

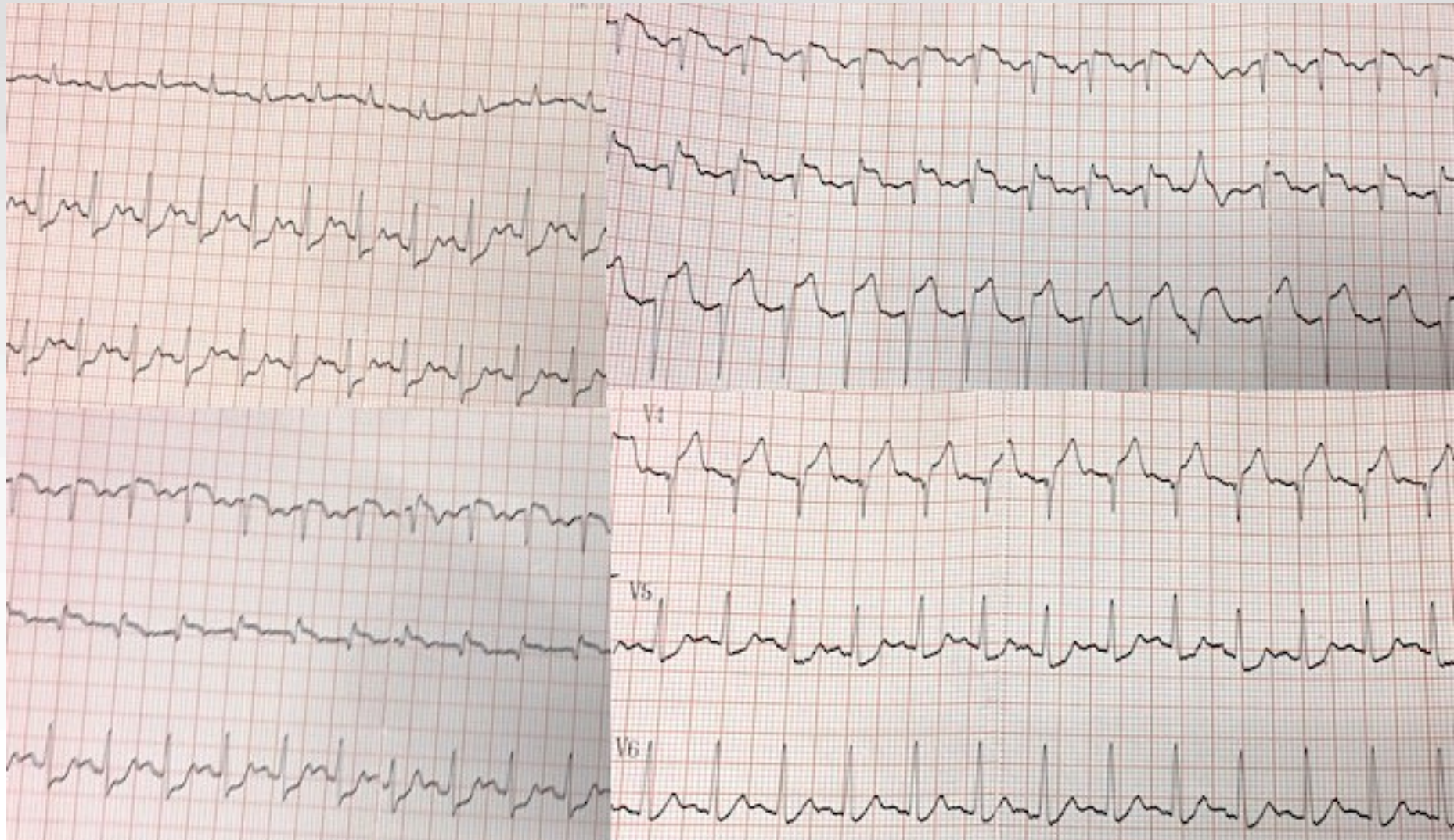
How would I treat? BIFURCATION CASE #5

Dr Manuel Pan

CLINICAL DATA

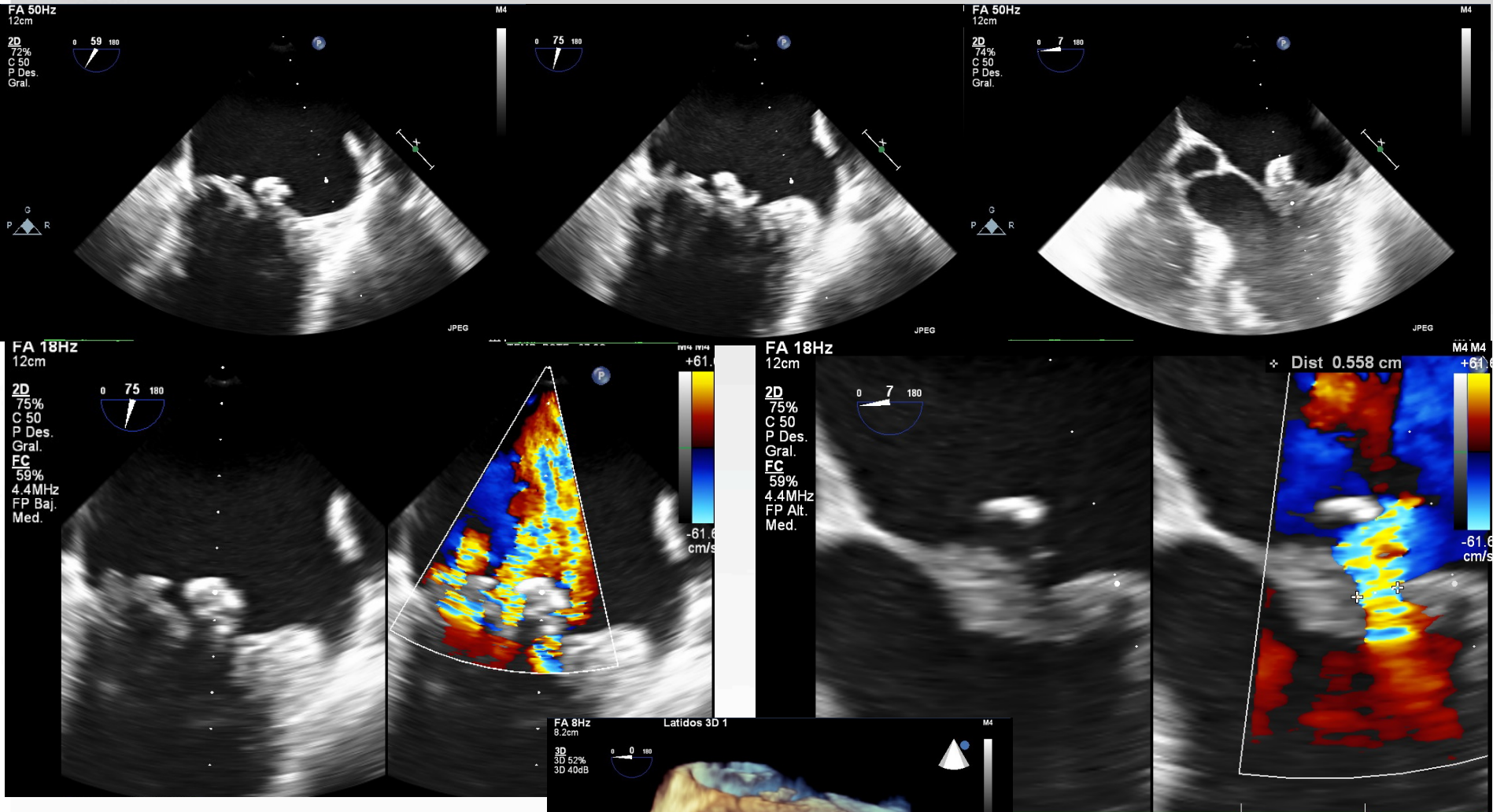
- Male 50 year old, with an anterior AMI submitted to our center for a primary angioplasty.
- Hypertension. Smoker (30 cigarettes/day).
- Stroke 1 month ago. Neurological sequelae: aphasia and hemiparesis.
- Chest pain (3-4 hours) and hypotension at hospital arrival.
- Physical examination: No fever (36°). Antibiotherapeutic therapy. Systolic murmur.

ECG



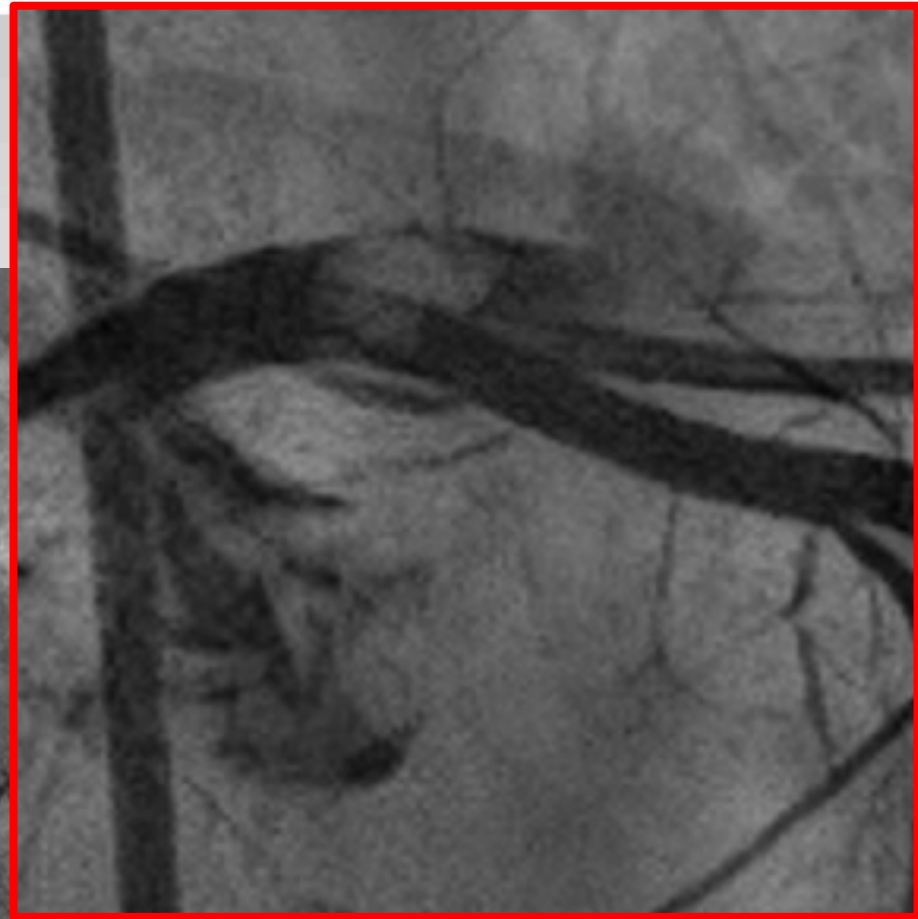
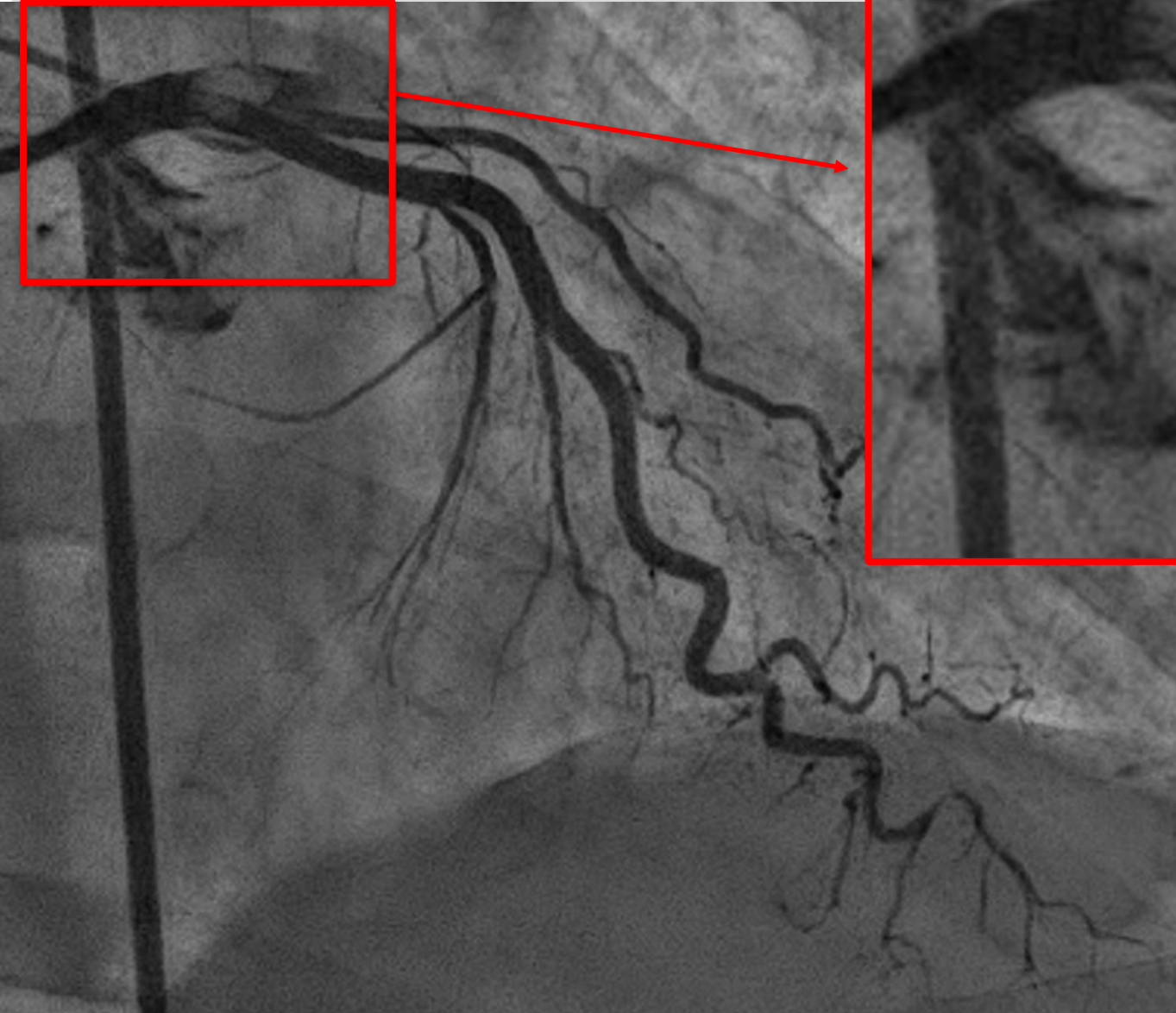


ECHO





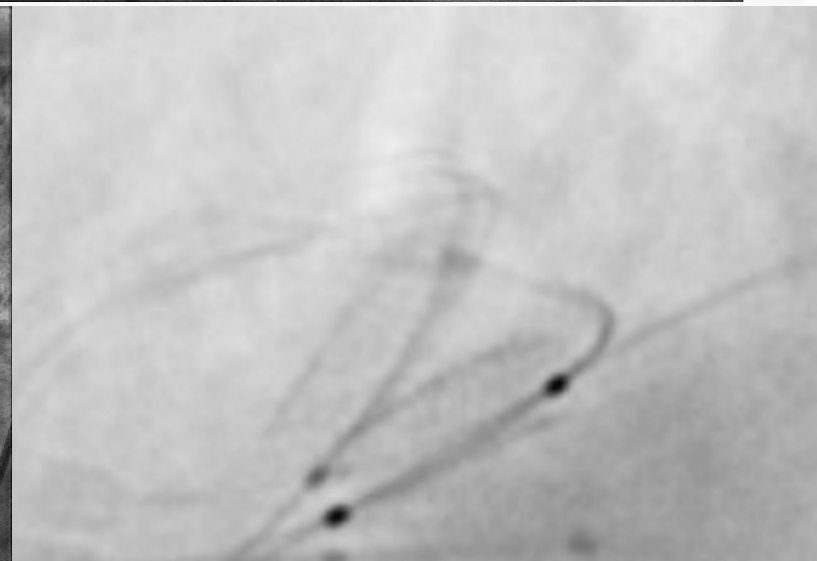
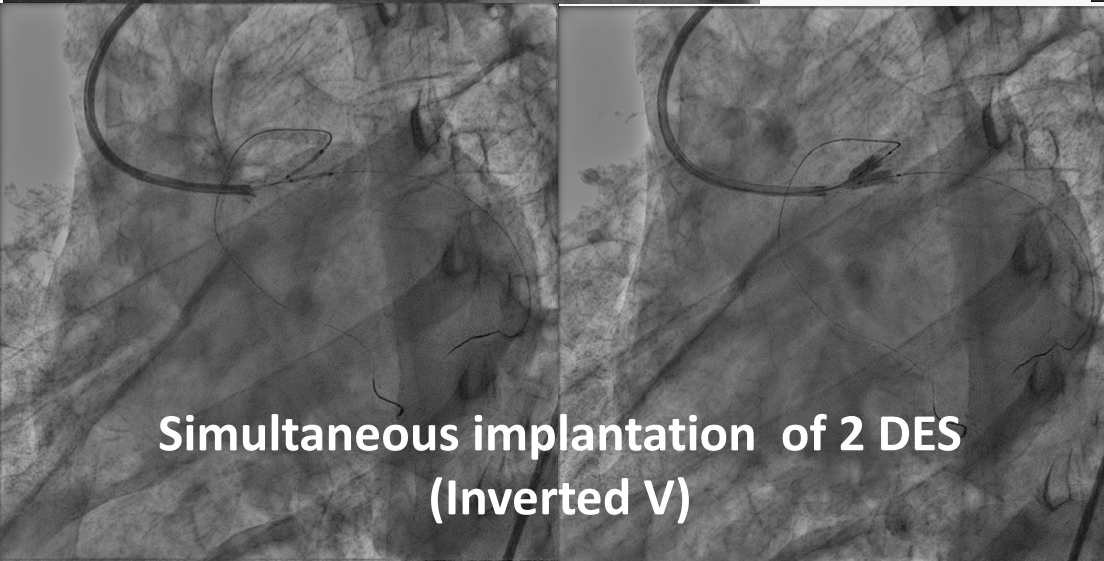
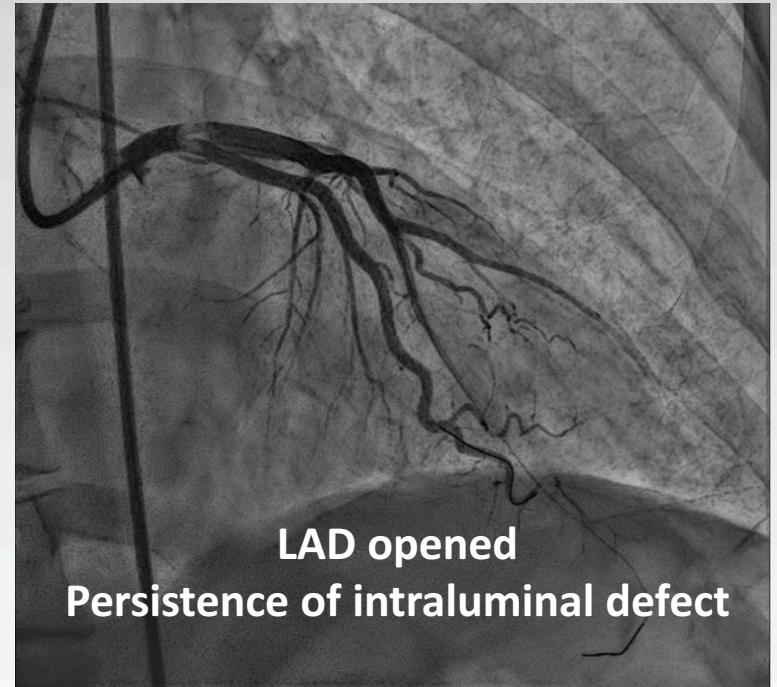
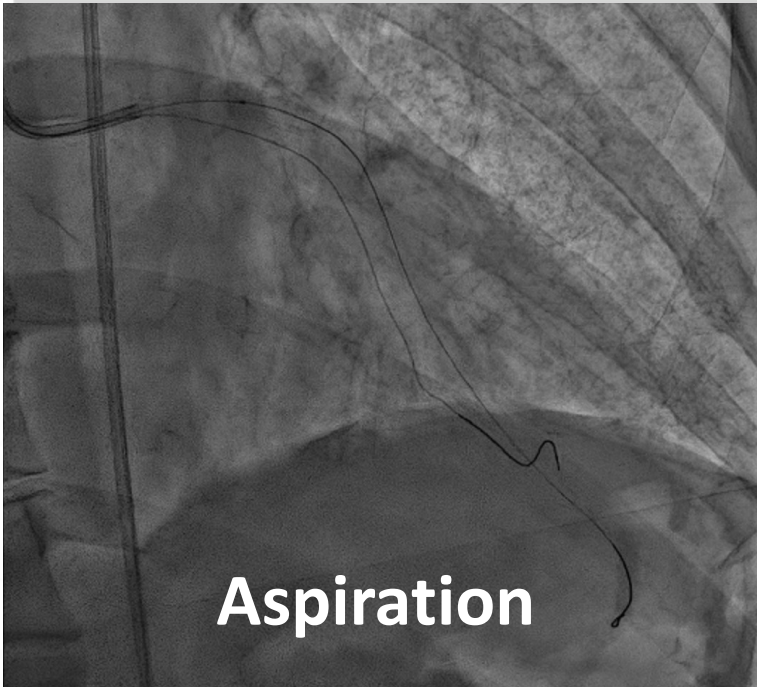
CORONARY ANGIOGRAPHY



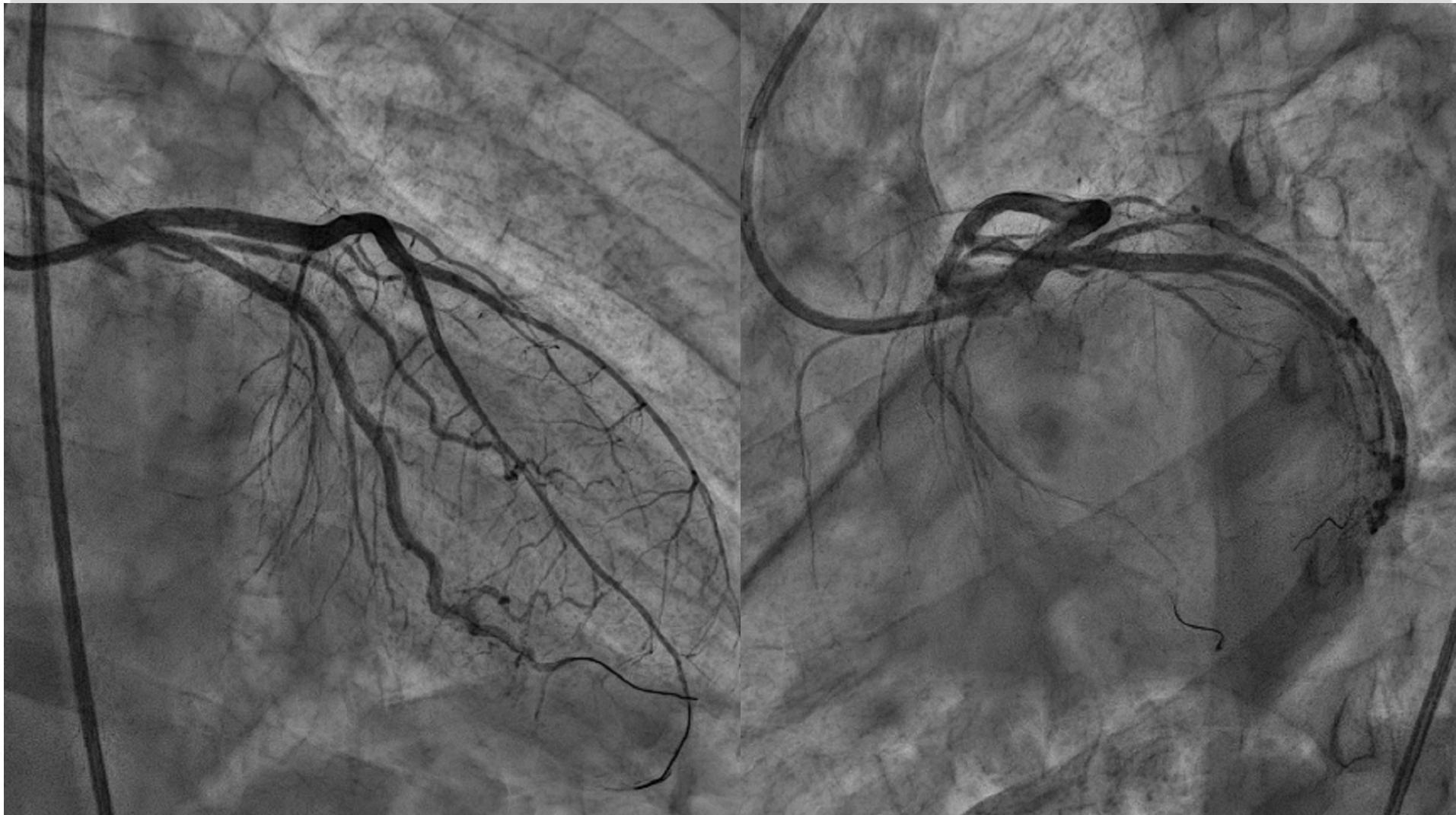
“How would you treat?”

- **Strategy at the LM bifurcation in a case of embolism due to endocarditis with LAD occlusion.**
- **Aspiration of the embolic vegetation?**
- **Surgery in the context of an AMI due to recurrent embolism and giant vegetation & severe MR?**
- **Antiplatelet treatment?**

HOW WE TREATED THE CASE



FINAL RESULT



OUTCOME AFTER PCI

Poor hemodynamic status (needing iv amines).

**Septic status: Leucocytosis, High PCR, positives blood cultures
(S Haemolyticus)**

MVR was indicated:

- Severe mitral regurgitation.**
- Septic status despite correct antibiotherapeutic therapy**
- Two embolic episodes with a vegetation >10mm**

Death 11 days after surgery due to refractory septic shock