St-Segment Elevation Myocardial Infarction Secondary to Left Main Coronary Artery Acute Thrombosis

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A 45-year-old man with history of hypertension and diabetes was admitted in a primary care facility complaining of progressive chest pain, retrosternal, tightening, radiating to left arm and diaphoresis that started at rest, 24 hours ago. A 12-lead electrocardiogram (ECG) showed ST-segment elevation of 2 mm in anterior leads (Figure 1), but unfortunately, no reperfusion strategy was made. After transfer to our service, he developed pulmonary congestion and he was sent to coronary angiography. This showed thrombus in left main coronary artery and total occlusion of left circumflex artery (Figure 2 and Video 1). Because of thrombus migration risk with high potential for cardiac arrest, aggressive medical therapy with triple antiplatelet therapy and anticoagulation was chosen.

Dual antiplatelet therapy, with abciximab and enoxaparin 1 mg/kg every 12 hours, was initiated. After seven days, a new coronary angiography showed almost complete resolution of the thrombus. (Figure 3, Video 2). The patient was discharged asymptomatic after dose adjustment of warfarin. ST elevation myocardium infarction continues to be a significant public health problem in industrialized countries and it is becoming an increasingly significant problem in developing countries [1]. Coronary spasm should be regularly considered in the differential diagnosis [2].
Figure 3: Panel A and B: Left main coronary angiogram in right anterior oblique views. It is observed the disappearance of the negative image seen in the previous figure.

Video Links

Video 1: https://drive.google.com/open?id=0BwHx_QskXhOyTEpIjdm52U2j2cFE

Video 2: https://drive.google.com/open?id=0BwHx_QskXhOyZXUzUVhmNmx1RDQ

References


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