

STEMI and Cardiogenic Shock

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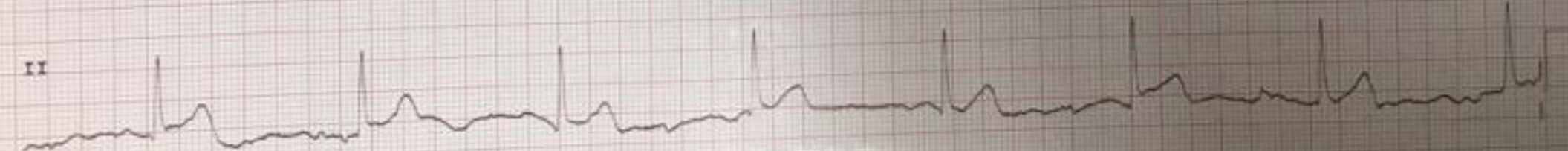
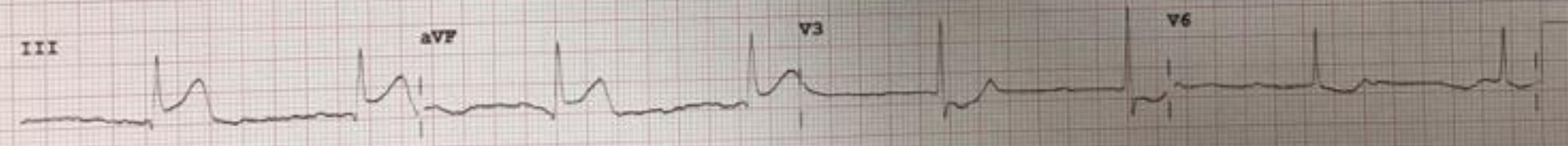
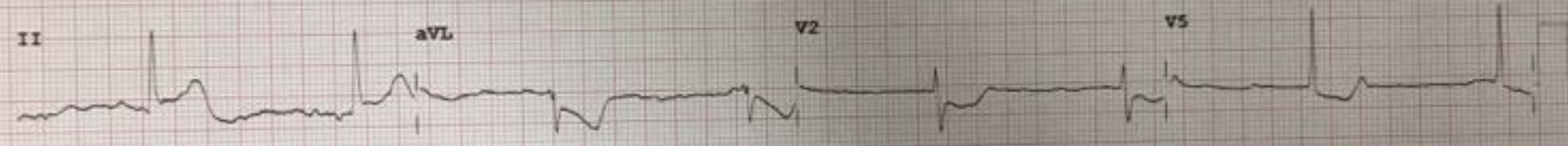
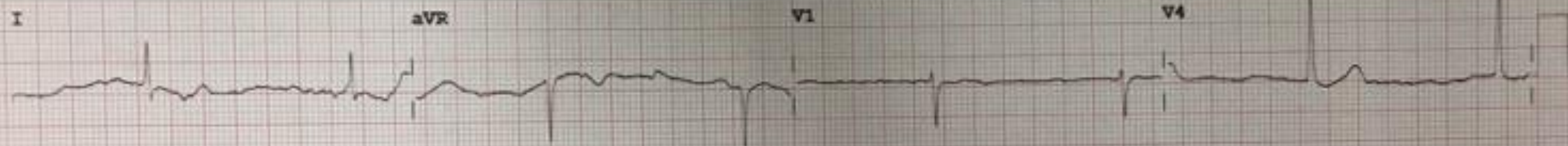
Fellow in Cardiology CMJAH

Netcare Foundation Bursery

- 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 Metolase given by ED at 00.20
- Risk Factors: 30 pack year smoking history & BMI > 30
- Required CPR twice while in ED

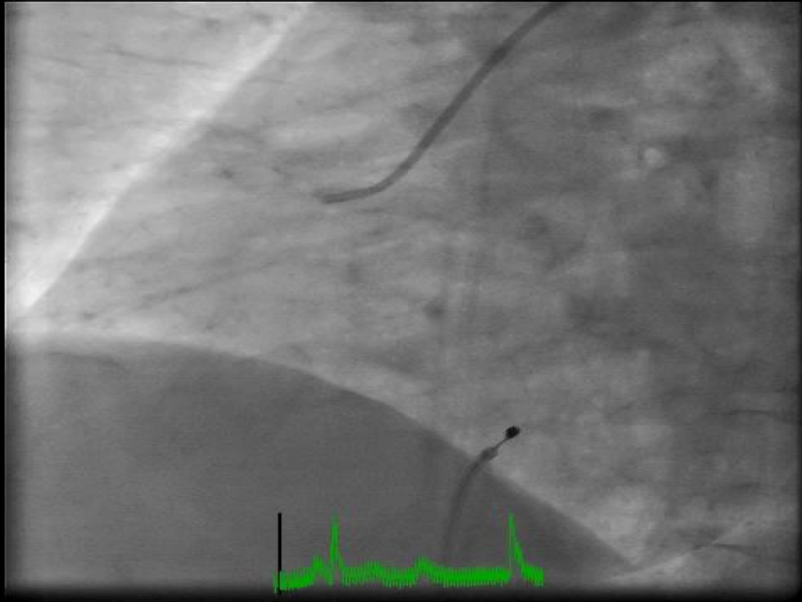


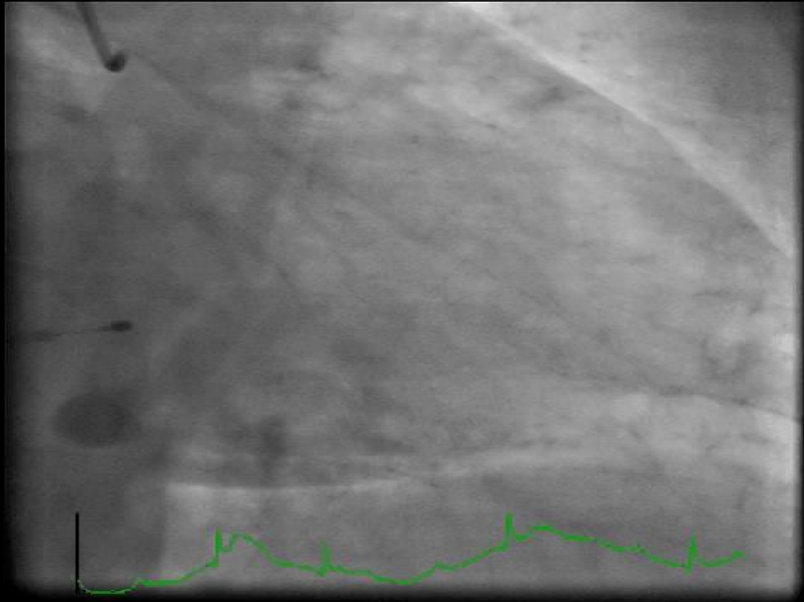
device:

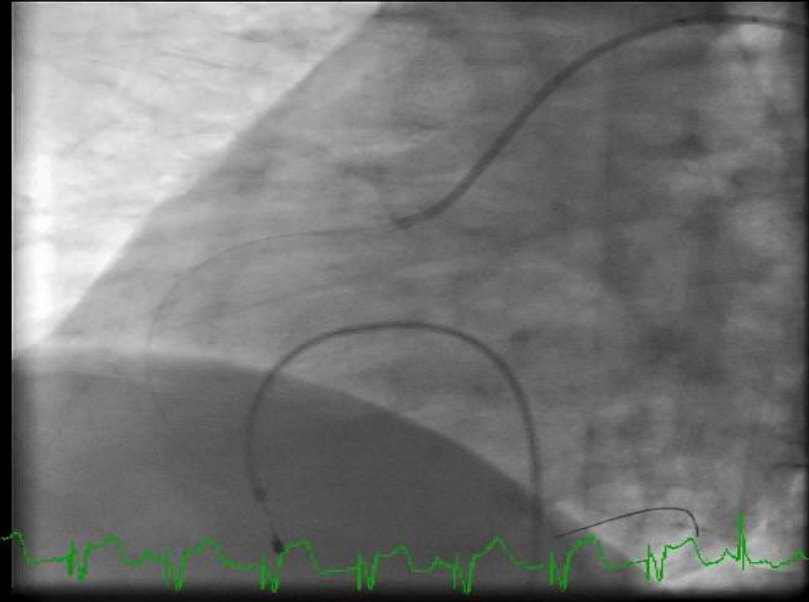
Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

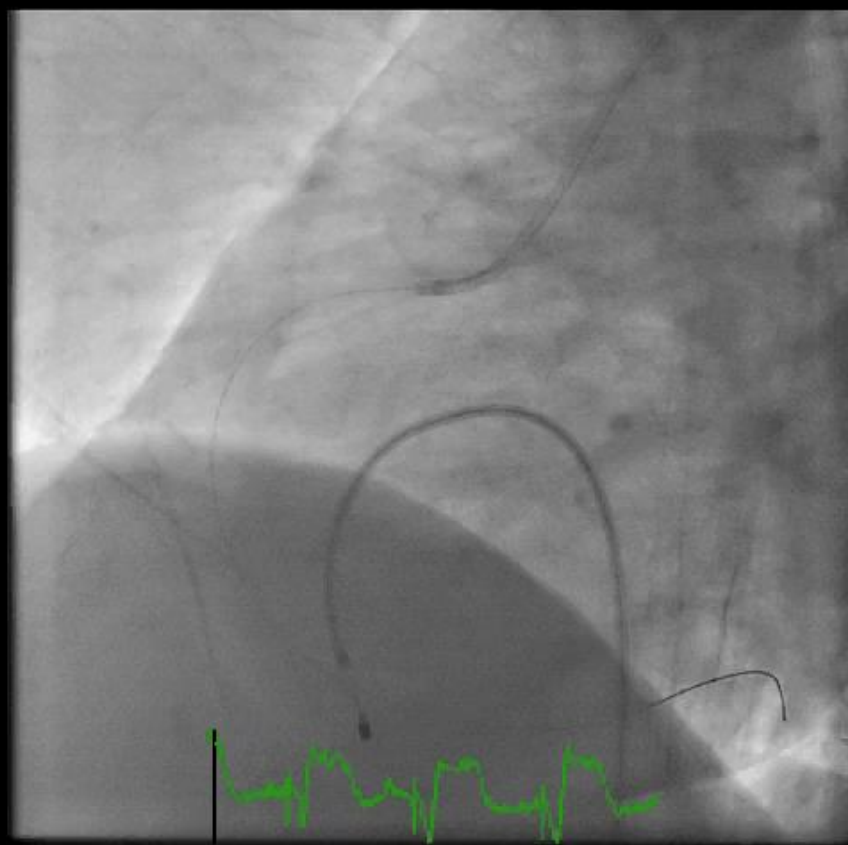
50- 0.50-100 Hz W PH100B CL P7

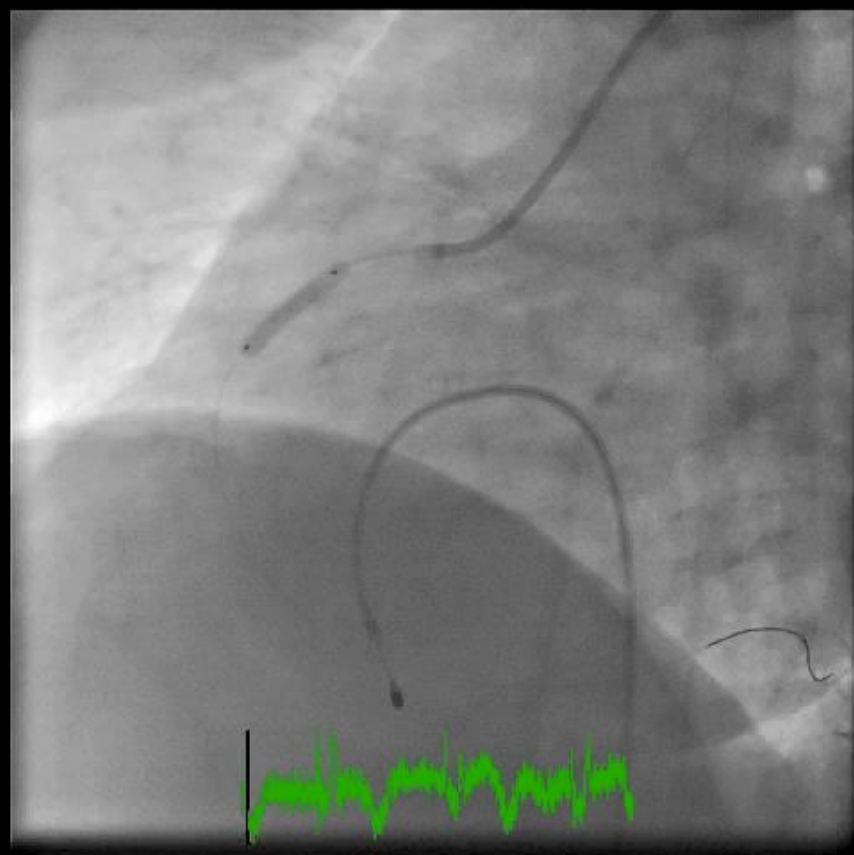
- Transferred to CCU with ongoing ST elevation, chest pain 4/10 and hypotension.
- Cath lab activated for rescue PCI.
- On table 15 hours post onset of chest pain.
- BP 68 systolic with fluids and inotropes.
- Clinically restless and confused.
- Developed complete heart block on table before angiogram started and temporary pacing lead inserted.

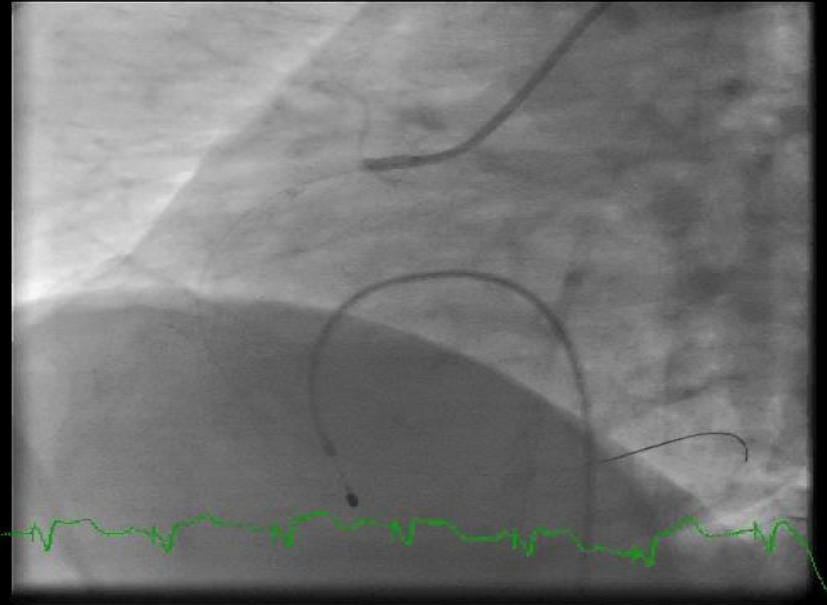








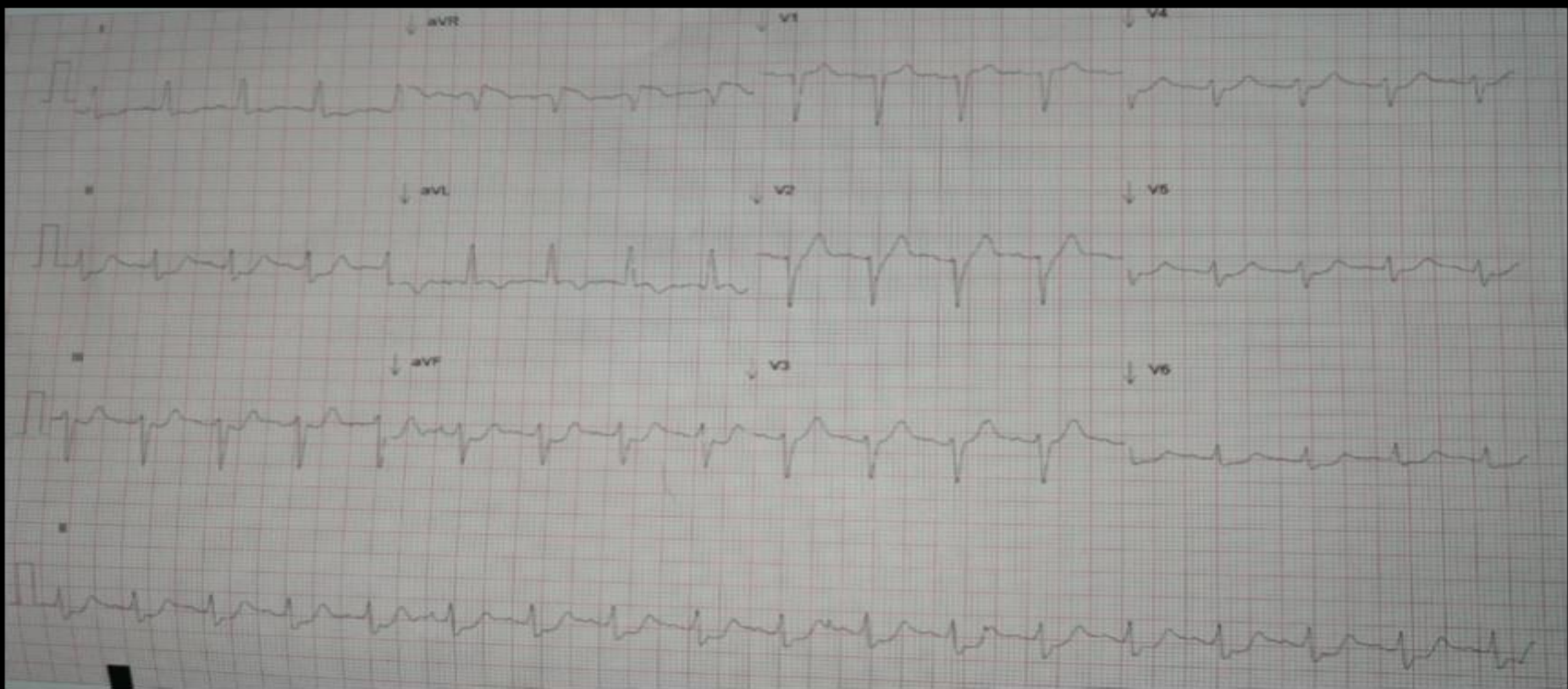




- Post PCI to proximal RCA there is TIMI 1-2 flow.
- Remained hypotensive and with tachycardia – not responding to fluids or inotropes
- Unstable on table
- Unable to give nitro or adenosine
- What should my next step be?

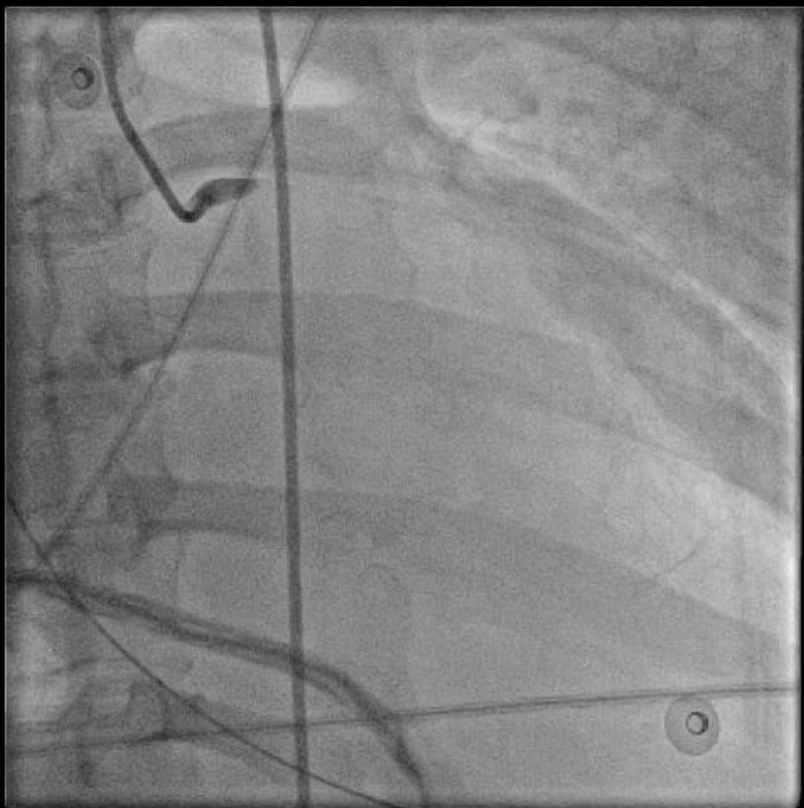
Case 2

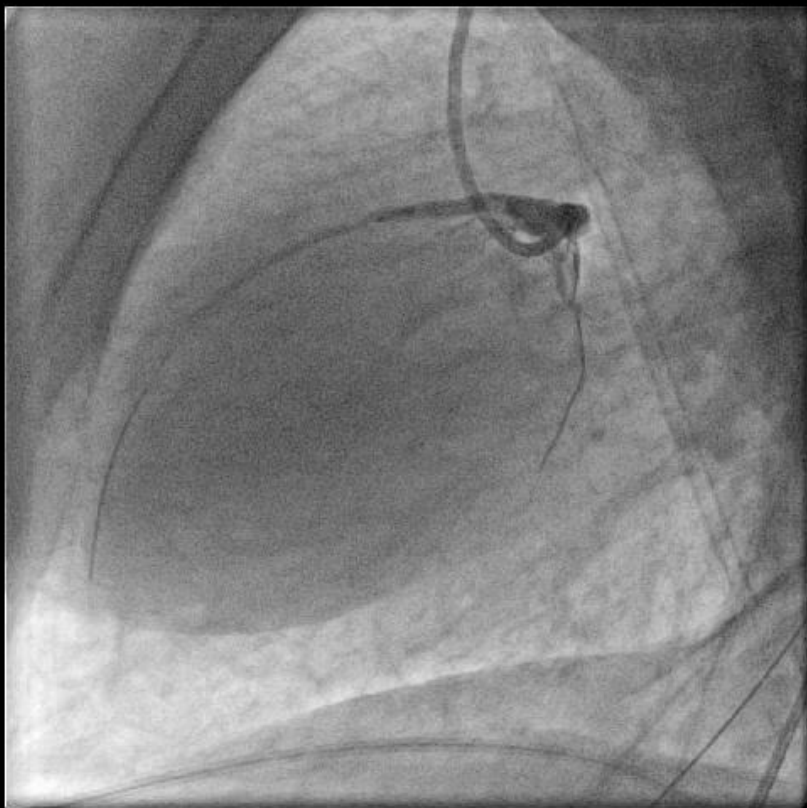
- Mrs B
- 46 y old Female
- Risk Factors: Strong Cardiac family history & BMI above 30.
- Presented to private hospital with chest pain and associated autonomic symptoms 2 hours later.



- 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?