

Case presentation

Optimal management of STEMI

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Crucial factors in management of STEMI (among others...)

1. Time

- What counts: FMC to reperfusion

2. Antiplatelet regimen

- What counts: Early administration (FMC !)

3. Thrombus removal

- Do it whenever possible and until proximal thrombus is removed

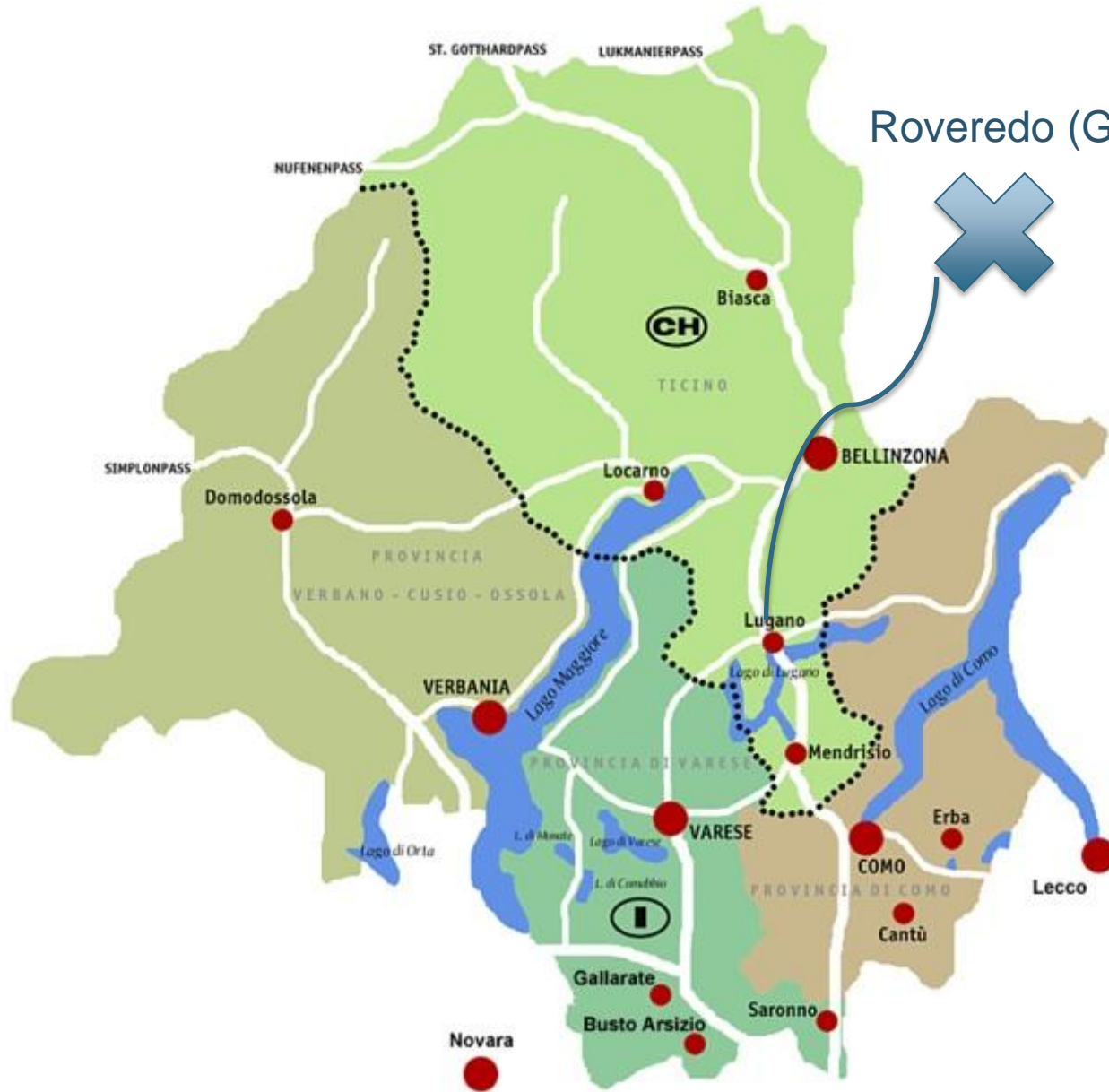
4. PCI/Stenting

5. Cardiac rehabilitation / secondary prevention

Case

- 42 years old lady
- absence of a significant medical history
- typical anginal chest pain since 30 min
- alerts the ambulance

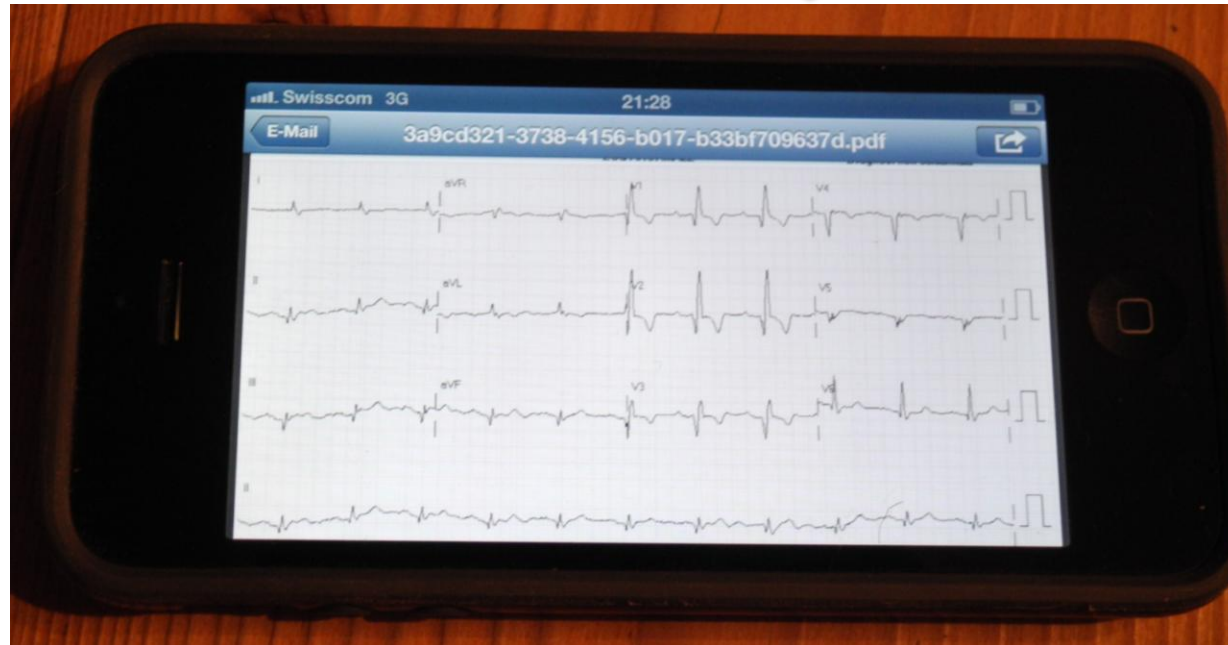
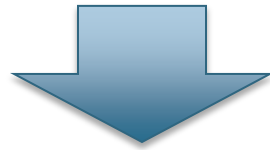
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Direct transmission
of the ECG to the
invasive
cardiologist on
duty



Ticino



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Regional Hospital Bellinzona

A Stop takes between 30 and 60 min of time !!!

Arrival in the Cath-lab

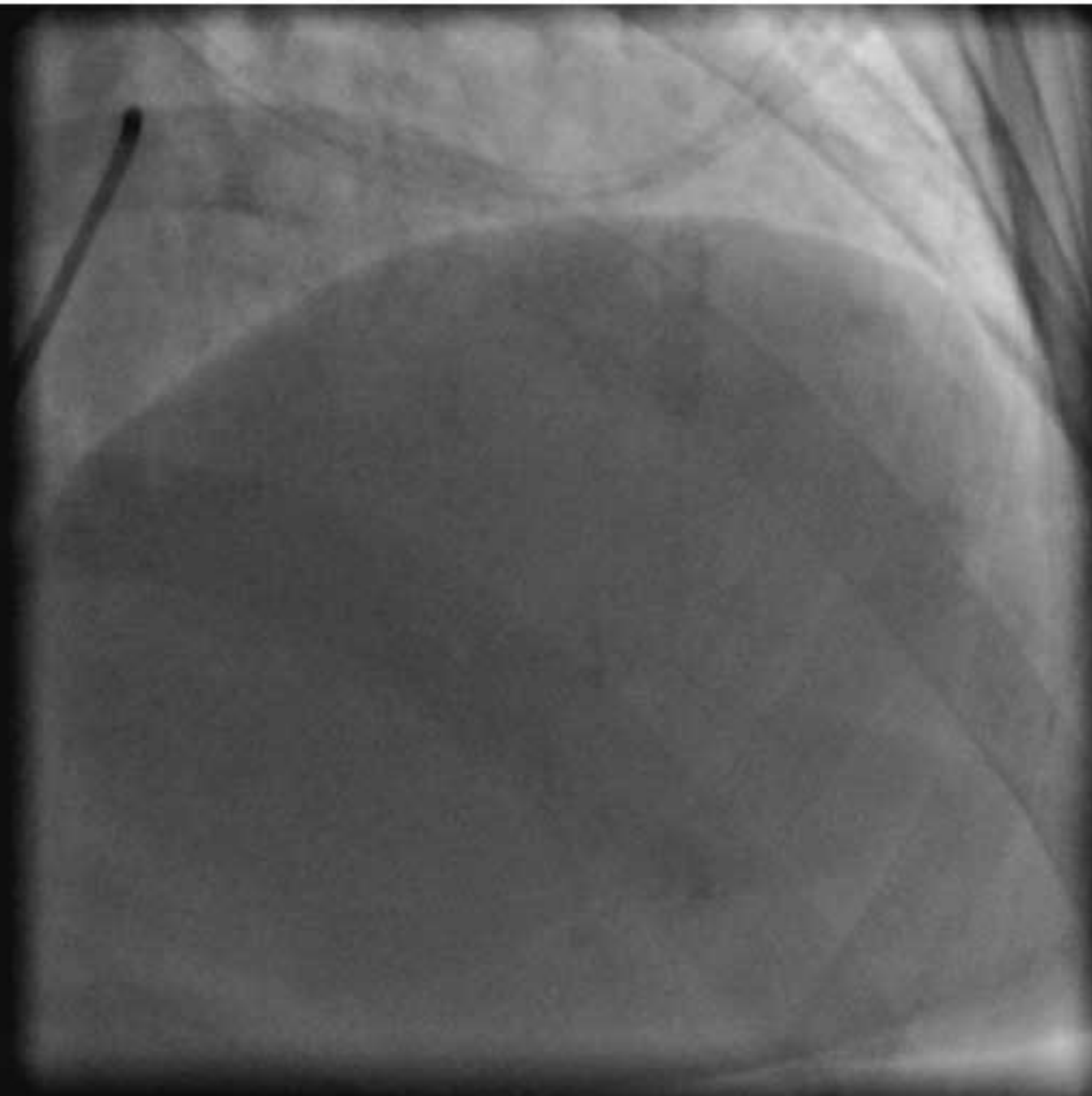
- asymptomatic
- complete normalization of the ECG
- hemodynamically stable

What to do ?

- Perform coronary angiogram ?
- Wait and see (CCU) ?
- CT scan ?
- Other ?









How would you treat this (spontaneous) coronary dissection in a young women ?

→ Perform PCI ?

→ Wait and see (+/- GPIIb/IIIa inhibitors) ?

→ CABG ?

→ Other ?

Our option:

→ Wait and see (+ 36 h GPIIb/IIIa inhibitors)
spontaneous healing ?

2 hours after interution of GPIIb/IIIa inhibitor:

→ Chest pain and ST elevation



