

الزمن : 3 ساعات

امتحان دكتوراة القلب والاعوية الدموية

Paper 4

COMMENTARY CASE

A 62years old man

Was transferred to a regional cardiac center for angiography 2 days after presentation with an NSTEMI he had been woken from sleep with typical chest pain that lasted 45 minutes. On the morning of admission .He was taken to the ED of his local district general hospital by ambulance

The ECG performance on the arrival at the ED showed deep anterior T wave inversion. The 12 hour cTnl was raised 15 ng/ml .Observations were BP128/75mmHg and HR 68 bpm . Clinical examination was unremarkable .the symptoms settled partially with sublingual nitrate. However, a nitrate infusion and intravenous opiates were required to relieve the pain completely. Dual antiplatelet therapy and subcutaneous LMWH injection were prescribed .He had been pain free for over 24 hours prior to transfer. He had no prior history of cardiovascular disease but had recently developed hypertension , for which was receiving treatment . Angiography demonstrated significant stenosis in the proximal LAD coronary artery and PCI with stent implantation was indicated , As LMWH had not been administrated on the morning of the procedure , a weight adjusted bolus dose of intravenous heparin and abciximab were administrated . The LAD stenosis was crossed with difficulty using a balance middle weight