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
Ticino

Roveredo (GR)
Direct transmission of the ECG to the invasive cardiologist on duty
Ticino

Roveredo (GR)

Regional Hospital Bellinzona

A Stop takes between 30 and 60 min of time !!!
Arrival in the Cath-lab

- asymptomatic
- complete normalization of the ECG
- hemodinamically 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 woman?

➔ 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 interruption of GPIIb/IIa inhibitor:

→ Chest pain and ST elevation