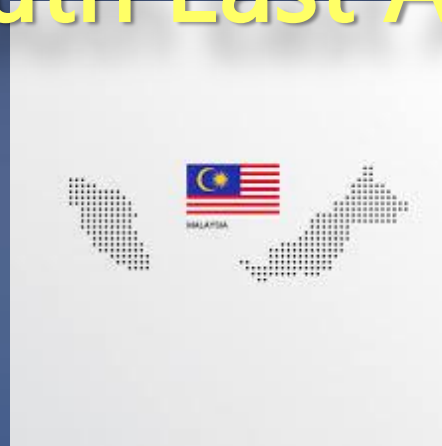
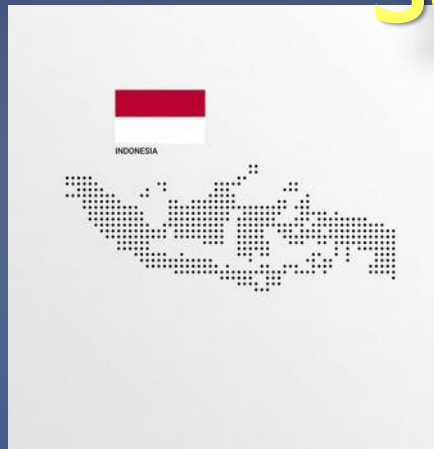


Interesting & challenging cases from

South East Asia



Thanawat Suesat MD
Khon Kaen Hospital
Thailand

82 Year Thai Female

CC : Chest Pain 2 day PTA

U/D : DM , HT , COPD , CKD , old CVA

V/S(@ED) : BP 80/50 mmHg , HR 100/min
RR 20 /min

P/E : : Good consciousness
mild dyspnea
No heart murmur
Lung clear
No edema

82 Year Thai Female

medication Hx :

ASA(V) 1 x 1

Amlodipine (10) 1x1

metoprolol(100) 1x 1

Hydralazine (25) 1x4

Simvastation (20) 1x1

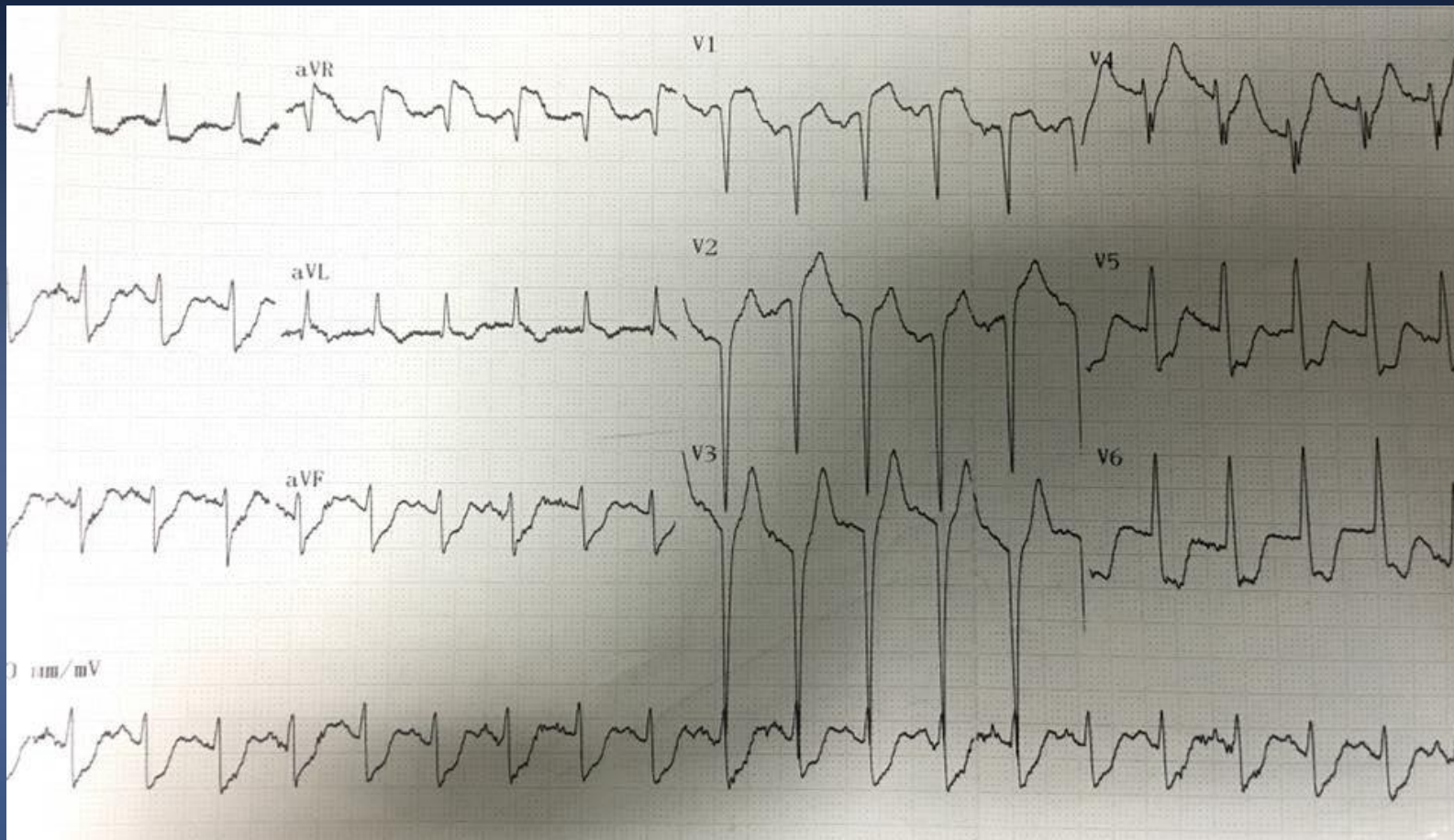
Beradual MDI

Mixtard (70/30) 20-0-10 U

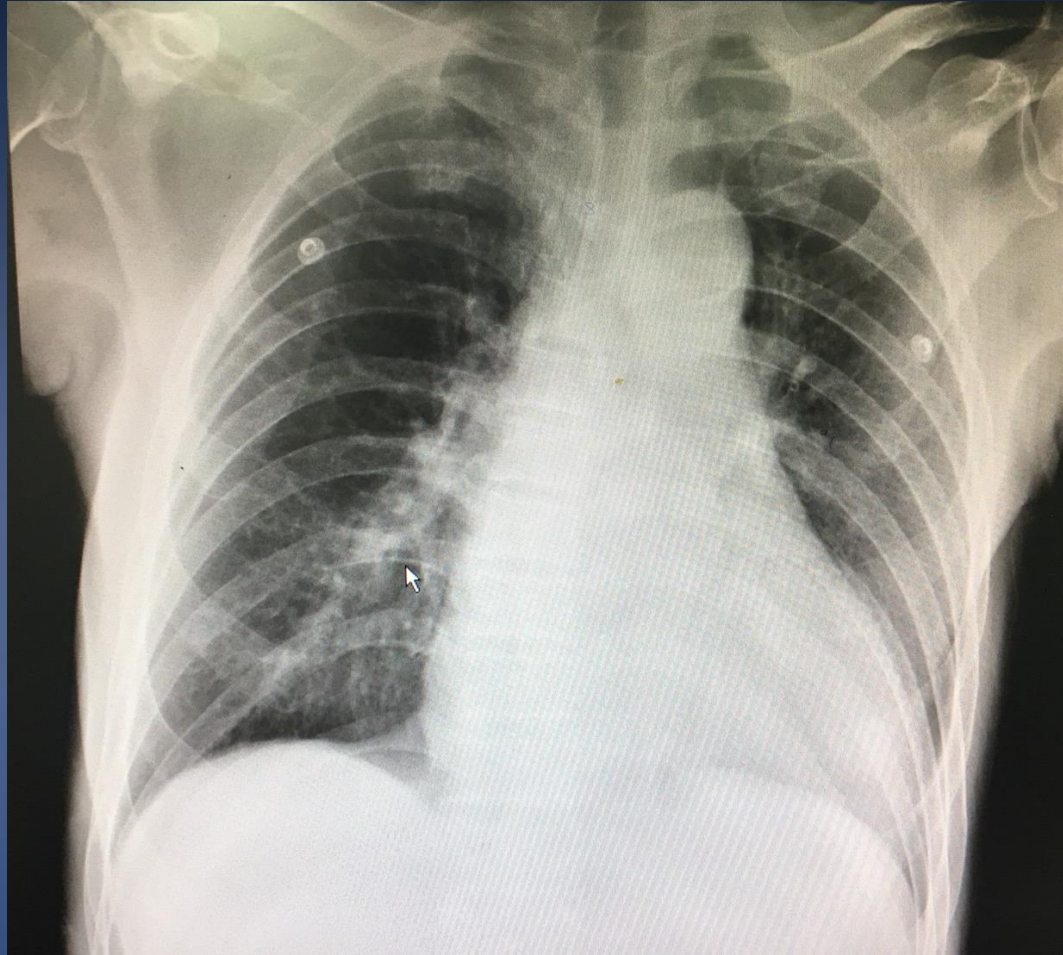


ศูนย์หัวใจ
โรงพยาบาลจุฬาลงกรณ์
Cardiaccenter KKU

ECG



CXR



82 Years old Thai Female

DX . NSTEMI high risk Grace risk score 182

Rx with ASA , Plavix , Enoxaparin SC , Dopamine IV

Lab :

CBC : WBC 11,000 PMN 70 % , Hct 29 % , plt 120,000

BUN 60 , Serum Cr 3.2 , K 4.5

Trop T 556 ng/ml

Echo : mild LV dilatation

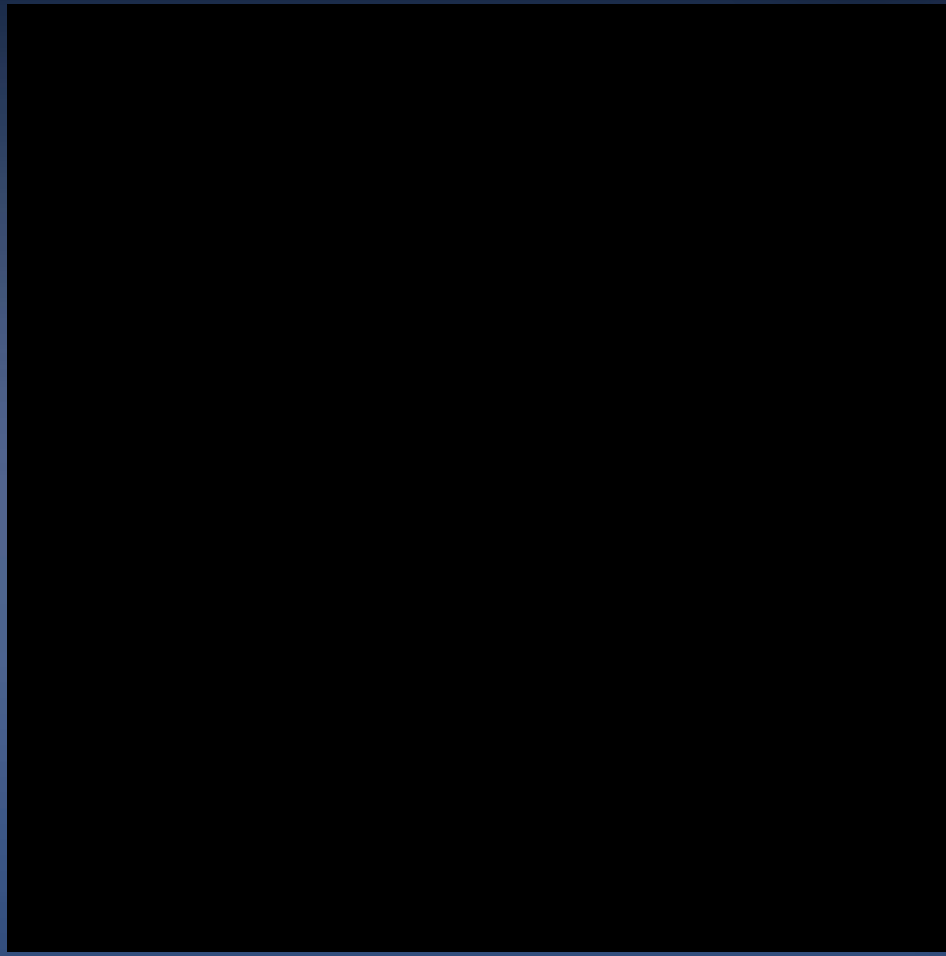
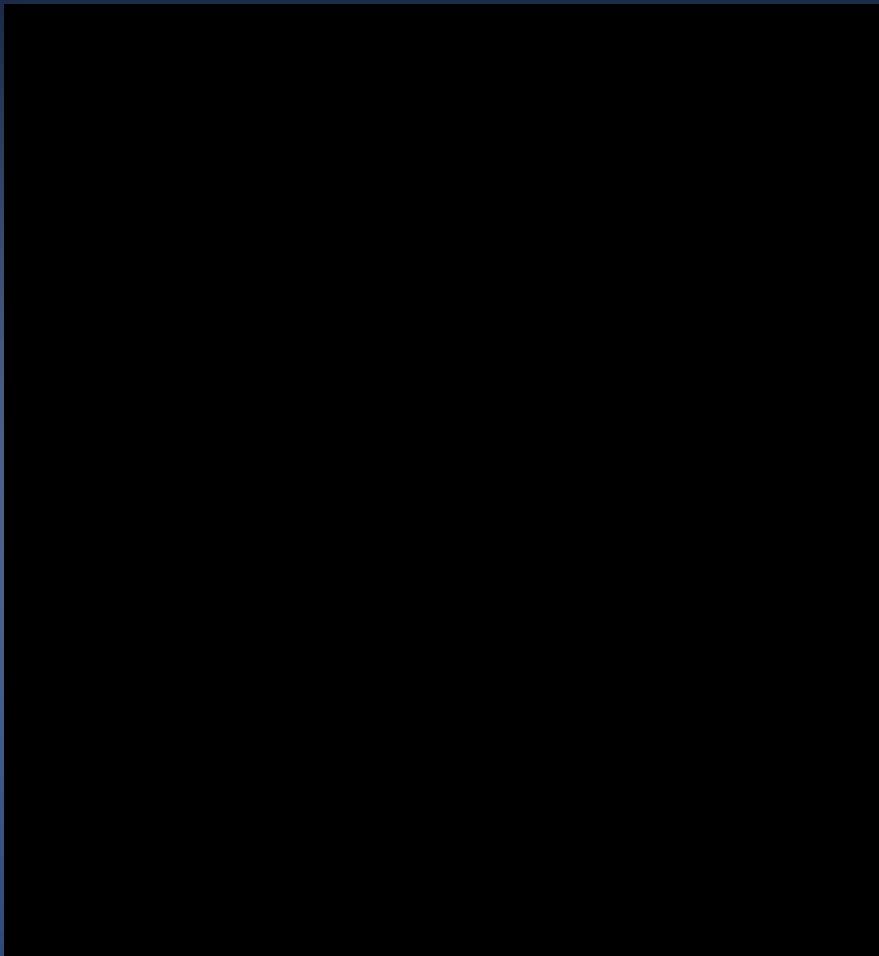
hypokinesia anterior - lateral wall

EF = 35 %

Mild MR , No VSD , No pericardial effusion

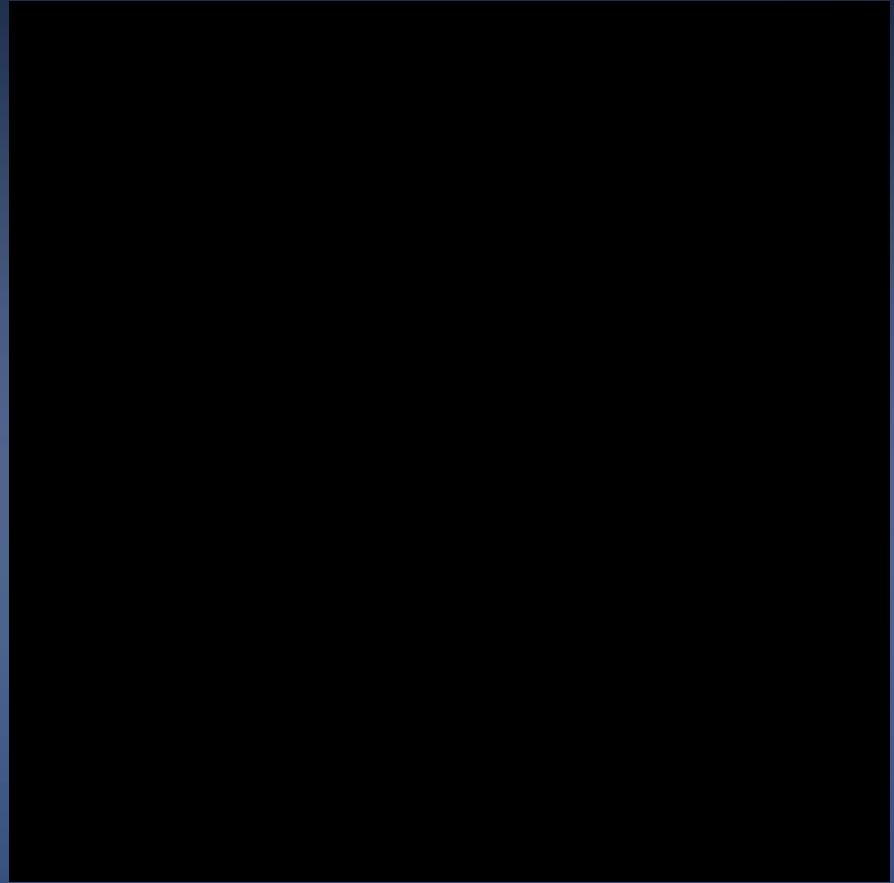


DX . NSTEMI high risk Grace risk score 182

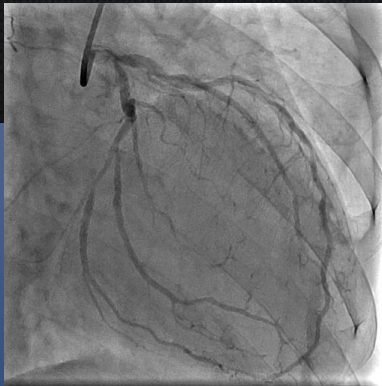
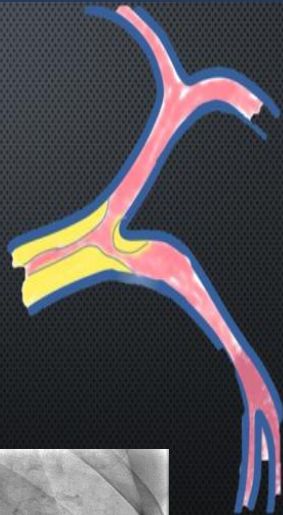




DX . NSTEMI



82 yo female DX .NSTEMI high risk with shock



- LM : 98 % stenosis from ostial to bifurcation (Medina 1,0,1)
- LAD : 50 % mid LAD stenosis
- LCX : 60-70 % ostial LCX , 70 % mid LCX stenosis
- RCA : 50 -60% mid RCA stenosis

What should I do ?

1. Ad hoc PCI
2. Stage PCI
3. CABG
4. Medical Rx