31 GIORNATE CARDIOLOGICHE TORINESI

TURIN
October
24th-26th
2019

Severely reduced EF and multivessel CAD- Clinical case" the challenge
(part I)

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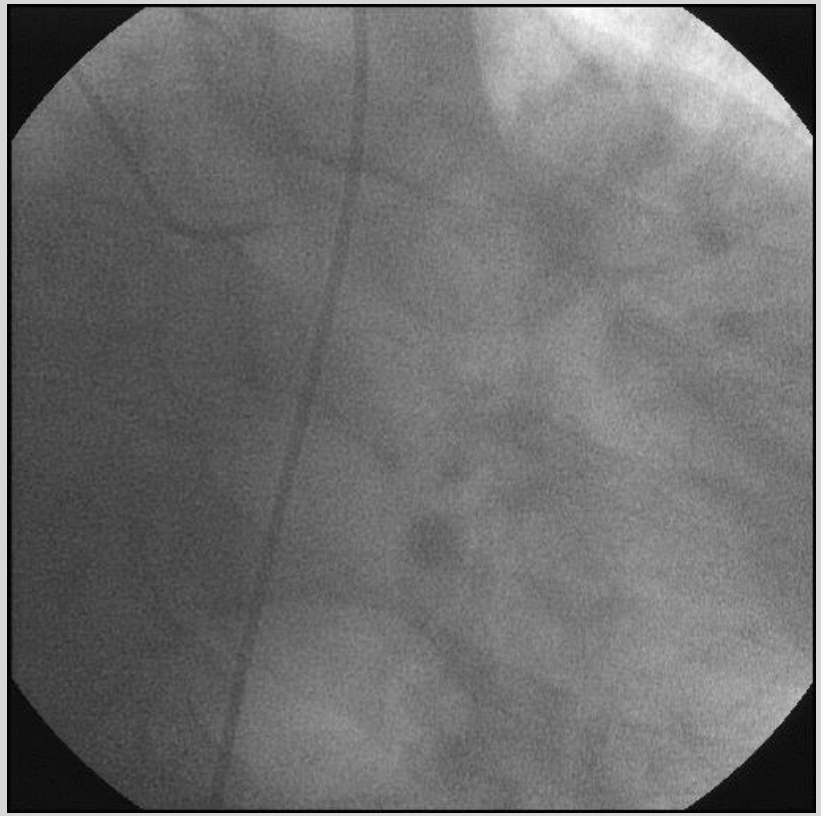
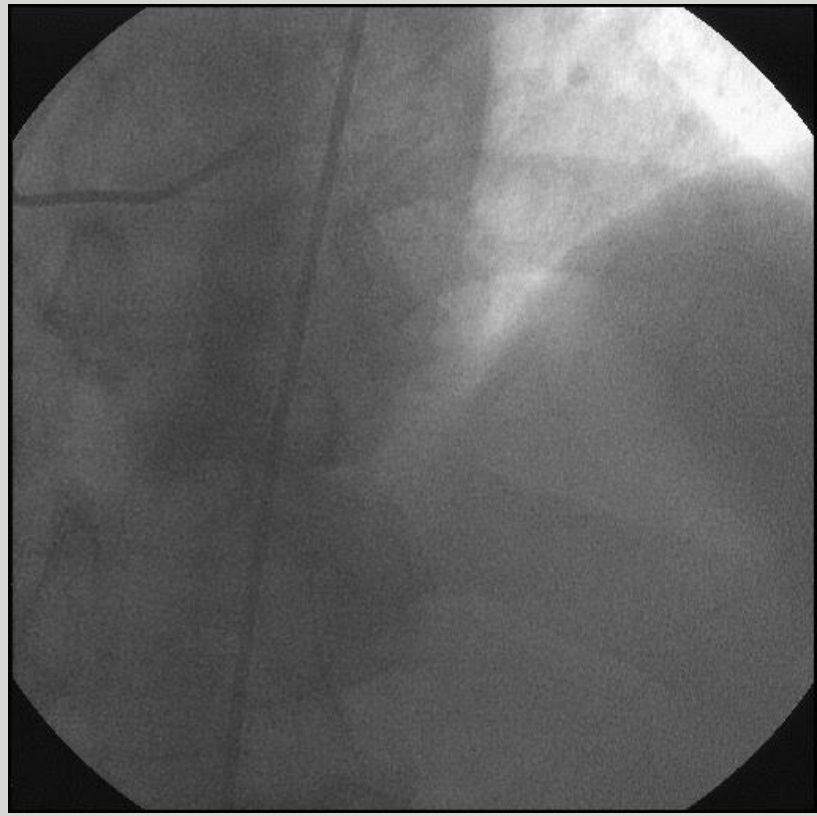
- 68 years-old male
- CVRF: BMI 28, hyperlipidemia, hypertension, smoker
- 2001 anterior STEMI presented to observation >24h from symptoms onset





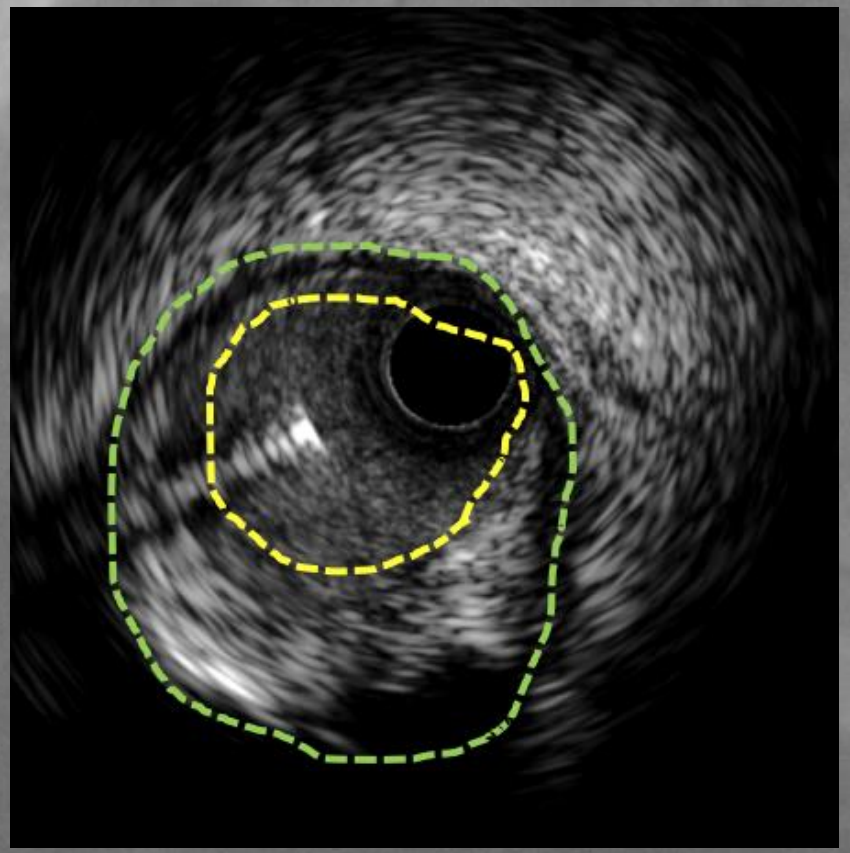
Due to the late arrival and the apical diskinesia the patients was treated with optimal medical therapy. At discharge EF 45%

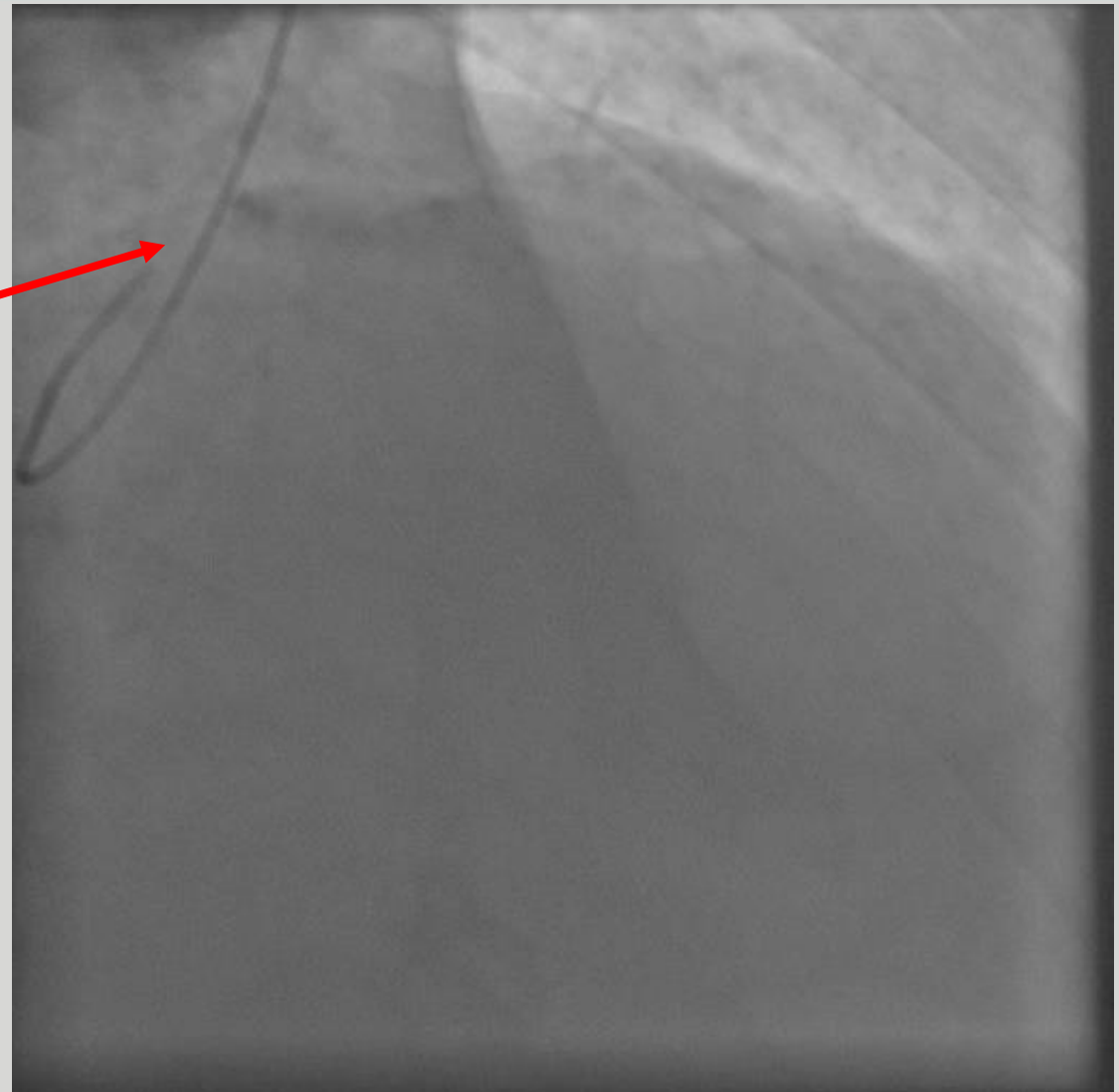
- 2001 myocardial scintigraphy resulted negative for residual anterior vitality
- 2005 Ergometric test: submassimal, borderline EKG changes,asymptomatic
- 2009 Stress Echo: submassimal, negative per symptoms and wall motion changes (EF 45%)

Aug 2019 the patient presented to ED for dyspnoea

- mild EKG change in lateral leads and Troponine increase.
- Echocardiography: Mild left ventricle dilatation, apical diskinesia, EF 35%, mild MR.

LM MLA 5.5 mm2





Cardiac RMN: transmural necrosis at the apex, anterior wall with not transmural (< 50%) late enhancement with ischemic pattern, EF 34% (no information about the lateral wall or septum)

What to do now?

1. Complex LM/LAD/Dg PCI or CABG?
2. LM PCI only?
3. Medical therapy?
4. Other?

Thank you for your attention