Learning Objectives

o Risk stratification of patients with NSTE-ACS

    o Different risk stratification models

o Timing of Invasive Strategy in Patients With NSTEACS

    o Immediate invasive approach

    o Early invasive approach

    o Elective invasive approach

Learning Objectives

o Indications for revascularization of the culprit lesion/vessel in patients with NSTEACS

o Indications and timing of CABG in NSTEACS

o Indications and timing of staged PCI in NSTEACS

o Long-term antithrombotic therapy after NSTEACS

Case Vignette

- 71-year-old gentleman admitted to CCU in a non-PCI-capable center due to recent onset of chest tightness
- **PMH:**
  - HTN (20 years)
  - DM (15 years)
  - C/S (10PY)
- **Ph. Exam:**
  - BP=100/65 mmHg, PR=105 bpm
- **ECG:**
  - Normal Sinus Rhythm
  - ST Depressions in anterior leads

Case Vignette (continued)

- **Lab test:**
    - Hb=13.9 mg/dl
    - TC=190 mg/dl, LDL=105mg/dl, HDL=40mg/dl, TG=225mg/dl
    - FBS=113 mg/dl, HbA1c=6.2%
    - Troponin I=265 ng/L
    - Cr=1.3
- **Bedside Echo:**
    - EF=45%
    - Global Hypokinesia
    - Mild MR, Mild TR

Case Vignette (continued)

- **CAG**:

  - LM: Normal

  - LAD: significant midpart lesion with good distal run-off

  - LCX: Non-dominant and near cut at proximal part, with TIMI 2 flow

  - OM: small caliber with diffuse intimal irregularity

  - RCA: Dominant with significant proximal to midpart lesion (before & after RVB)