STEMI and Cardiogenic Shock

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• I will present two cases of acute myocardial infarction and associated cardiogenic shock. The outcomes were different in each.
Case 1

• Mrs B
• 61 Y Old Female
• Onset of chest pain and associated autonomic symptoms at 23.00
• Presented to a peripheral hospital Metalase given by ED at 00.20
• Risk Factors: 30 pack year smoking history & BMI > 30
• Required CPR twice while in ED
• Transferred to CCU with ongoing ST elevation, chest pain 4/10 and hypotension.
• Cath lab activated for rescue PCI.
• On table 15 hours post onset of chest pain.
• BP 68 systolic with fluids and inotropes.
• Clinically restless and confused.
• Developed complete heart block on table before angiogram started and temporary pacing lead inserted.
• Post PCI to proximal RCA there is TIMI 1-2 flow.
• Remained hypotensive and with tachycardia – not responding to fluids or inotropes
• Unstable on table
• Unable to give nitro or adenosine
• What should my next step be?
Case 2

- Mrs B
- 46 y old Female
- Risk Factors: Strong Cardiac family history & BMI above 30.
- Presented to private hospital with chest pain and associated autonomic symptoms 2 hours later.
• Given adjuncts but not thrombolysis and referred to state.

• On arrival in CCU, ongoing chest pain 6/10.

• Hypotensive 88/64 with pulmonary oedema on inotropes.

• Cath lab activated.

• While waiting for the team, patient deteriorated further and required intubation and CPR.

• Echo showed EF of 30% with marked global hypokinesia.

• On table 14 hours post onset of chest pain.
• Patient remains unstable with poor flow down LAD and CX.
• What should my next step be?