

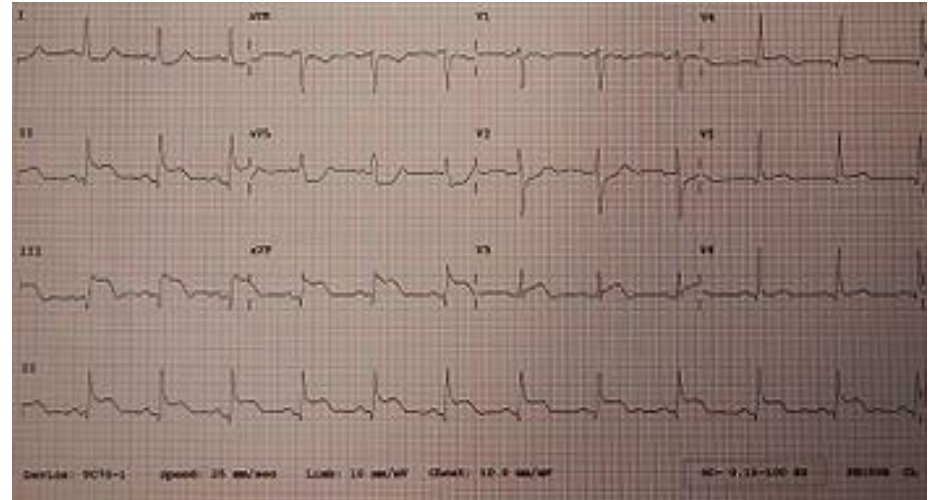
Case Study

Thrombolytic therapy for STEMI in 2017

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Charlotte Maxeke Johannesburg Academic Hospital
Wits Donald Gordon Medical Centre

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



Risk factors:

Smoker 40 pack year history

HIV+ diagnosed 1998

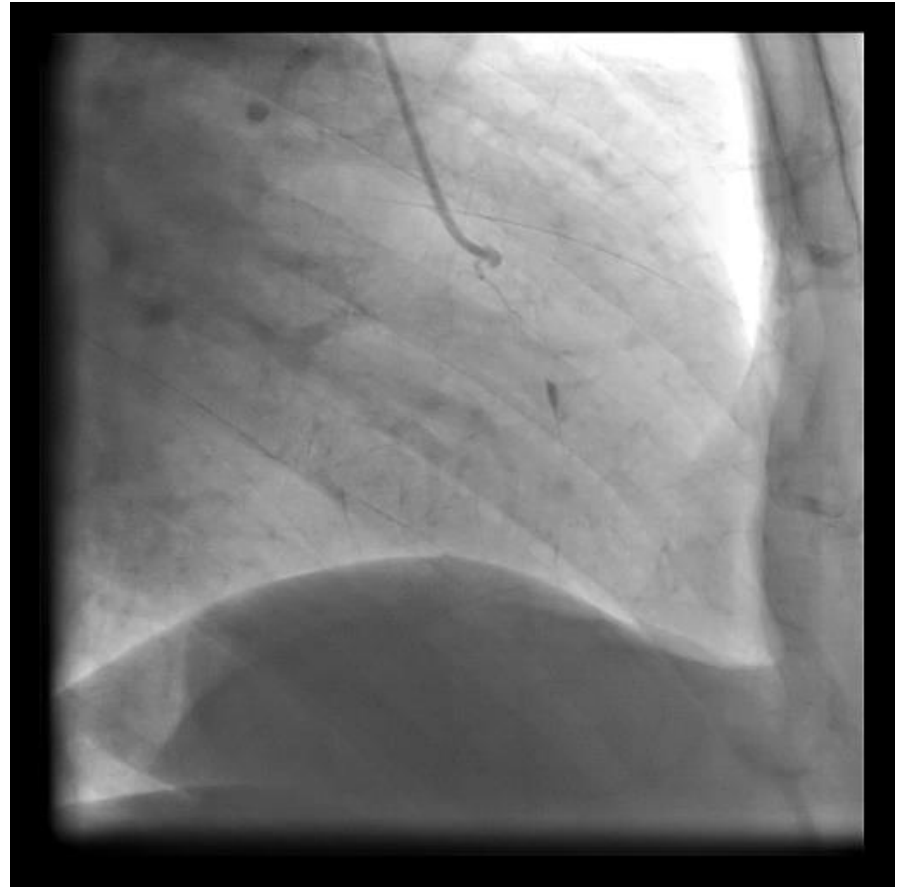
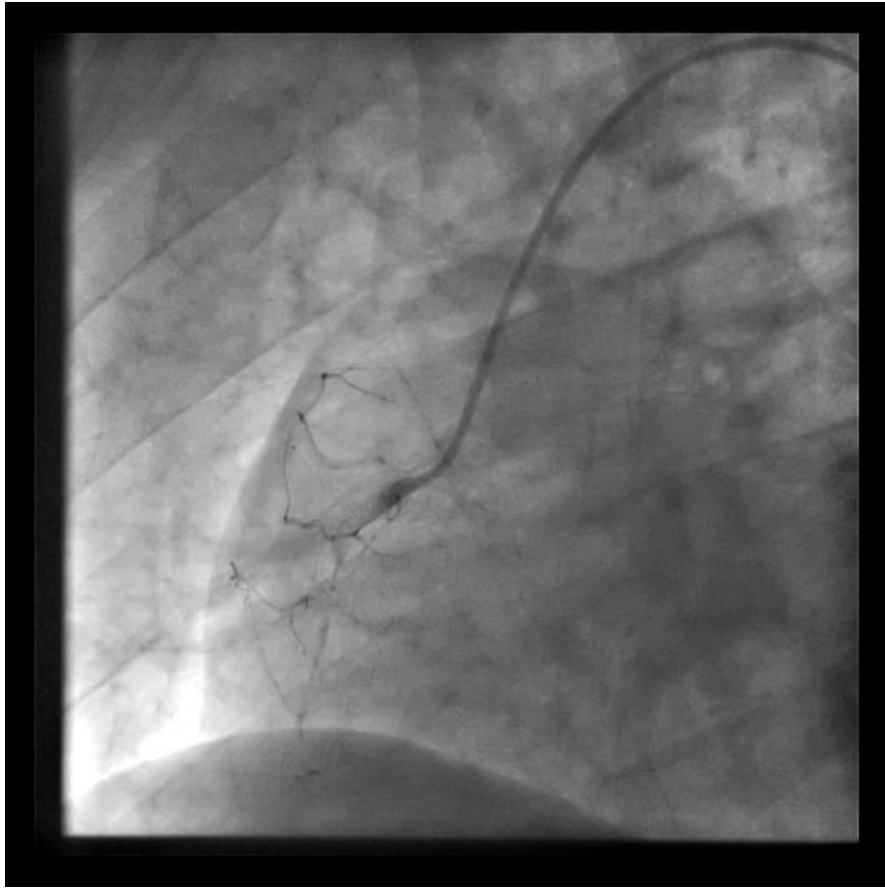
on cART (last CD4 350)

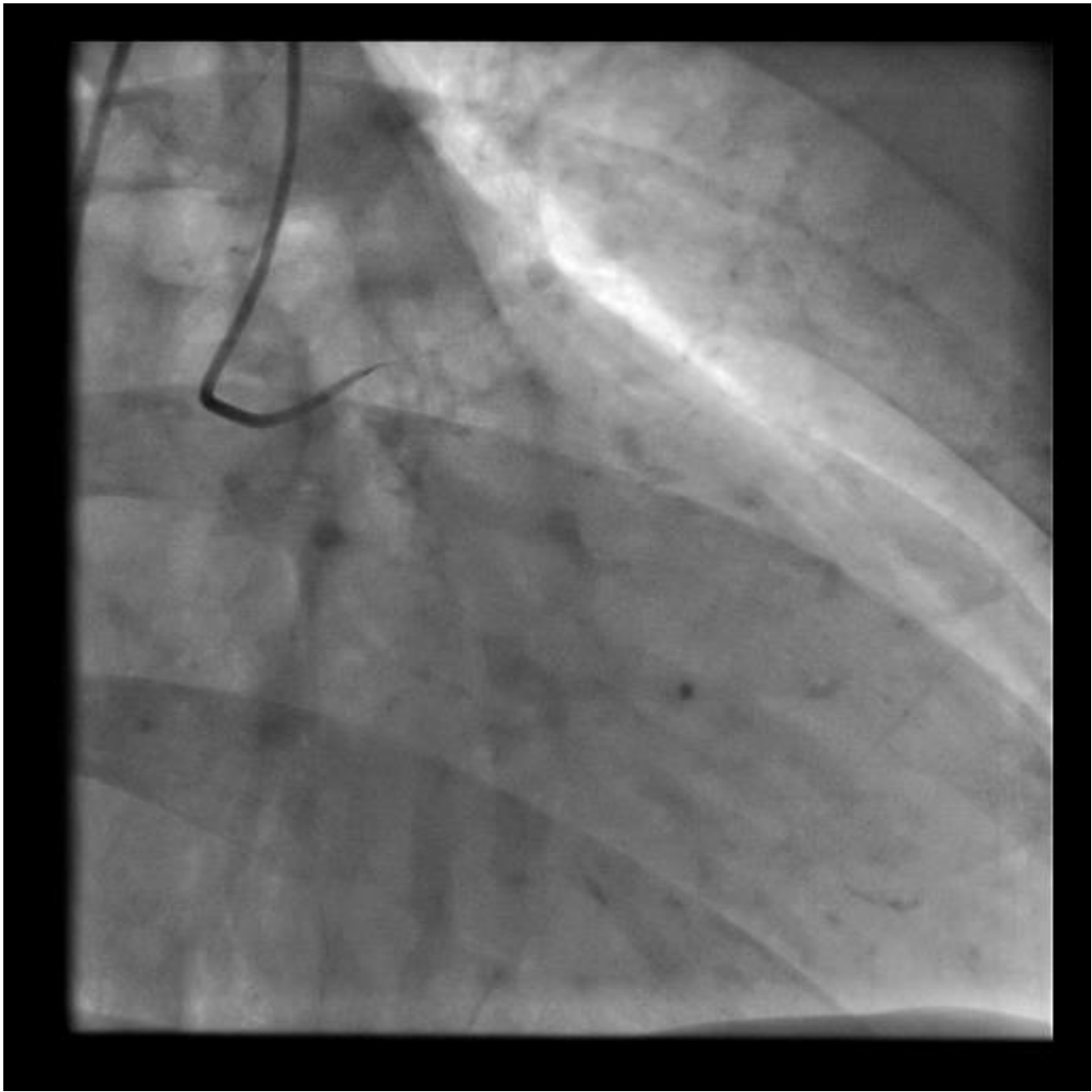
Haemodynamically stable BP 110/70

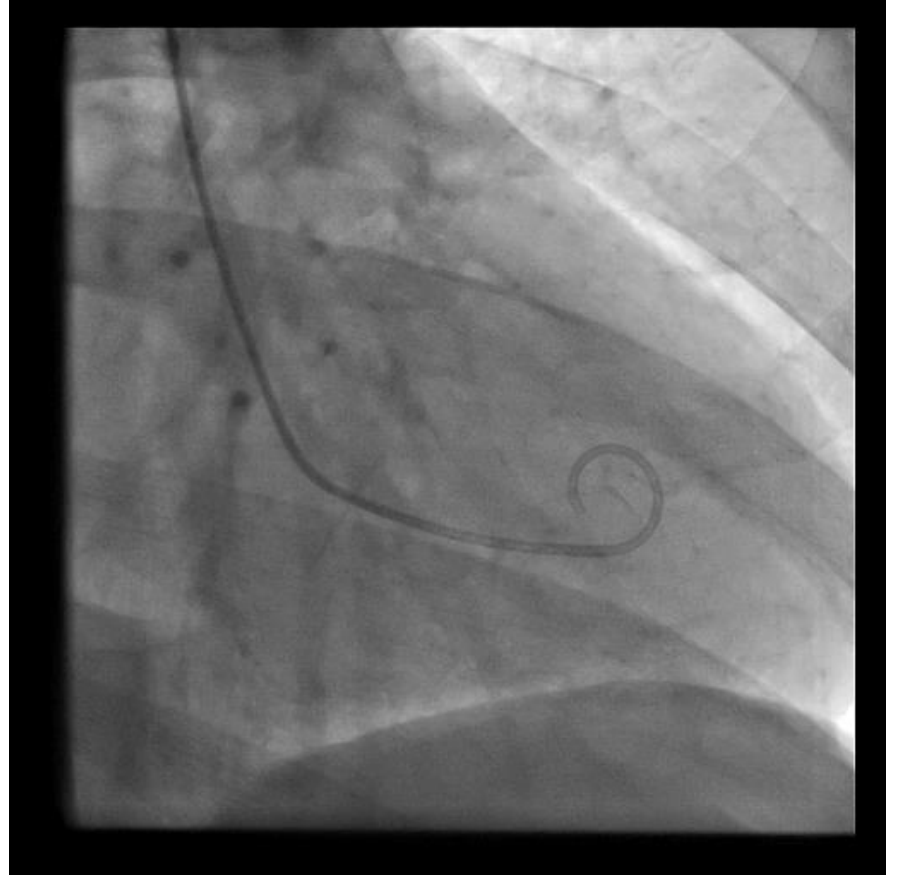
Aspirin 300mg

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:

Non-dominant. Moderate calibre vessel. Ostial intermediate disease.

LAD:

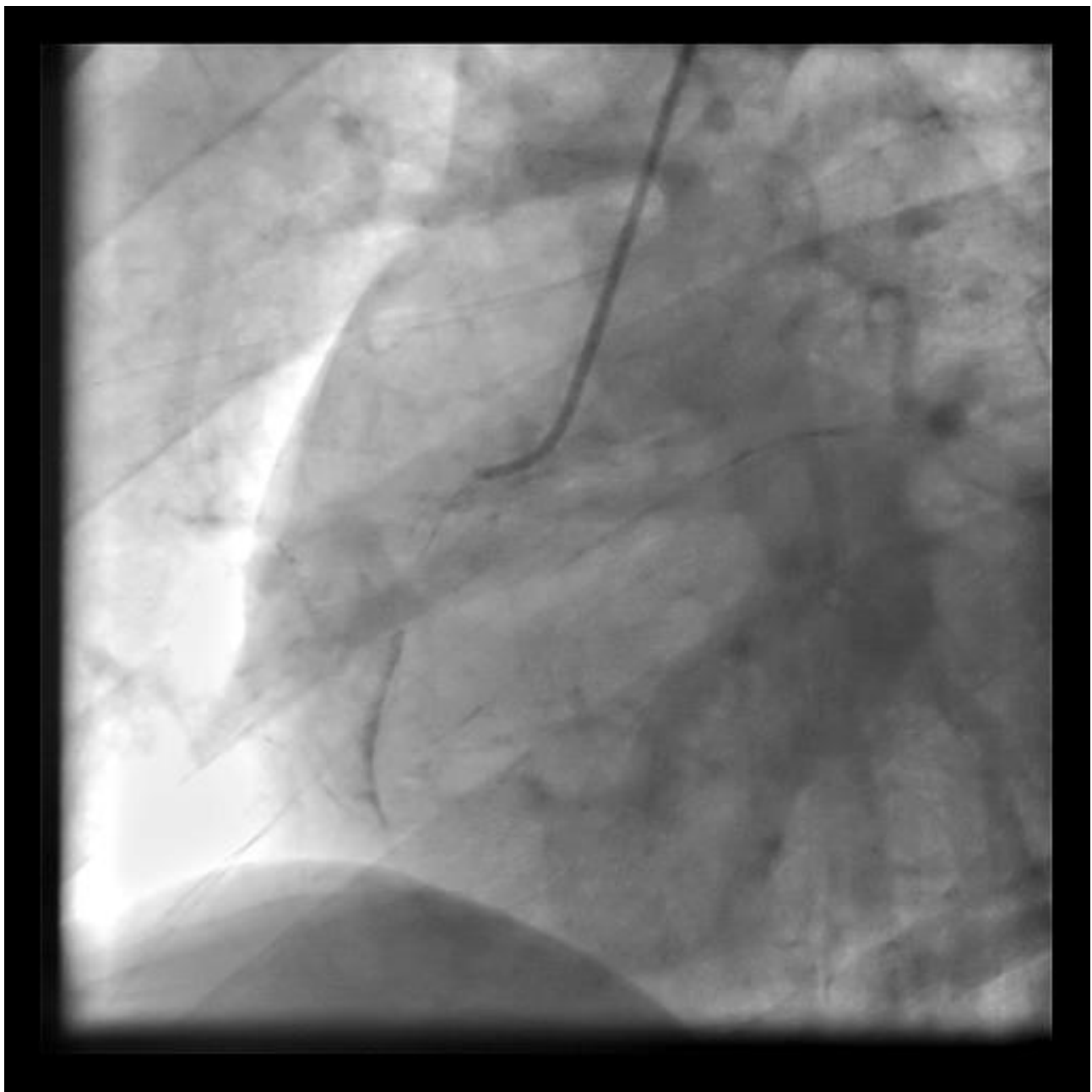
**Large calibre vessel. Ostial intermediate disease.
Retrograde filling to RCA**

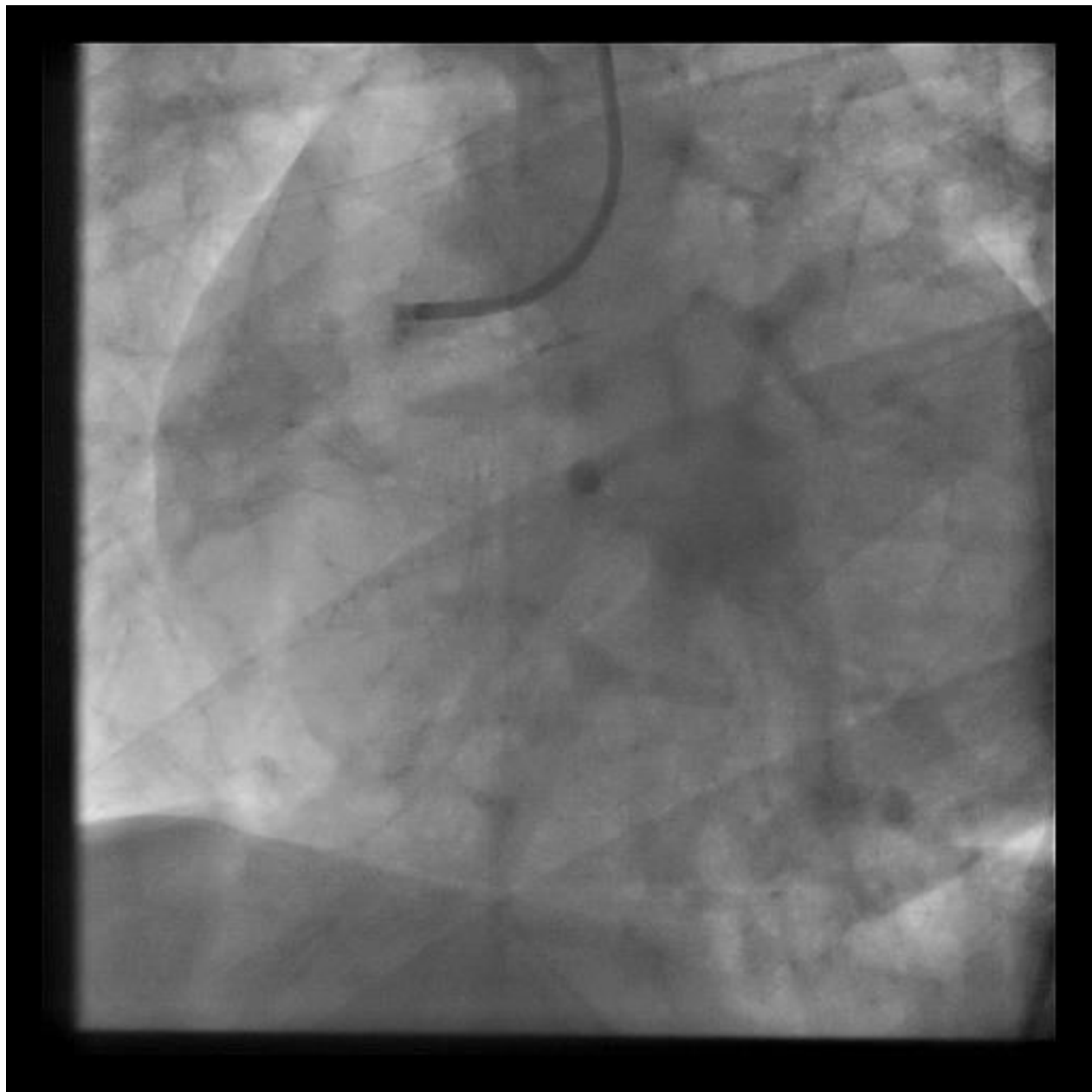
LV Angiogram: Inferior wall hypokinesia

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



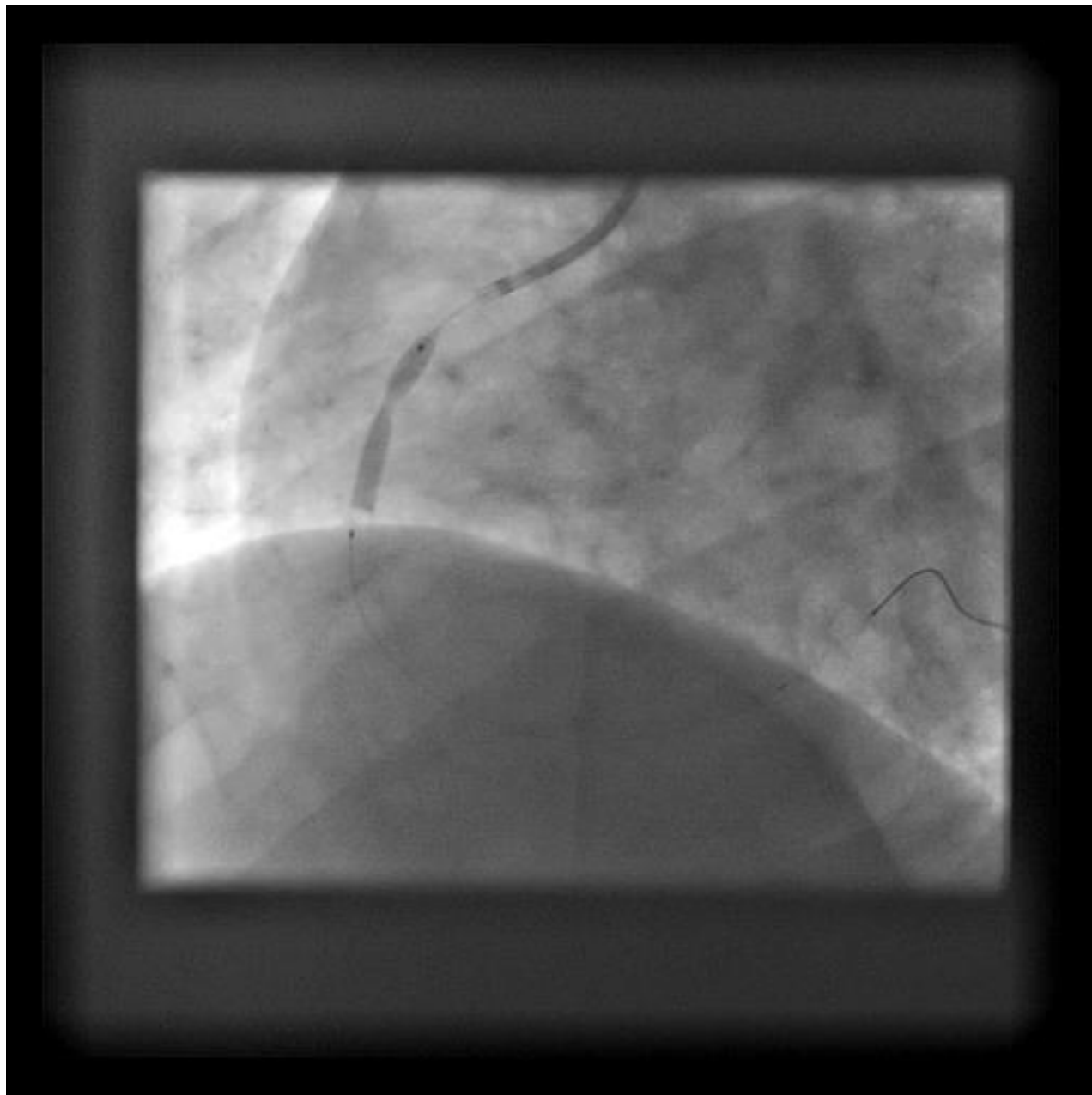


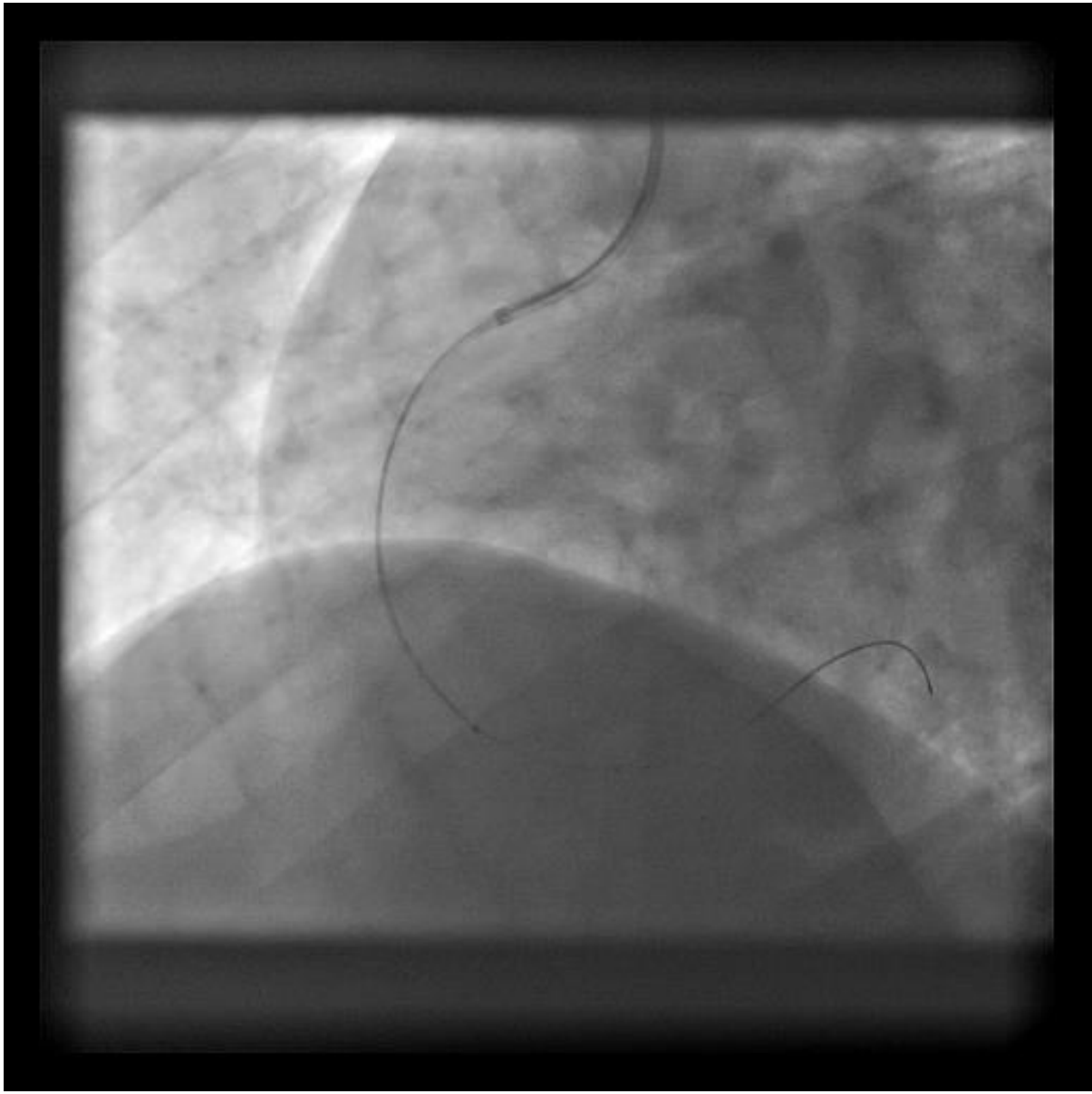
Intervention

- Taken to Cath Lab after 4 days
- PCI of RCA
 - Resolute Integrity 3 X 24mm stent deployed successfully in mid RCA. TIMI III flow

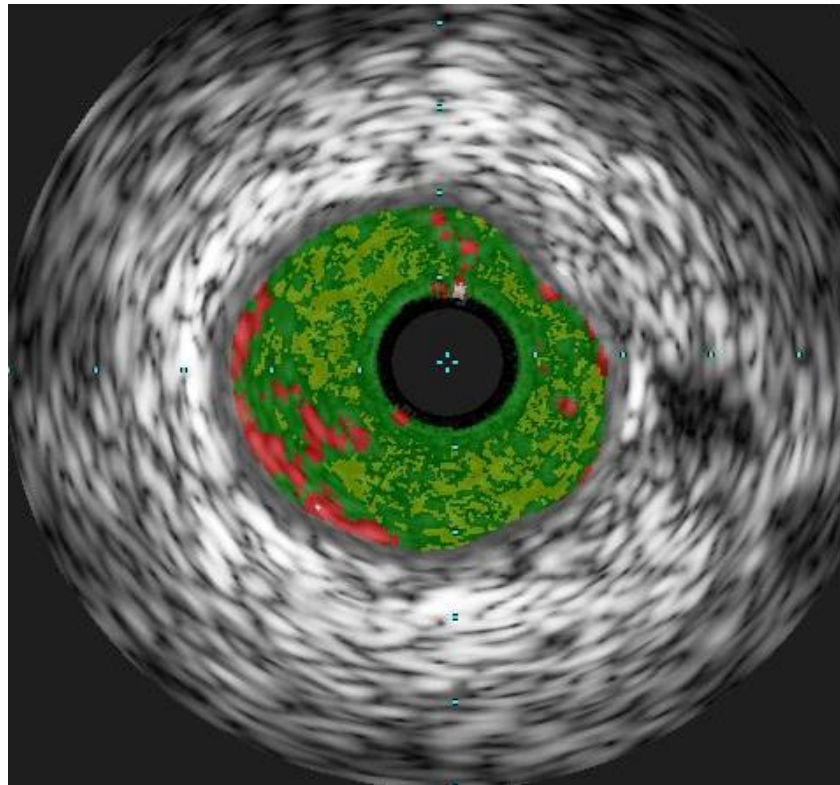
Distal Left main disease

- FFR :
 - LAD 0.84
 - LCx 0.85





IVUS image of coronary artery plaque in HIV+ patient



Intracoronary lytic

No	Age (years)	Delay (hours)	Lesion	Thrombus Grade (pre-lytic)	Actilyse (mg)	Thrombus Grade (pre-lytic)	Mx
1	49	22	RCA	5	40	0	PCI
2	31	48	LAD	4	30	0	Medical
3	43	48	LAD	4	40	0	Medical
4	25	24	LAD	5	50	2	Medical
5	51	48	RCA	5	40	0	PCI
6	60	72	LAD	5	20	0	PCI
7	51	48	RCA	5	40	4	Medical
8	29	48	RCA	5	40	0	Medical

	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

*Lets work together to improve the care of our
patients with STEMI*

Thank you