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Invasive strategy in high risk unstable Angina

Estrategia invasiva en Angina inestable de Alto riesgo

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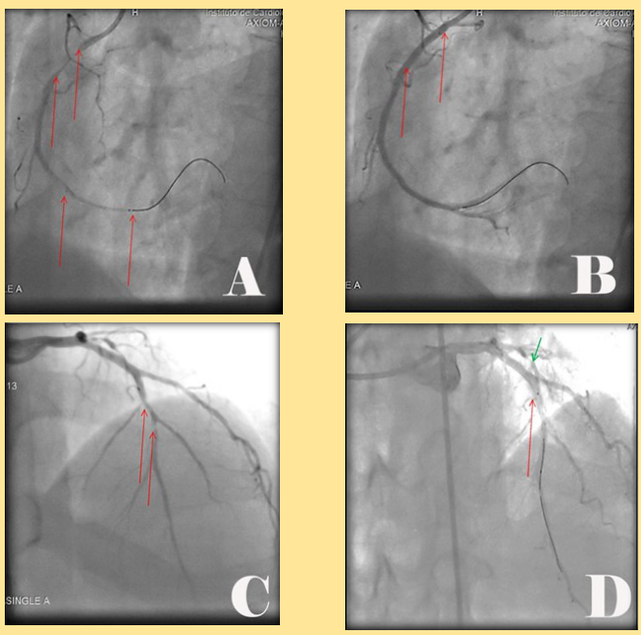

Fig. Emergent invasive approach in a patient with high-risk unstable angina and atypical electrocardiographic changes with very low LVEF.

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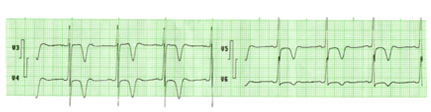
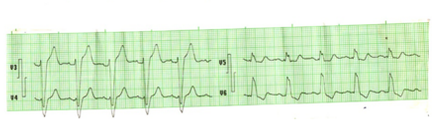
A 58-year-old man, after severe stress at work, began with intense pain, retrosternal, radiating to the jaw and both upper limbs, profuse sweating, paleness, vomiting and a feeling of imminent death lasting more than an hour. He is received by an emergency cardiologist and intensivist, with arrhythmic heart sounds, third left heart sound, and fine crackling rales in both lung bases. Cardiovascular monitoring and support measures such as rest, oximetry, oxygen therapy and hemodynamic care are monitored.

On electrocardiograms, there was instability as depressed ST with negative, symmetrical, very deep T in the entire anterior face (V1, V2, V3, V4, V5, V6) (ECG: I), then left bundle branch block (ECG: II) the Troponin, the CPKMB, and the CPK remained normal. The clinical case becomes more intense and dangerous in the coronary intensive care unit, with sustained and intense angor, pallor, dyspnea, palpitations, sweating, arrhythmias, LV systolic dysfunction and hemodynamic compromise begins, he is administered sublingual nitroglycerin and then intravenously until 0.5 mcg / Kg / min. It is supported with Dobutamine. On echocardiogram: Left ventricular ejection fraction (LVEF) of 36%. Due to the severity of the clinical, electrocardiographic and LVEF symptoms, the activation of the hemodynamic service was accelerated. The emerging hemodynamic approach was followed and it turned out (Fig.):

Fig. Were visualized 90% right coronary (RC) proximal and distal long obstructions (2A). The PTCAs were performed and 2 conventional Stens (2B) were placed. The obstruction of the proximal third of 90% of the anterior descending coronary artery (DCA) and 95% of the left circumflex artery (ACL) (2C), performed PTCA and placed Stens on the drug-active DA, but due to the risk-benefit, it was decided do nothing in LCA (2D).





It is important that in the presence of high-risk unstable angina, invasive interventionism is necessary and care delays are avoided, which can lead to devastating or fatal complications (1-3).

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