Case Presentation:
TCTAP 2013

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Introduction:

- 51 years old female patient, menopause x 2 years and BMI= 24 kg/m_2
- Has had intermittent typical angina x 2/52
- Presented to private hospital in Kuching 18/03/13 with resting CP > 30 minutes
- Risk factors: systemic hypertension and dyslipidaemic only

Medications:

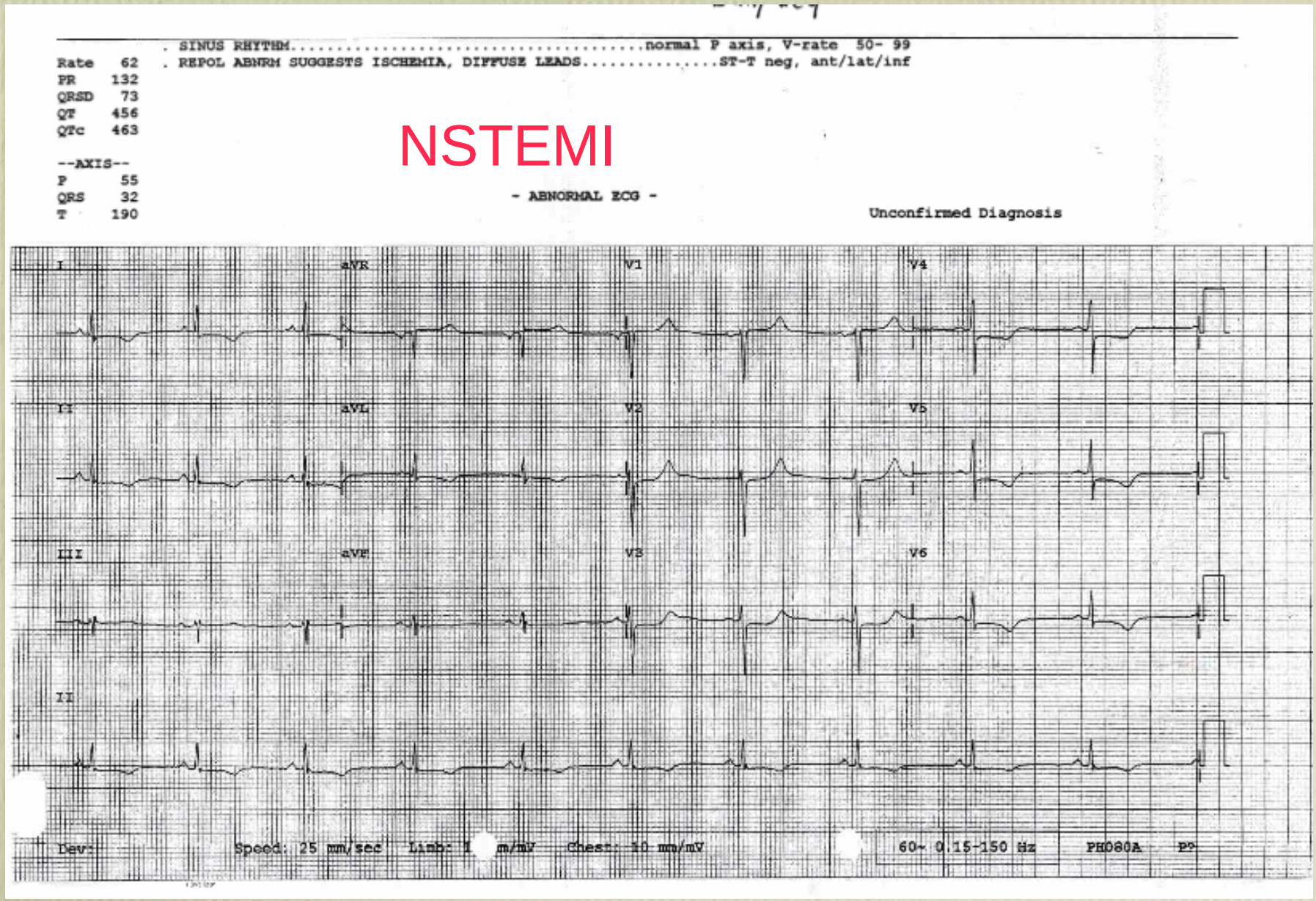
- Perindopril 4 mg od
- Lovastatin 20 mg (poor compliant)
- Thyroxine 1000 mcg od

- Transferred to PJHUS on the same day due to financial constraint

Bloods:

- Troponin I = 1.71
- U/e and FBC normal
- Platelet normal

ECG


. SINUS RHYTHM.....normal P axis, V-rate 50- 99
. REPOL ABNRM SUGGESTS ISCHEMIA, DIFFUSE LEADS.....ST-T neg, ant/lat/inf
Rate 62
PR 132
QRSD 73
QT 456
QTc 463
--AXIS--
P 55
QRS 32
T 190
NSTEMI
- ABNORMAL ECG -
Unconfirmed Diagnosis
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
Dev:
Speed: 25 mm/sec
Limb: 1 mm/mV
Chest: 10 mm/mV
60~ 0.15-150 Hz
PH080A

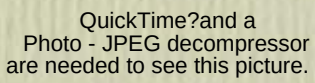
Haemodynamic:

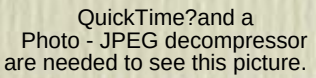
- Stable

Echocardiography

- eEF 45-50%
- Anteroinferior wall motion abnormalities

Coronary Angiogram: 19-03-2013





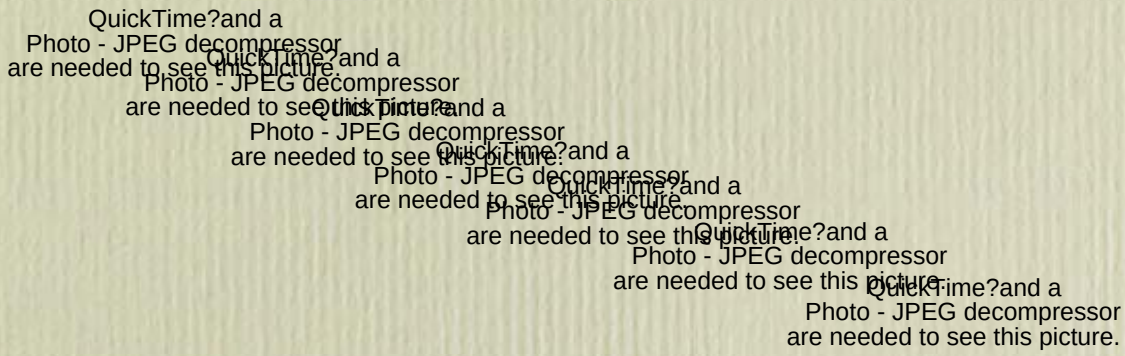
Intended strategy:
PCI to LAD and LCx

- Strategy:
  - Right Radial Artery access
  - Guide: 6Fr EBU 3.5 GC
  - Wire: Intuition 0.014’ GW
  - Multiple balloon dilatation required
  - DES +/- POBA

POBA - LAD

1.5 x 15mm balloon

GTN 150mcg



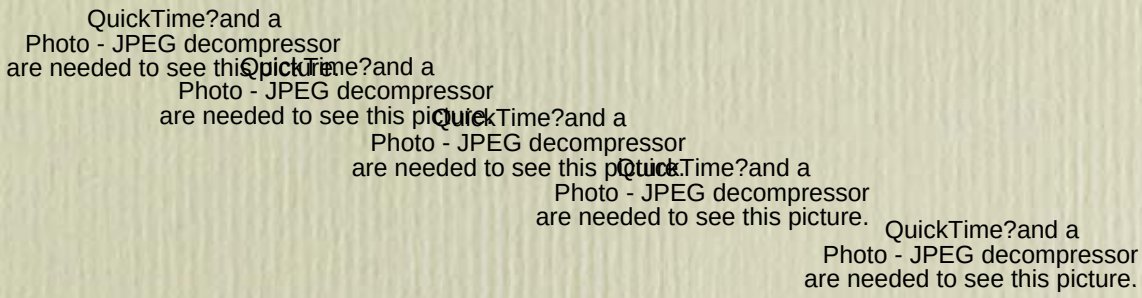
Questions:

- TIMI 3 flow establised, Enough?
- IVUS assessment?
- DES or DEB only?

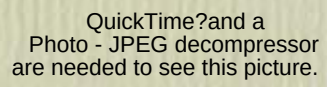
Stents: DES

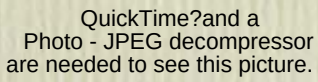
2.25 x 28mm

2.5 x 24mm



PCI- LCx


QuickTime?and a
Photo - JPEG decompressor
are needed to see this picture.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Treatment Post-PCI

- Standard ACS treatment on discharge.