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Acute Myocardial Infarction - A Narrow Escape

A Case Study by Dr Michael Rowe

Today I am presenting the case of a 46 year old man who presented to Accident & Emergency at Knox Private one evening with an acute anterior myocardial infarct.

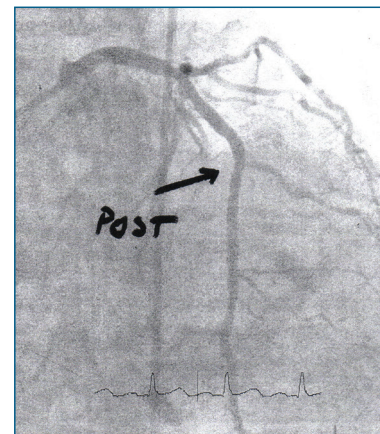
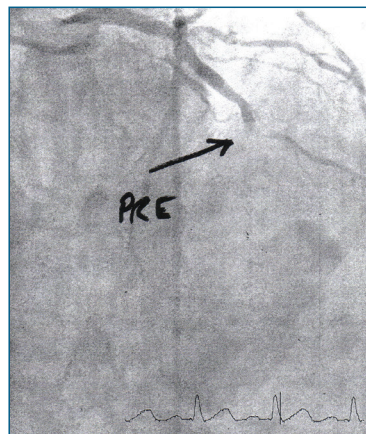
He was driven in by his wife and had an episode of ventricular fibrillation as soon as he arrived in Accident & Emergency and had got into a wheelchair.

He then had five further episodes, all of which reverted with 200 joule shocks.

He underwent coronary angiography as an emergency procedure and this revealed that the LAD was occluded at the level of the diagonal.

He underwent immediate successful stenting of the LAD. As you can see from the images below, an excellent angiographic result was achieved with no residual narrowing within the stented region.

He did extremely well.



Heart Week

May 3 - 9, 2021



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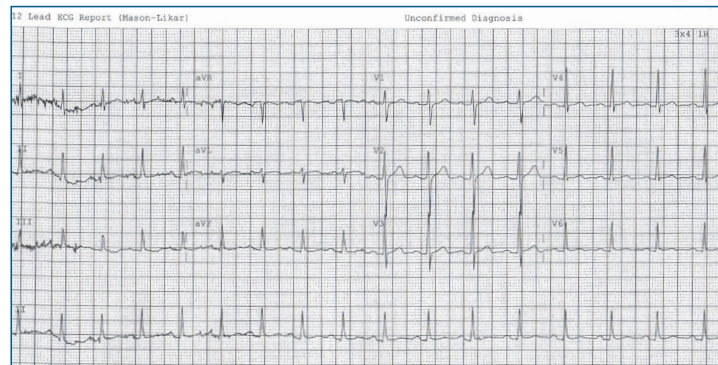
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As you can see from his ECGs, he initially had marked antero-septal ST elevation, but then an ECG the next day showed resolution of the ST elevation and had returned to normal, which was a very pleasing result.

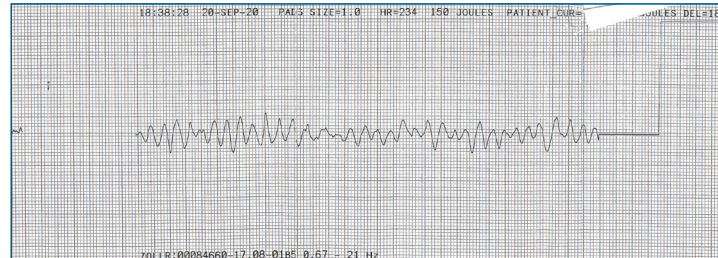
Acute Myocardial Infarction Pre- Stent



The next day



Ventricular fibrillation



He ended up having a CK rise of 2305.

An echocardiogram performed three days after his infarct was normal with no evidence of any infarct at all, so his infarct had been totally aborted.

This man is very lucky in that he only developed ventricular fibrillation after arrival in Accident & Emergency at Knox Private, rather than in the car with his wife. This underscores the importance of patient's calling for an ambulance if they have suspected ischaemic chest pain.



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