Case Study
Thrombolytic therapy for STEMI in 2017

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49 year old male
Acute chest pain (20 hours)
Inferior STEMI

Risk factors:
- Smoker 40 pack year history
- HIV+ diagnosed 1998
  on cART (last CD4 350)

Haemodynamically stable BP 110/70
Aspirin 300mg
Clopidogrel 600mg
Atorvastatin 80mg
Coronary Angiogram (Right Femoral approach)

RCA:
Dominant. Moderate calibre vessel. Complete occlusion mid vessel with large thrombus burden

LMCA:
Tapering distal left main with 50% distal stenosis

LCx:

LAD:
Large calibre vessel. Ostial intermediate disease.
Retrograde filling to RCA

LV Angiogram: Inferior wall hypokinesia
Primary PCI

PCI RCA

- 6F Guide
- 5000u heparin.
- BMW wire.
- Export catheter
- Actilyse intracoronary 10mg stat followed by 10mg every 10min until total dose of 40mg given.
- No bleeding complications
- Reperfusion arrhythmia
  VF : DC Cardioversion
- Remained Haemodynamically stable in CCU
Intervention

• Taken to Cath Lab after 4 days

• PCI of RCA
  – Resolute Integrity 3 X 24mm stent deployed successfully in mid RCA. TIMI III flow

  Distal Left main disease

• FFR : LAD 0.84
  LCx 0.85
IVUS image of coronary artery plaque in HIV+ patient
## Intracoronary lytic

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<th>Age (years)</th>
<th>Delay (hours)</th>
<th>Lesion</th>
<th>Thrombus Grade (pre-lytic)</th>
<th>Actilyse (mg)</th>
<th>Thrombus Grade (pre-lytic)</th>
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**Thrombus grade**

0  No thrombus  
1  Possible thrombus  
2  Small (<1/2 vessel diameter (VD))  
3  Moderate (1/2 VD)  
4  Large (>1/2 VD)  
5  Vessel occlusion
STEMI SA Registry
SASCI and SA Heart

Let's work together to improve the care of our patients with STEMI

Thank you