulder blades, dizzy, syncope
- Reports indigestion
- Denies chest pain
TREATMENT

- Picked up by EMS
- Met air medical along the way
- Flown to Sanford
- Direct admission to cath lab
ANGIOGRAPHY

Mid-LAD

Mid-Circumflex
CATH LAB

- acute lateral and inferior wall myocardial infarction (MI) with thrombotic occlusion of the distal left anterior descending (LAD) and mid circumflex

- Treated with thrombectomy

- No apparent coronary artery disease
▪ Patient recognition

▪ Symptom description

▪ Atypical symptoms
▪ “I thought I had the flu”

▪ “Just a little indigestion”

▪ “I don’t want to bother anyone”

▪ “It’s no big deal”
- [Link](https://www.mcleodhealth.org/blog/not-always-elephant-heart-attack-symptoms/)
QUESTIONS
Thank you!!!
CASE STUDY #2

- 85 yo female

- History of
  - Atherosclerotic heart disease
  - Stent placement to RCA with 3 occurrence of in-stent stenosis
  - Hypertension
  - Hyperlipidemia
  - Diabetes Mellitus Type 2
  - Anxiety
  - GERD
Presented to the ED with weakness for 3 days
Reported feeling tired weak and stated “I haven’t been able to walk”
Lives alone and daughter found her conscious and lying on the floor
Denied chest pain and palpitations
Later admitted to having some right shoulder pain

- Temp- 97.4 F
- HR- 62
- BP- 94/50
- O2- 93% RA
Differential

- Stroke?
- Hypotension?
- Hypoglycemia?
- Anemia?
- STEMI?

- Weakness, can't walk
- Weakness SBP 94
- Diabetic History
- Weakness, fatigue
- Denies chest pain
- Arrive: 13:17
- EKG: 13:25
- Door to EKG: 8 minutes
CATH LAB

- Cath lab arrival: 13:41
- Balloon: 14:03
- Door to Balloon: 46 minutes
- PCI of the proximal in-stent restenosis; initial stenosis 99%, residual stenosis 0%.
Heart attacks: The silent killer of women - KULR8.com | News, Weather & Sports in Billings, Montana
TAKE AWAY

▪ Know your anginal equivalent symptoms
  ▪ Shortness of breath, nausea, diaphoresis, fatigue

▪ Quick EKG
  ▪ Goal <10 minutes

▪ Transport
  ▪ PCI capable hospital
  ▪ Goal Door in and Door out <45 minutes if at a referring facility
  ▪ Door to balloon <120 minutes
QUESTIONS
REFERENCES

