

Total vs. culprit only;

revasc. strategy in special situation

Mohamed Atef Hamza, MD
Assistant Professor of Cardiology
Ain shams university

•

•

Multi vessel in STEMI

- Multi-vessel disease is common (up to 50%) in patients with STEMI.

•

•

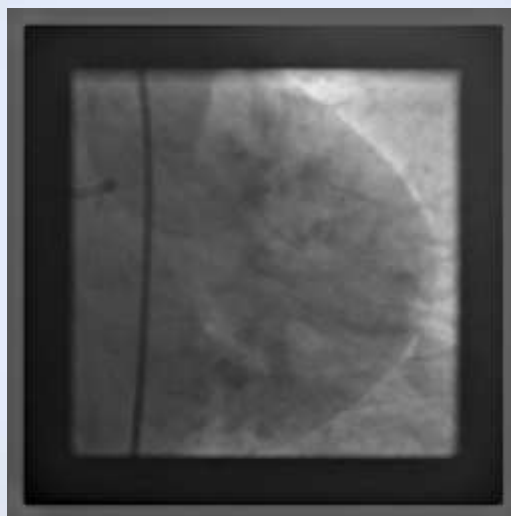
Multi vessel in STEMI

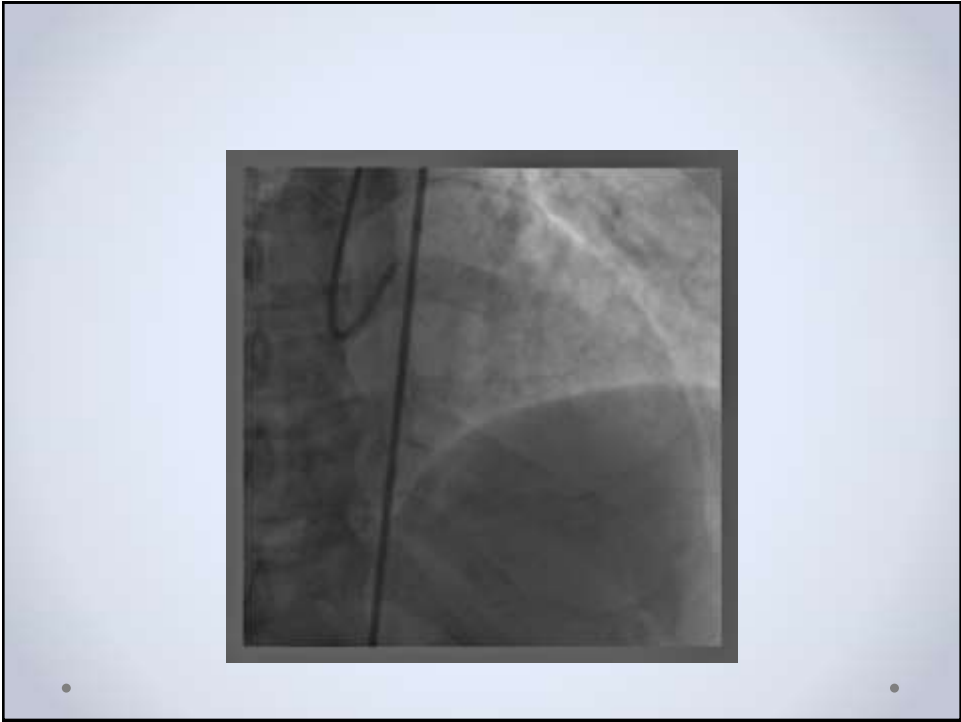
- Randomized clinical trials addressing this issue found that IRA angioplasty-only had more major adverse cardiac events (MACE) than total revascularization.
- Revascularization of non-IRA should be considered before hospital discharge.
- Optimal timing of revascularization (immediate vs. staged) has not been adequately investigated, no recommendation in favour of immediate vs. staged multivessel PCI can be formulated.

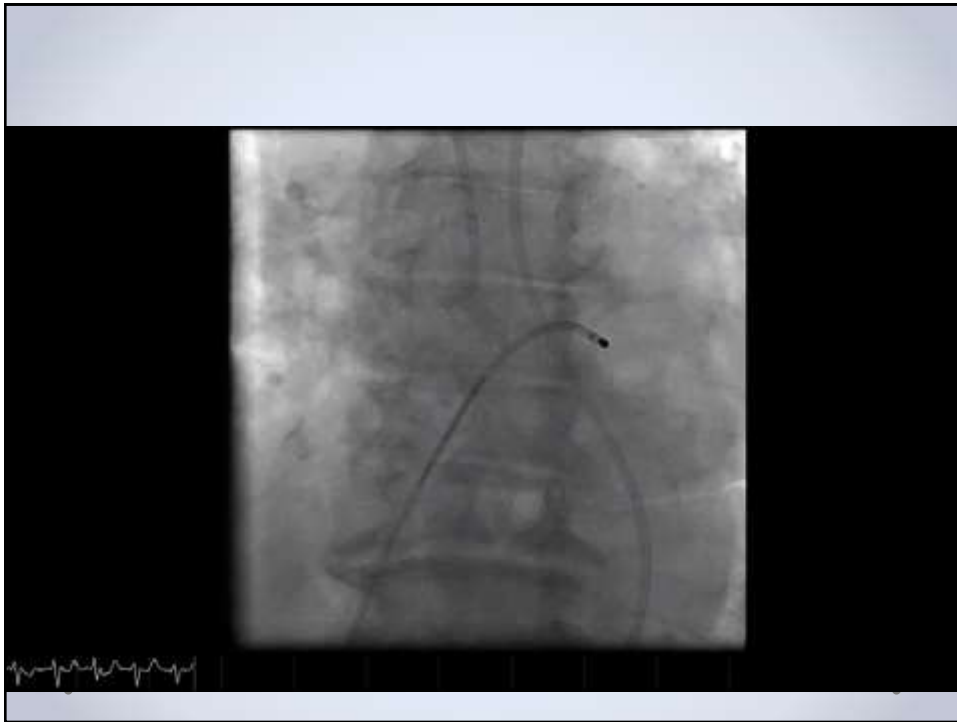
Non-IRA strategy		
Routine revascularization of non-IRA lesions should be considered in STEMI patients with multivessel disease before hospital discharge.	IIa	A
Non-IRA PCI during the index procedure should be considered in patients with cardiogenic shock.	IIa	C
CABG should be considered in patients with ongoing ischaemia and large areas of jeopardized myocardium if PCI of the IRA cannot be performed.	IIa	C

Case

- Mr. MA is a 48 year old gentleman.
- Smoker.
- Hypertensive.
- Presenting to the ER with retrosternal chest pain of 4 hours duration.
- ECG shows inferior STEMI with reciprocal ST depression in anterior leads







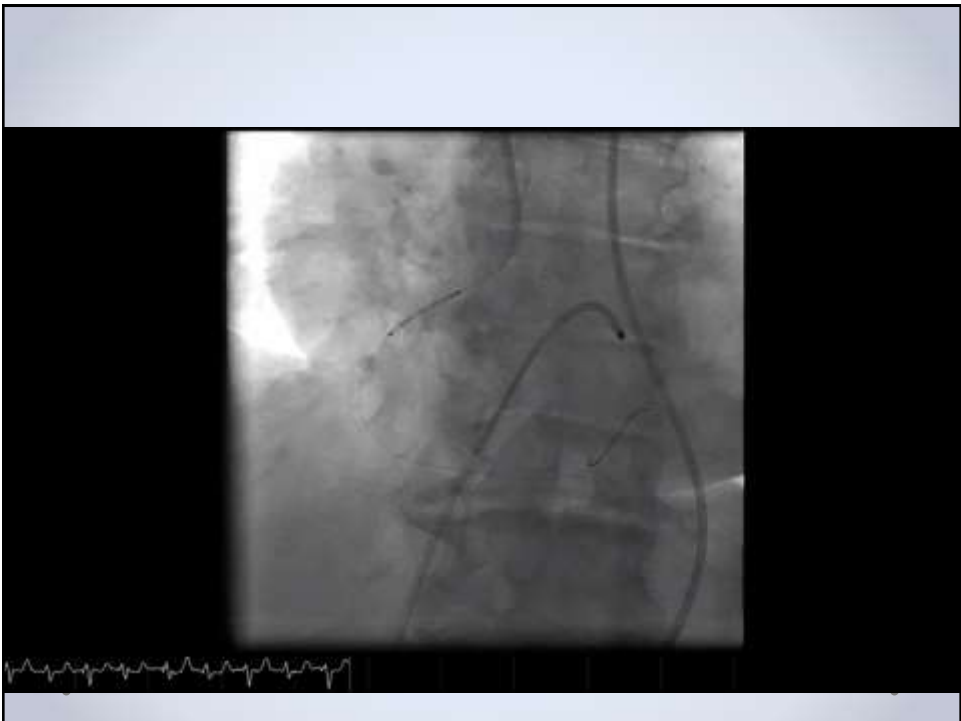
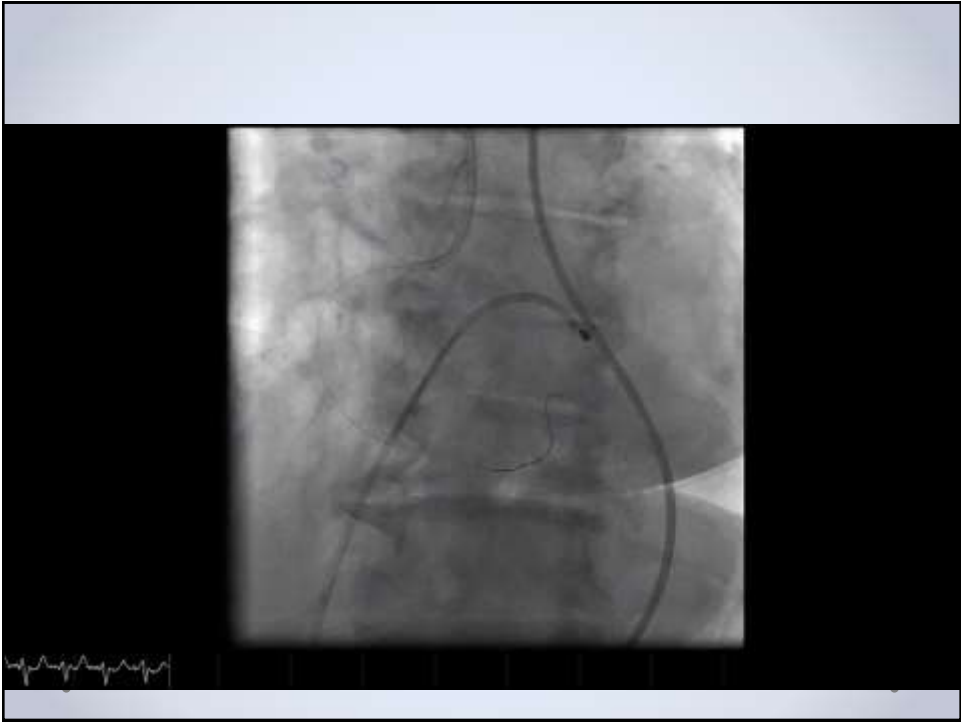
PLAN ?



Revascularization strategy

- Plan ? – PCI
- CABG

SYNTAX Score I	
Lesion 1	
(segment 1): 0x2=	0
(segment 5): 6x2=	12
(segment 6): 3.5x2=	7
(segment 11): 2.5x2=	5
(segment 12): 1x2=	2
Trifurcation 4 diseased segment(s) involved	6
Sub total lesion 1	32
TOTAL:	32





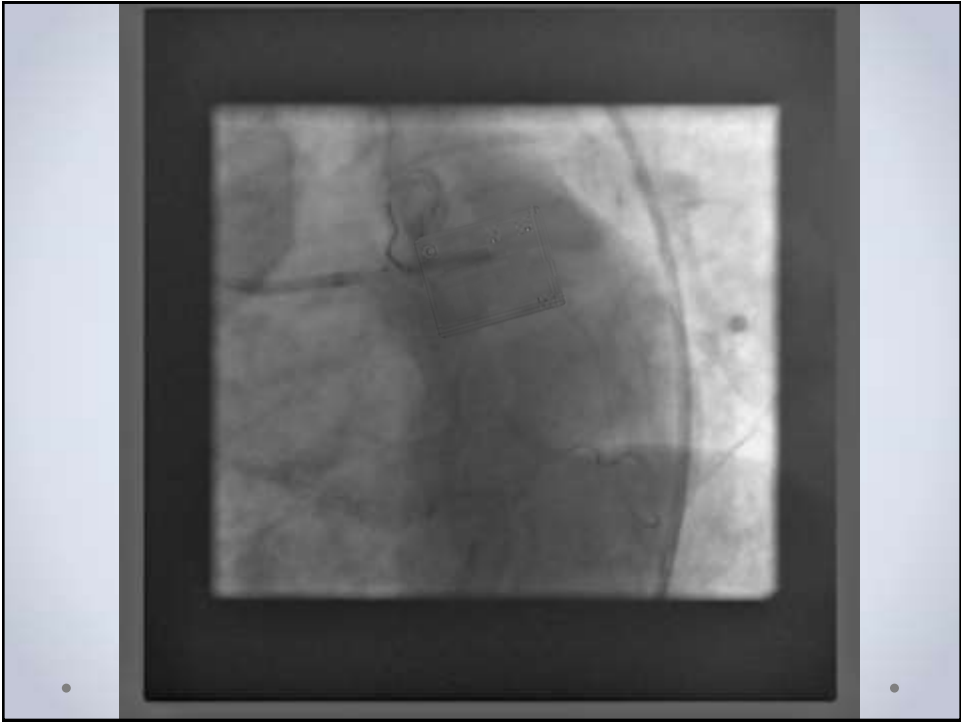
48 hours later

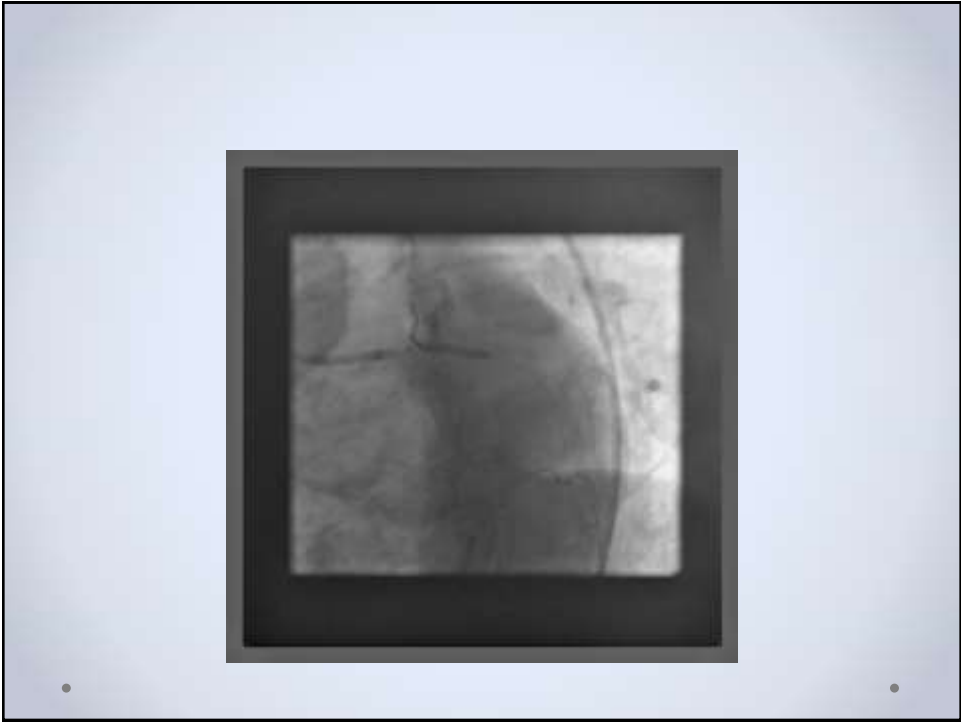


















Culprit only?

Looks nice



Culprit only?

Looks nice

But something is missing



Culprit only?

Looks nice

**COMPLETE IS
PERFECTION**

Thank you

But something is missing