

ACS in Action

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Primary PCI in STEMI

	COR	LOE	References
Ischemic symptoms <12 h	I	A	82, 208, 209
Ischemic symptoms <12 h and contraindications to fibrinolytic therapy irrespective of time delay from FMC	I	B	210, 211
Cardiogenic shock or acute severe HF irrespective of time delay from MI onset	I	B	212–215
Evidence of ongoing ischemia 12 to 24 h after symptom onset	IIa	B	94, 95
PCI of a noninfarct artery at the time of primary PCI in patients without hemodynamic compromise	III: Harm	B	216–218

COR indicates Class of Recommendation; FMC, first medical contact; HF, heart failure; LOE, Level of Evidence; MI, myocardial infarction; PCI, percutaneous coronary intervention; and STEMI, ST-elevation myocardial infarction.

- Higher efficacy of reperfusion
- Less bleeding (esp major one, lethal ICH)
- RCT showed reductions in mortality, re-infarction, and stroke

A primary PCI strategy is recommended over fibrinolysis within indicated timeframes.^{114,116,139,140}

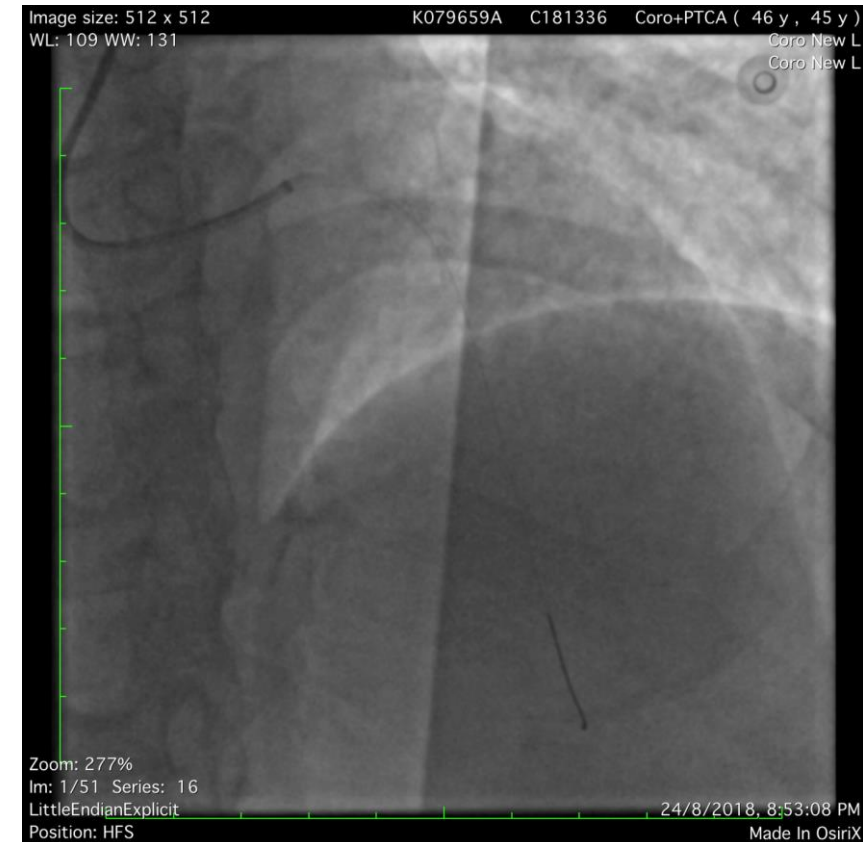
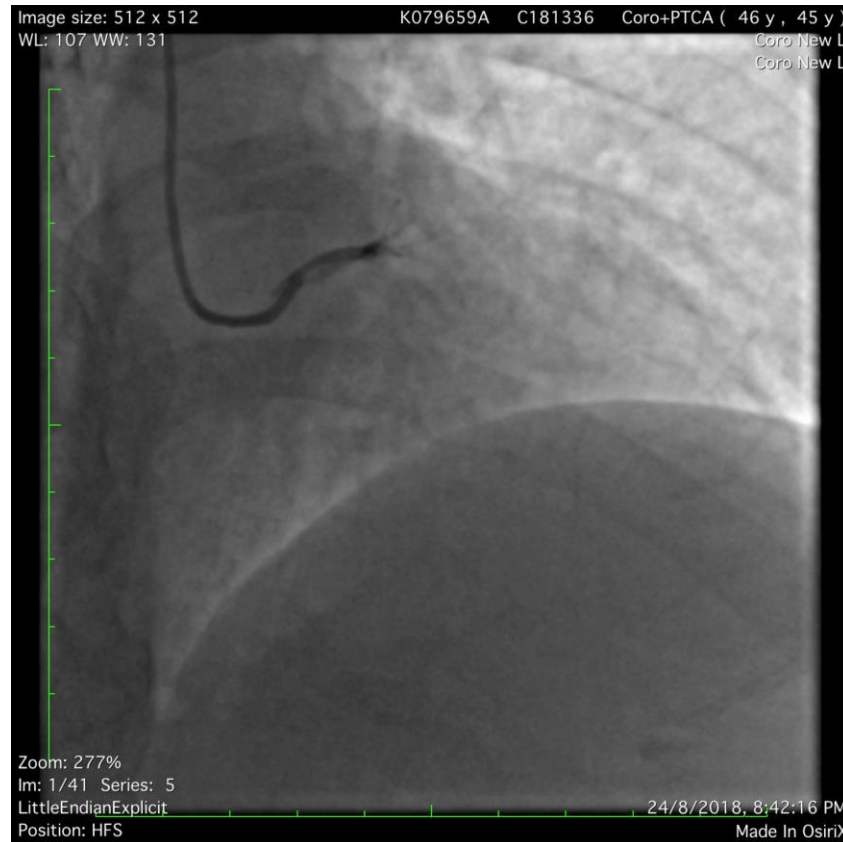
I

A

Case Sharing 個案分享

Case 1, 46 yo Male

- Good past health
- Presented for chest pain in MTR 6:30pm
- ECG in AED: anterior STEMI
- Primary PCI activated



Door to balloon time: 54min, discharged in 5 days

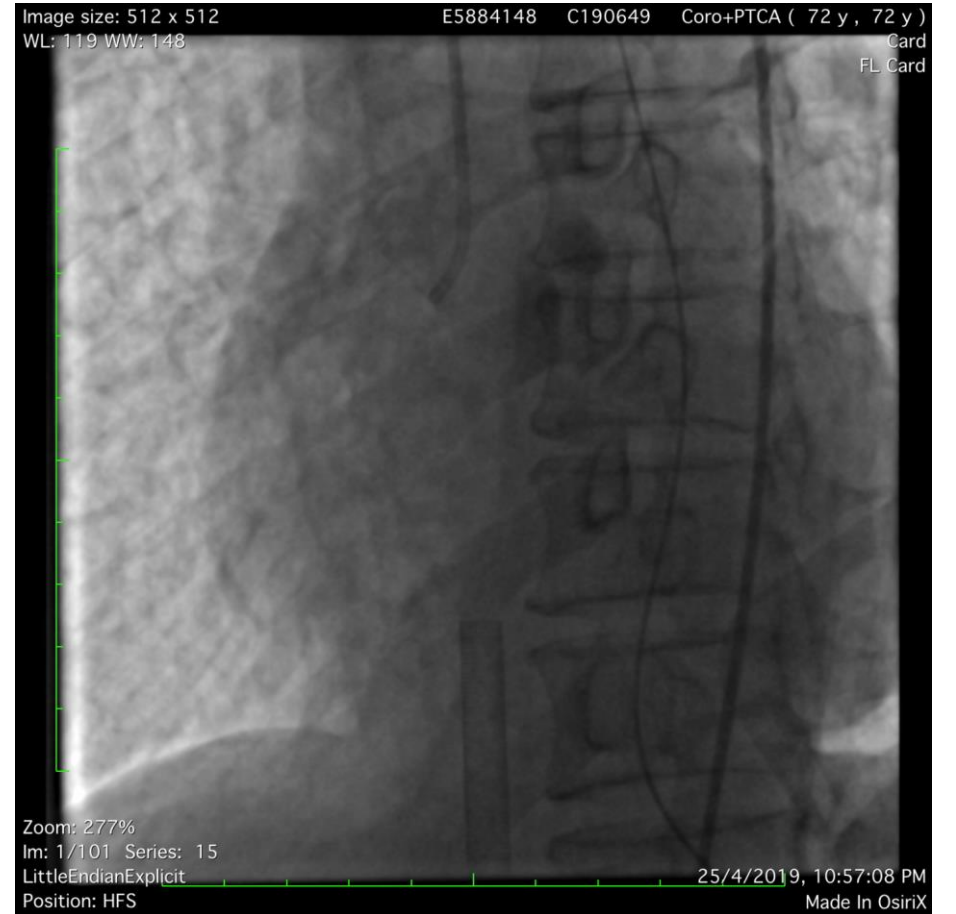
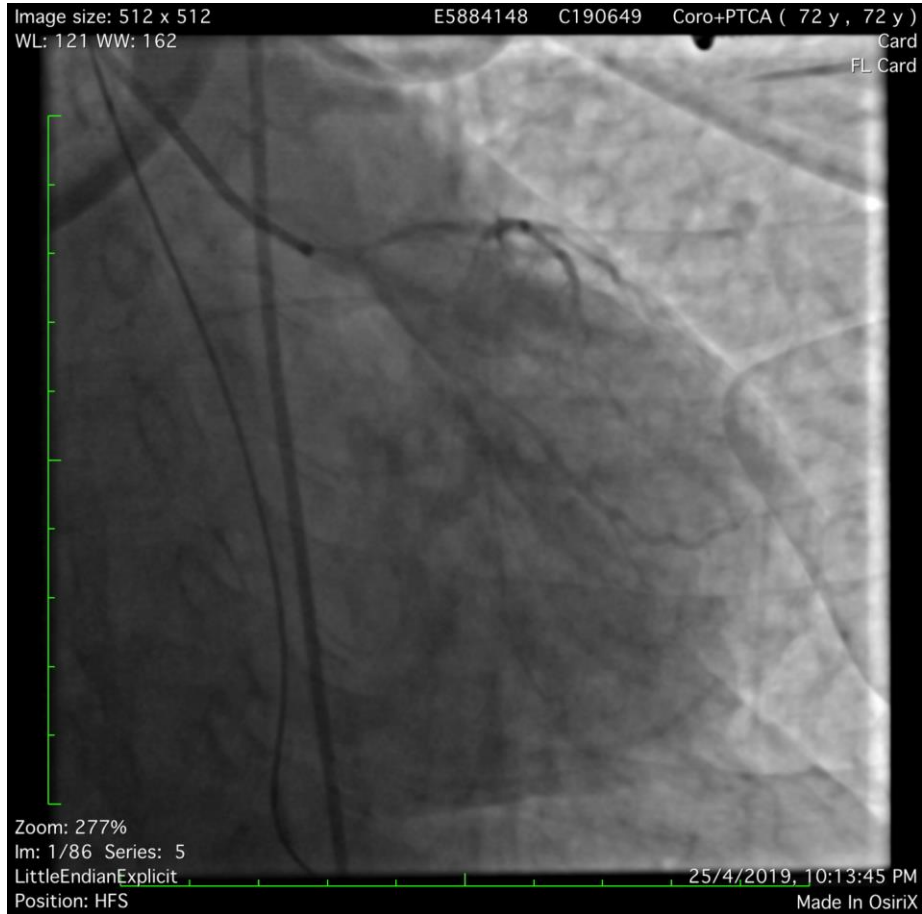
Success -> Team effort



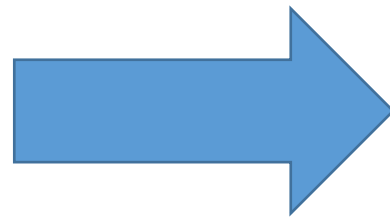
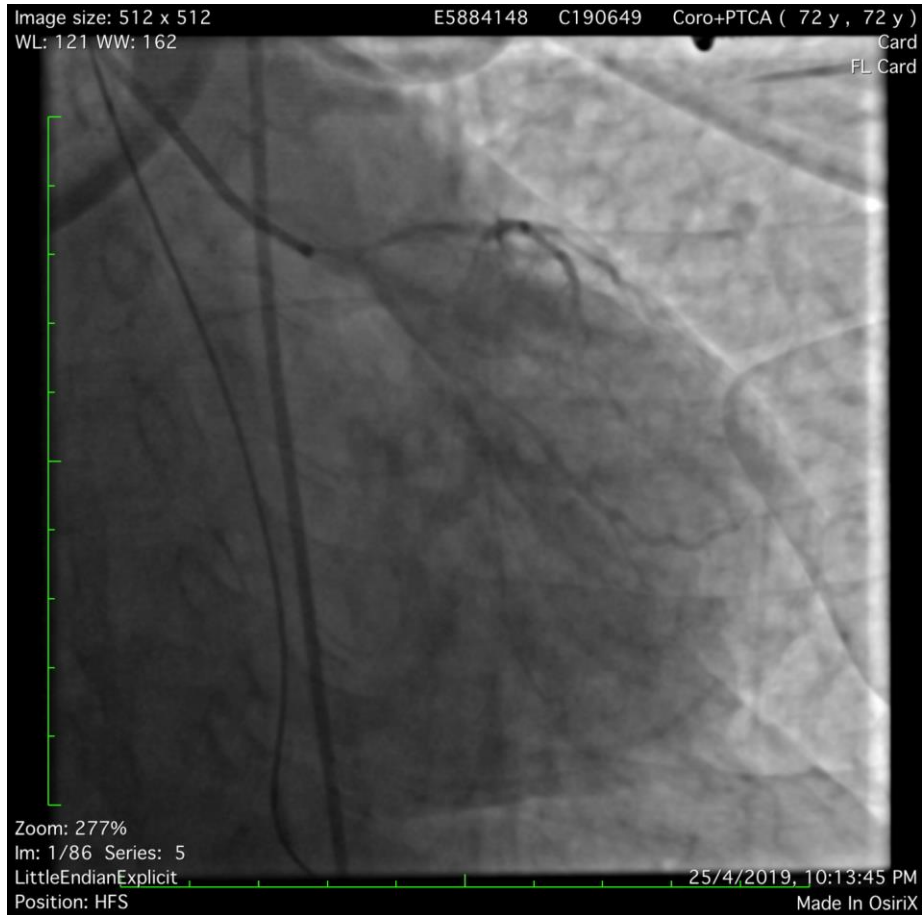
Case 2, 72 yo Male

- Good past health
- Smoker
- Admitted for NSTEMI
- Started on LMWH, DAPT
- Repeated ECG in ward: STE in inferior leads
- Witnessed cardiac arrest, CPR for 5 mins
- Primary PCI activated

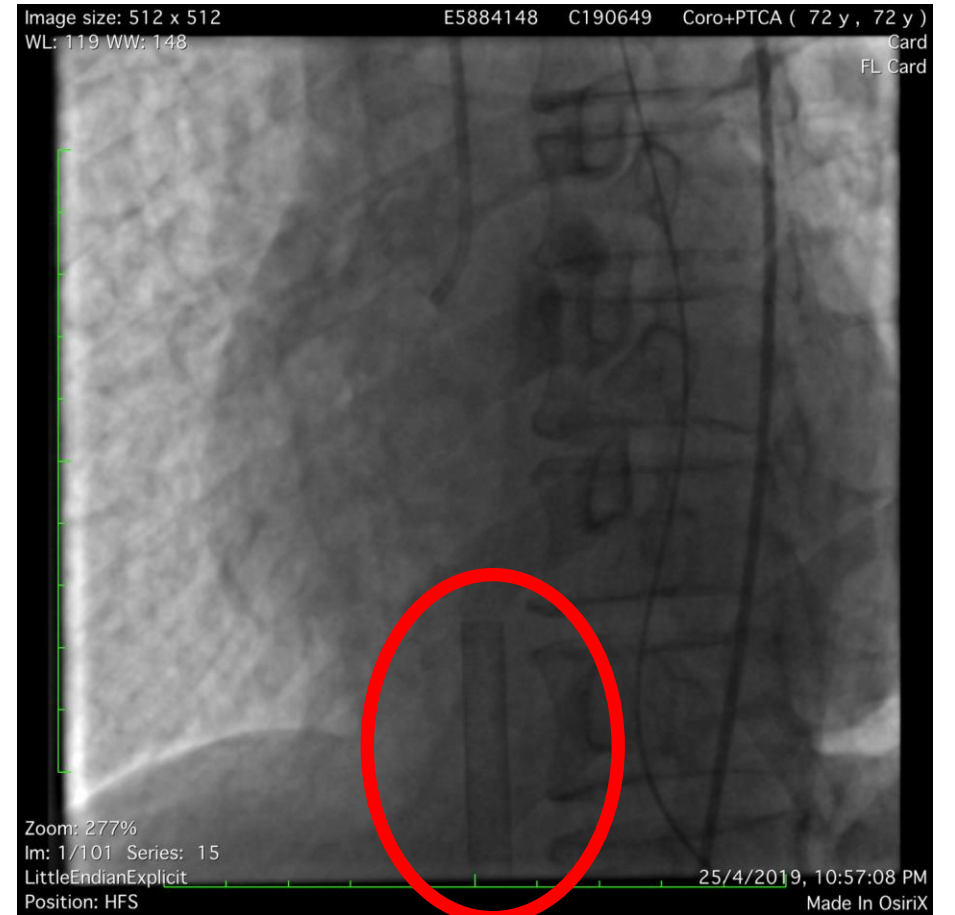
Case 2, cardiac arrest on table



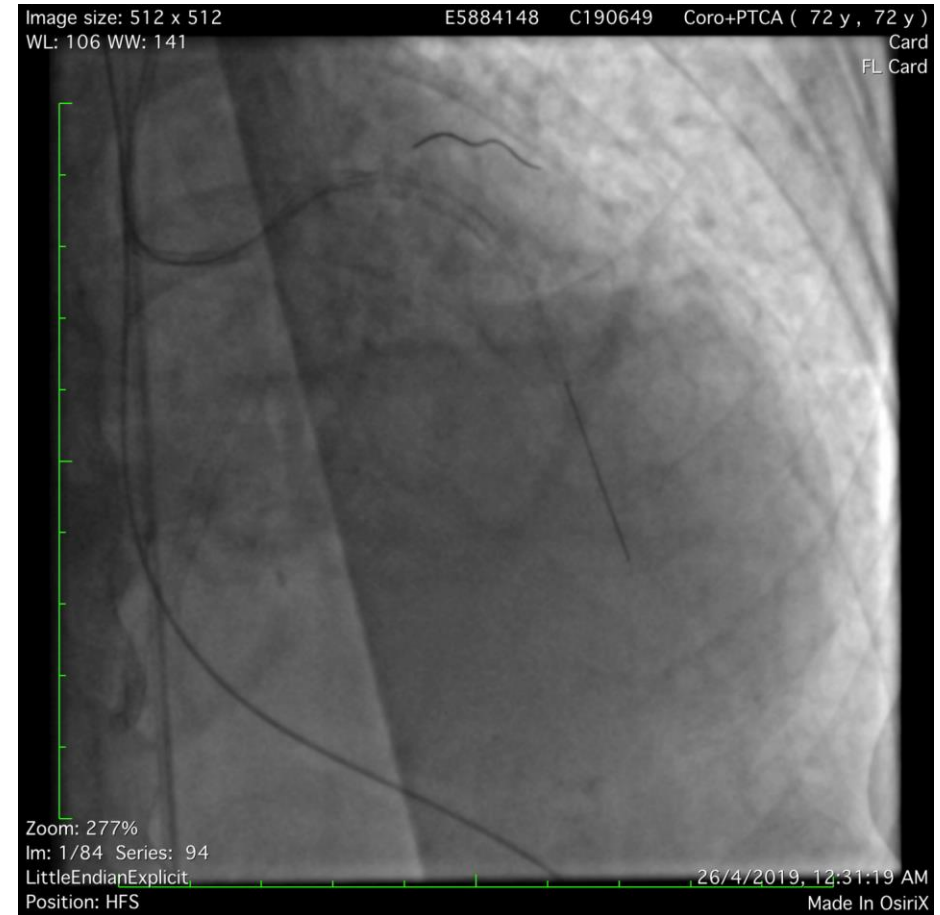
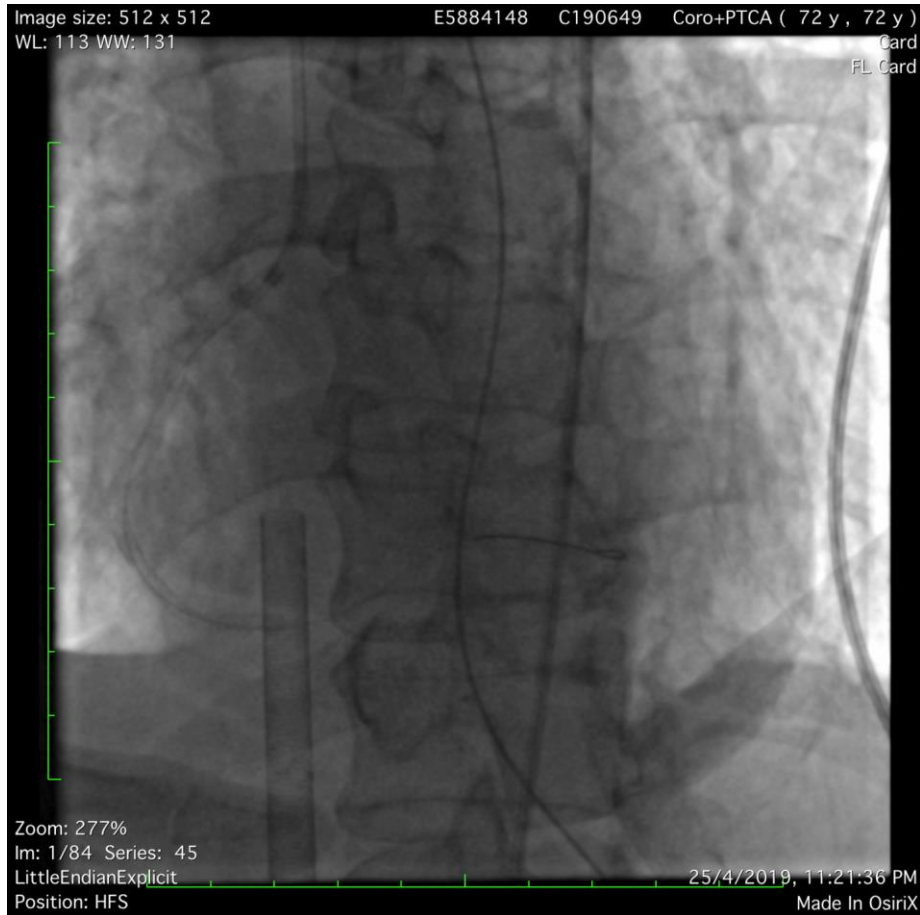
Case 2, E-CPR



ECMO

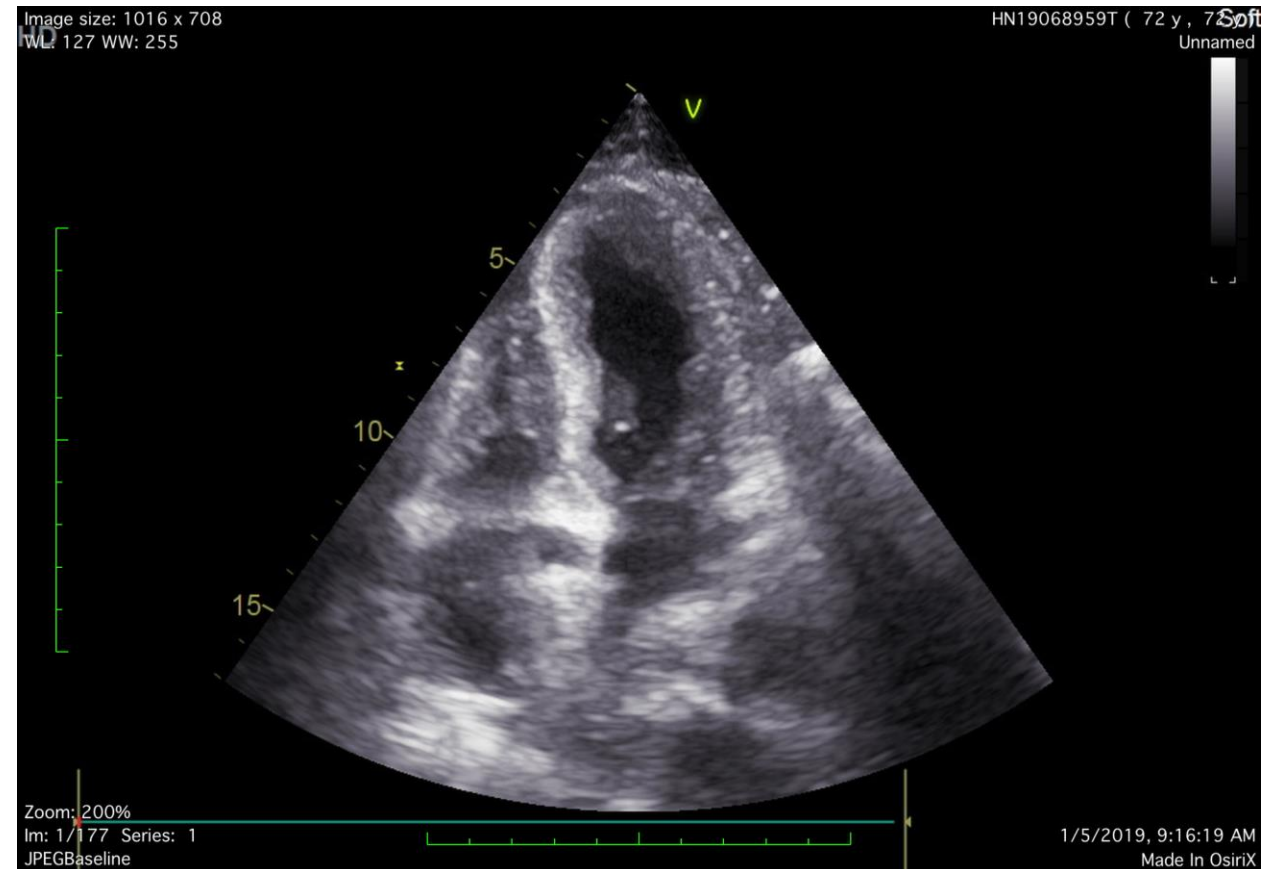


PCI to LMN-LAD, LCx, RCA done



In one week ICU stay

- Initially VA ECMO, inotropes, IABP for LV venting
- Initially LV EF 20%
- Weaned off ECMO in one week
- Patient discharged home after course of rehabilitation

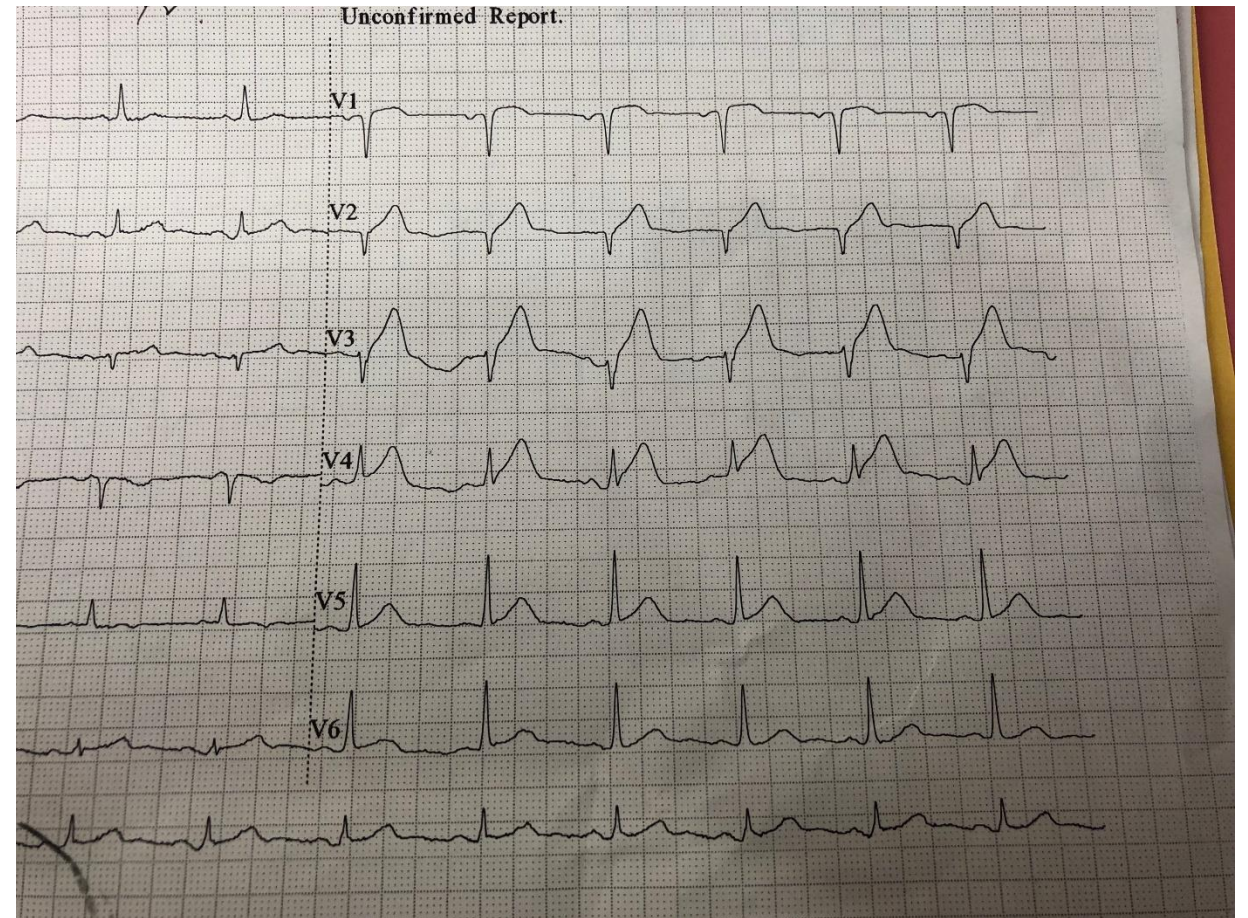


Success -> More team effort

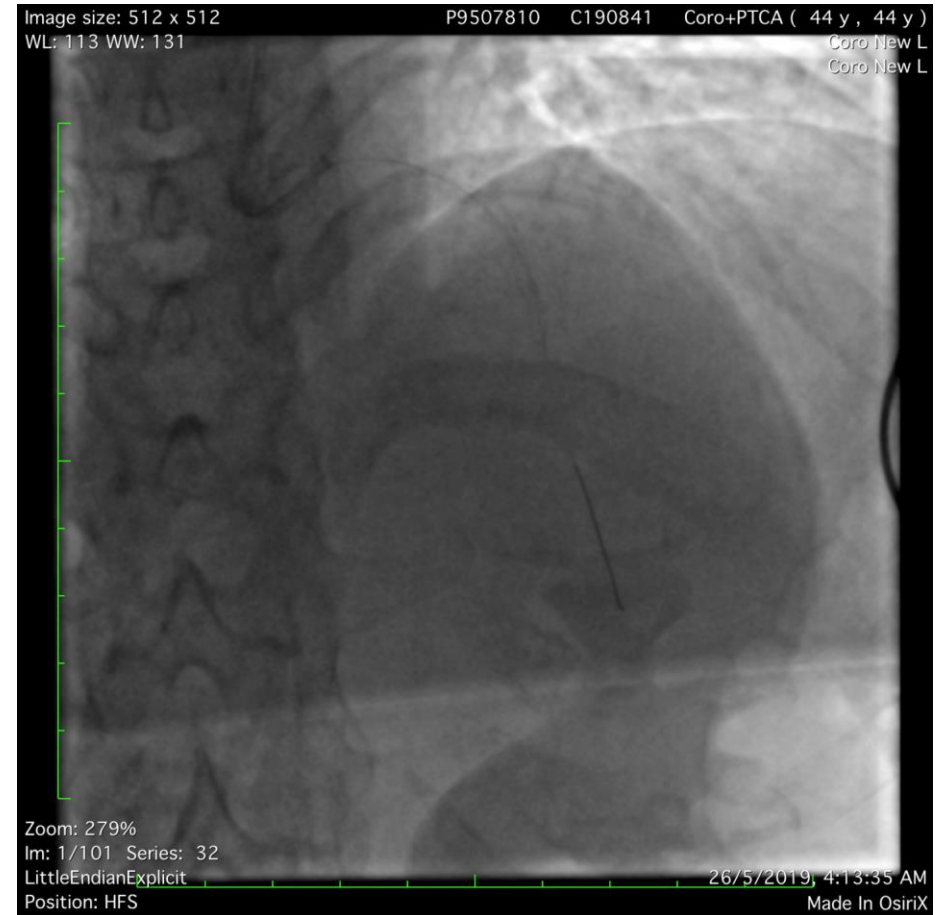
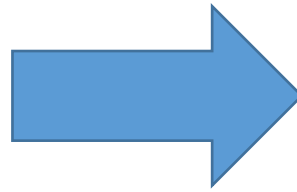
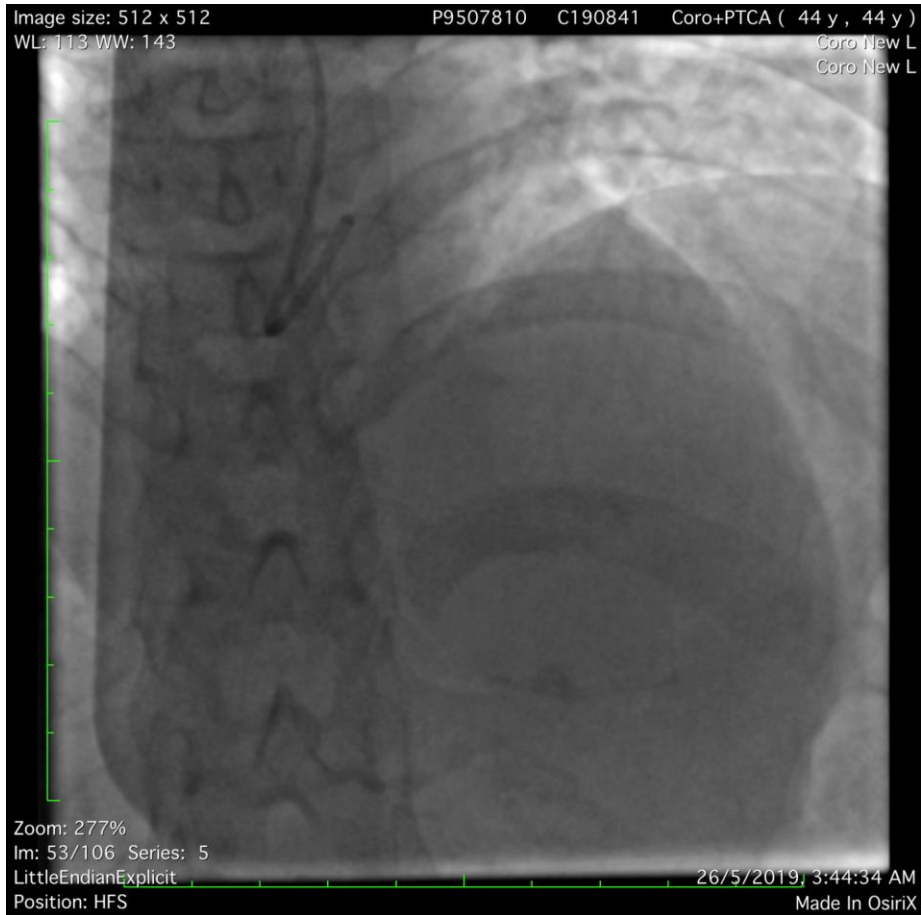


Case 3, 44 yo Male

- Good past health
- Work as cleaner
- Presented for chest pain on and off for 4 days
- Seen by herbal doctor
- Attended AED for increasing chest pain and shortness of breath

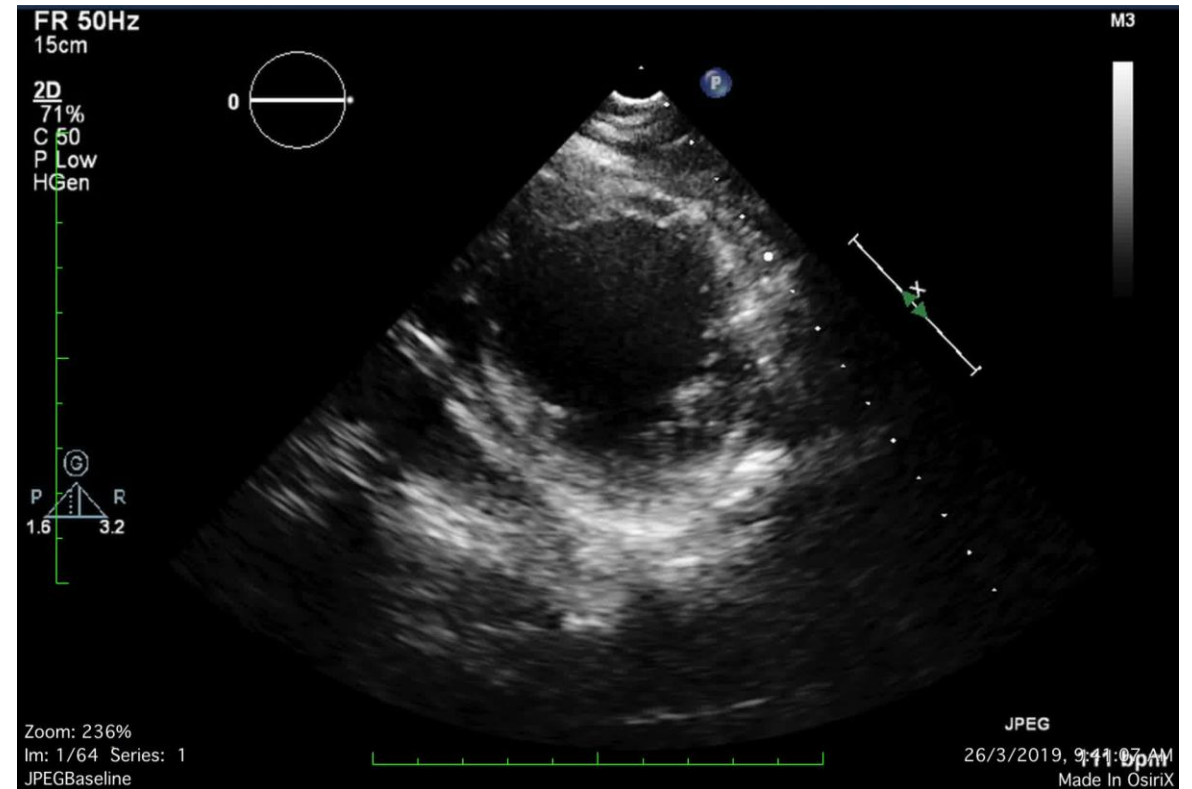


PCI to LAD done



Despite all the “team work”

- Recurrent admission for heart failure
- NYHA class III-IV
- Cannot resume her job
- ICD for primary prevention

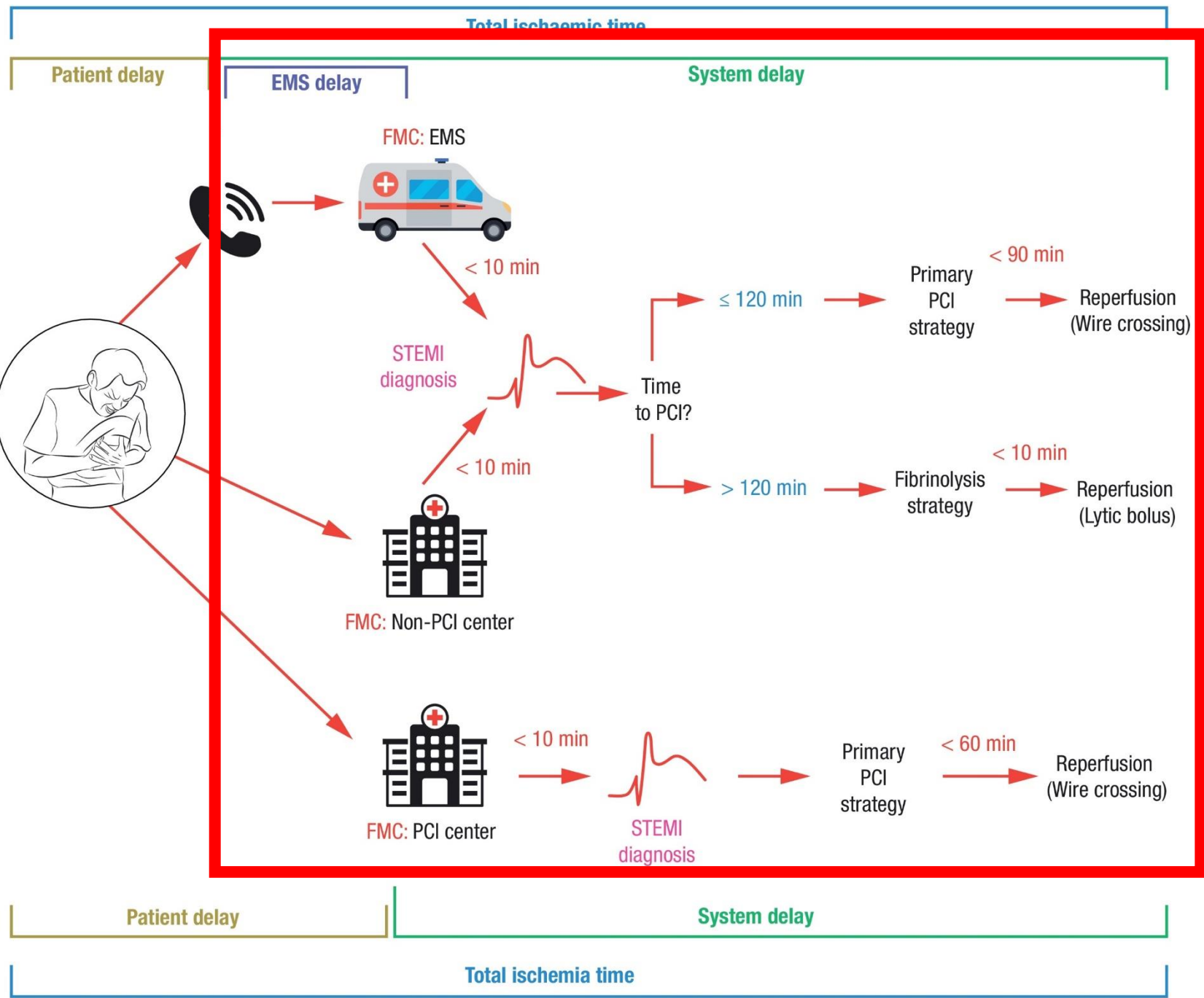


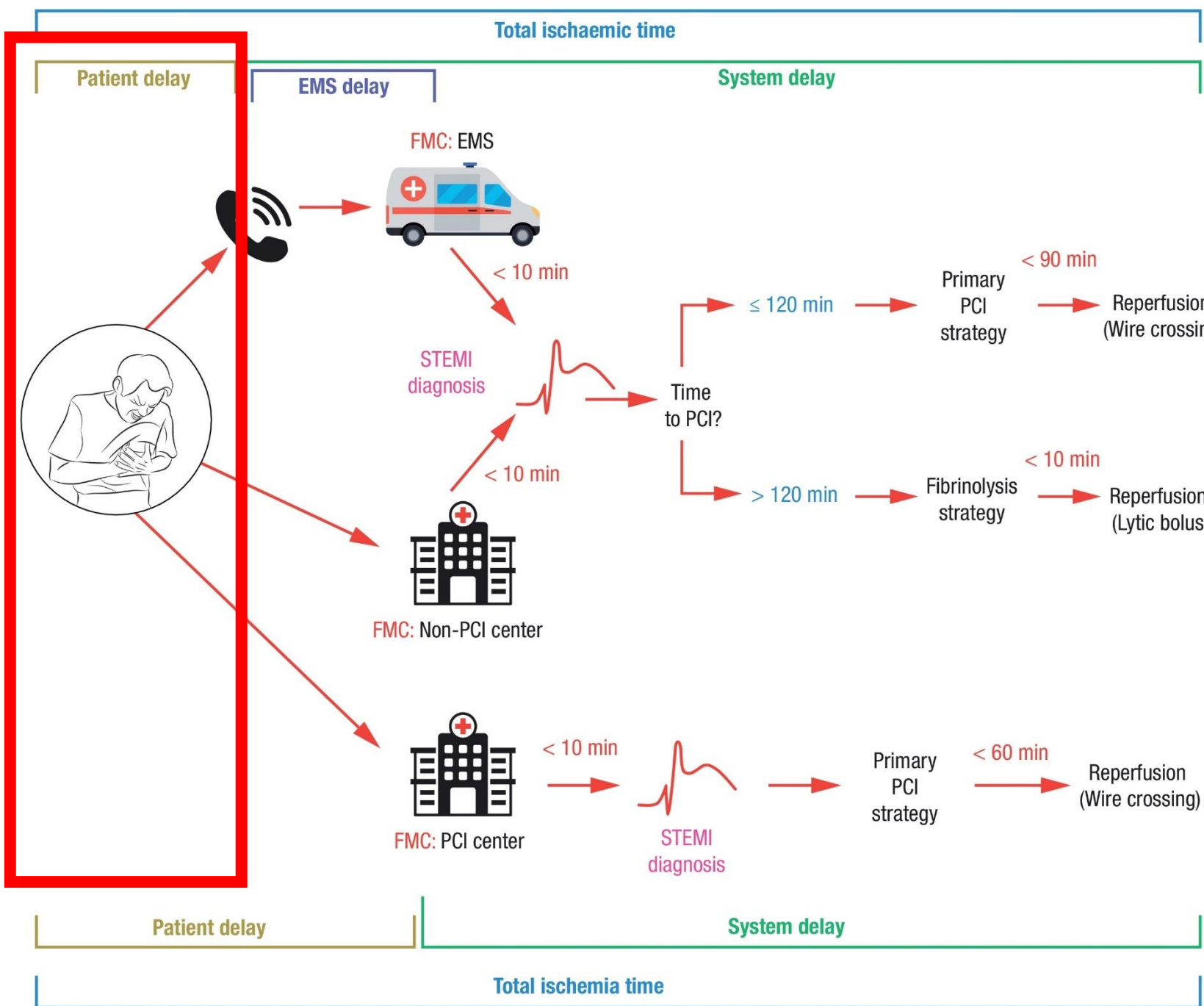
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Decrease patient's delay

- Prove good outcome of timely primary PCI
- Improve patient's awareness
 - Media
 - Professional campaign
 - Primary care level



THANK YOU

**IT WAS A GOOD
START. BUT IT WAS
JUST A START.**

John Nicks