

Case-Based Review of Common Cardiometabolic Practice

1st

DAILY CARDIOLOGY SYMPOSIUM

Spring 1400

Learning Objectives & Cases

ACS Panel



DAILY
CARDIOLOGY
ACADEMY

1st case learning objectives

- Diagnostic approach for ACS in ED
- Initial Pharmacological/Antithrombotic therapy in ED
- Invasive strategy in NSTEMI: indication/timing
- Timing of delay invasive management
- Medical therapy at hospital
- Medical Therapy at discharge



1st case

- 58-year-old gentleman visited in ED due to chest heaviness with mild exercise since few hours ago. He denied any relevant history of cardiovascular disease.
- **PMH:** unremarkable
- **Drug Hx:** nothing
- **Ph/Ex.:** BMI: 27 kg/m², BP: 127/75, otherwise Unremarkable
- **ECG:** Normal Sinus Rhythm, flat T wave in anterior leads
- **Limited Bedside Echo:** Near Normal EF (55%), Mild MR

What is your next step in the management of this patient?



2nd case learning objectives

- Initial Antithrombotic therapy in ED
- Reperfusion strategy
- Timing of delay invasive management
- Length of hospital stay
- Medical therapy at hospital
- Medical Therapy at discharge



2nd case

- 68-year-old lady with history of smoking and HTN, transferred to ED, in a non-PCI capable center, due to nausea and chest heaviness, started 3 hours before ED visit.
- **PMH:** HTN (8 y), Smoking (10 pack-year)
- **Drug Hx:** Atenolol 100 mg OD
- **ECG:** Anteroseptal STEMI (V1-6)
- **Ph/Ex:** BMI: 35 kg/m², BP: 154/95 mmHg, otherwise Unremarkable
- **Beside Echo:** EF=35%, Mild MR, anteroseptal WMA, no clot

Fibrinolytic therapy was done with successful clinical and ECG response.

- **Initial Lab Test:** Hb=15 mg/dl, TG=240 mg/dl, TC= 190 mg/dl, LDL= 95 mg/dl, HDL= 60 mg/dl, HbA1c= 6.1 %, FBS= 87 mg/dl, eGFR= 88 ml/min, cTnl: 650

What is your next step in the management of this patient?



