



*Affiliate of ProMedica*

# SEPTAL BLOWOUT

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# Disclaimer

- Novartis Speaker Bureau

# PRESENTATION

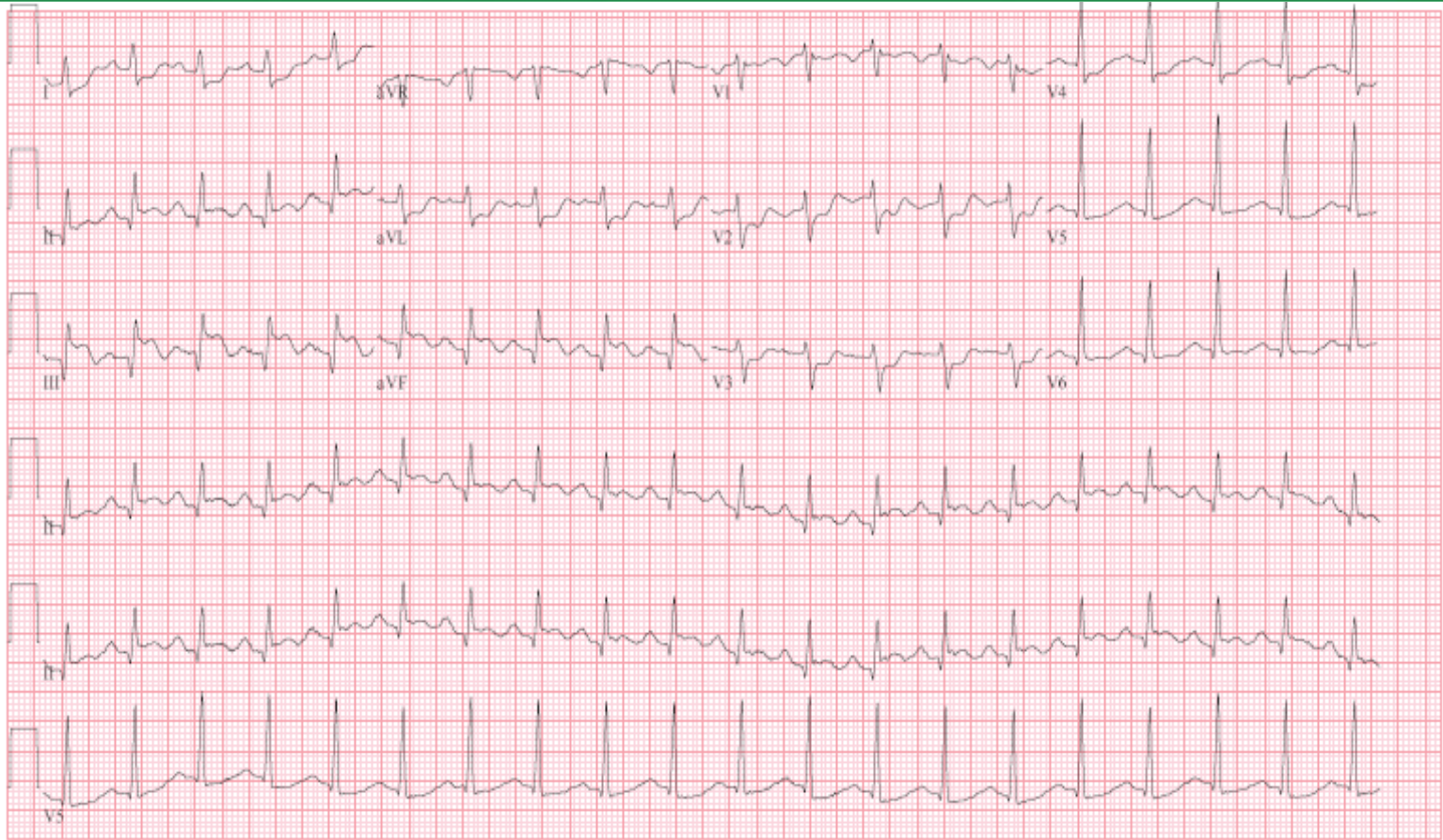
- 62 yr old female presents to the ER at 5:00 AM on Friday with DOE, scratchy throat and vomiting
- PMH: None
- PSH: c-section and appendectomy
- Social: ½ ppd, no etoh, drugs
- Family Hx: Dad with MI in early 60's
- NKDA

# ER LABS

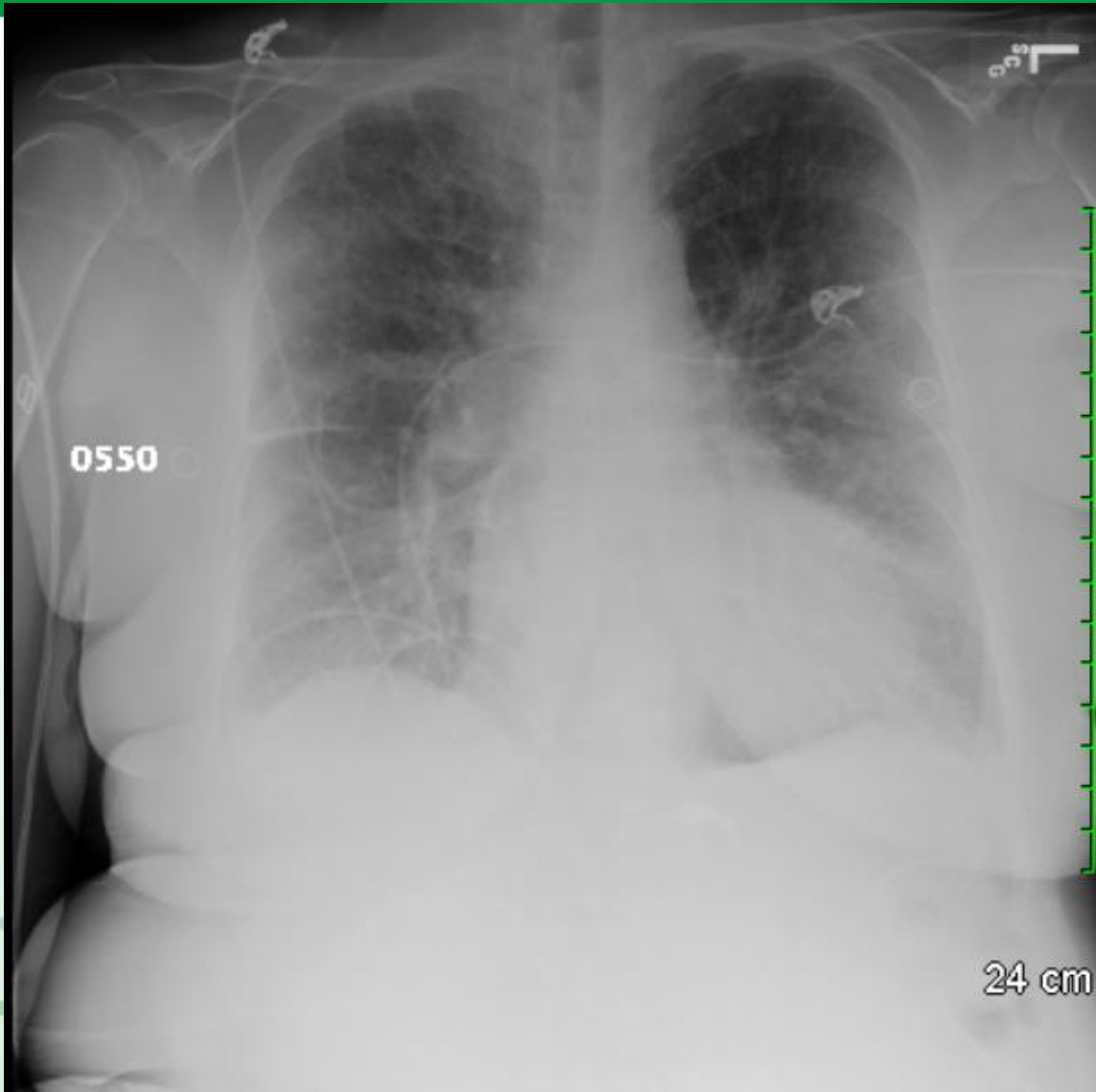


D-dimer: 1030  
Troponin: 10.21  
BNP: 696  
AST: 21  
ALT: 20

# EKG 7-25-16 @0522



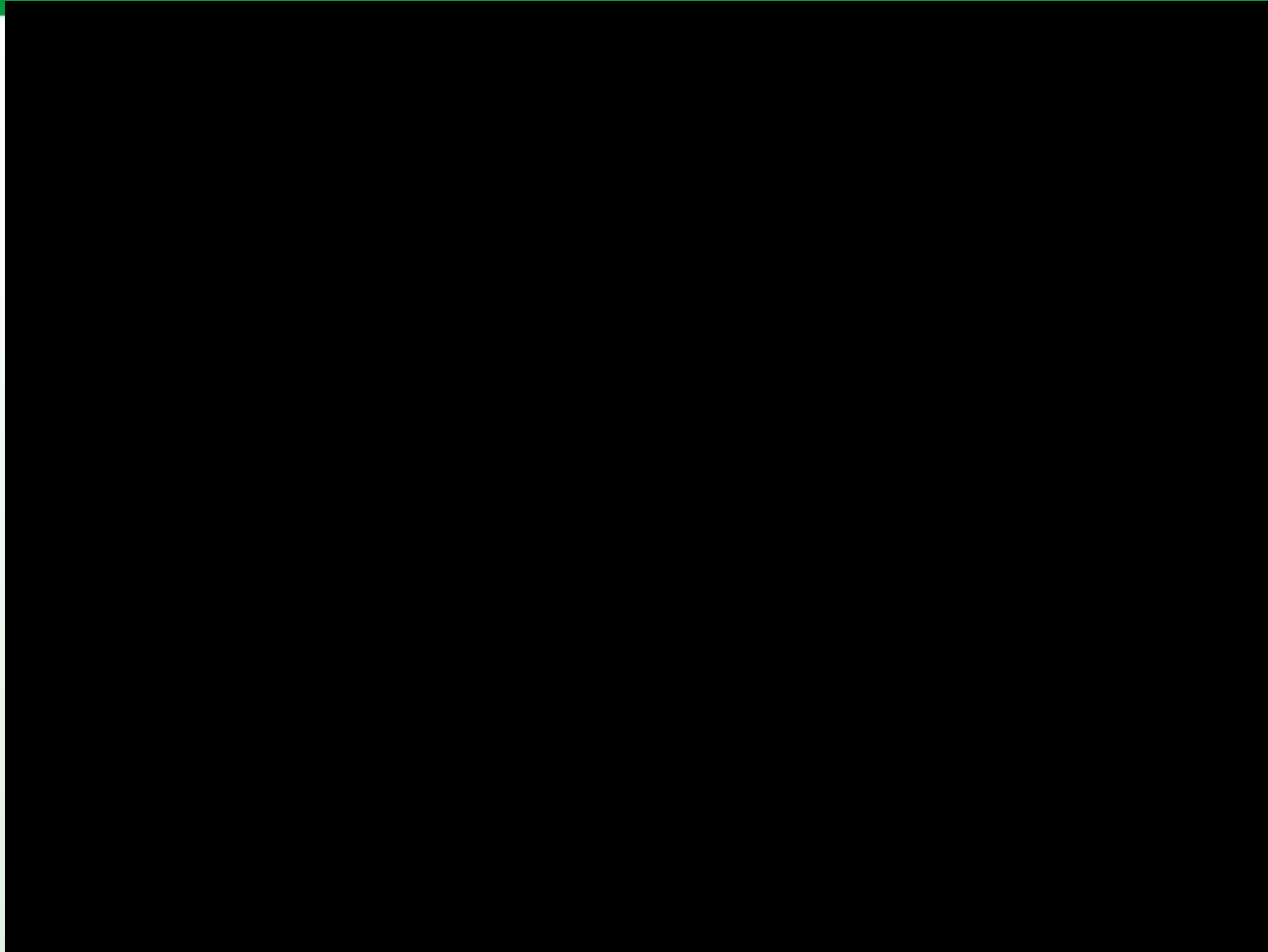
# Chest X-Ray Done in ED



# Catheterization

- Inferoposterero ST elevation MI
- JVD, S3, S4
- BP 80/60 on arrival. Dropped to 60/40. Started on Levophed
- RCA pre-dilation and Synergy stenting after Pronto aspiration of thrombus
- 100% to 0% with TIMI 3 flow

# Cath Films





# Cath Results

- LVEDP 29 mm Hg (normal <10)
- Residual 80% proximal-mid LAD stenosis
- Remained hypotensive on Levophed
- Inserted IABP
- Hand injection LV-gram: EF 40% with inferobasilar hypokinesia

# HVU POST CATH

- 8:15 AM call from the unit with an ABG:
- pH: 7.37
- pCO<sub>2</sub>: 29
- paO<sub>2</sub>: 137
- HCO<sub>3</sub>: 17.8
- O<sub>2</sub> Sat: 89% on BiPAP
- What's with that?!!!
- Immediately went to the unit to see the patient

# Findings in HVU

- 62 yr old female, panting at > 40 breaths per minute
- Diaphoretic
- Anxious
- Hypotensive, tachycardic
- 90/50, 120 HR
- IABP on 1:1 augmentation and both
- Neosynephrine and Levophed

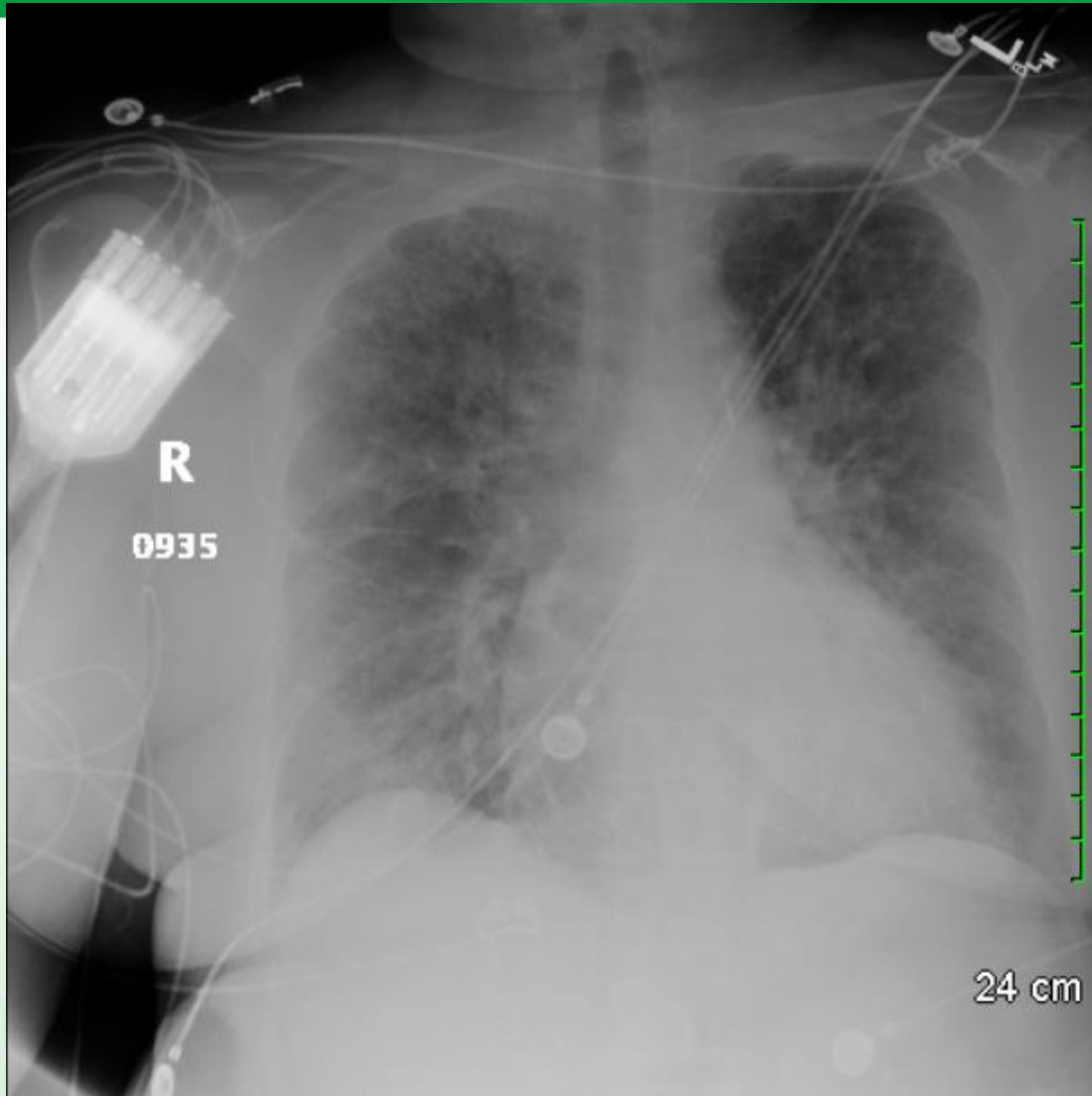
# The REAL STORY

- Started having nausea and vomiting on Tuesday. No Chest pain but didn't feel right. Rested the next 2 days
- Friday morning, got worse with N/V, diaphoresis and severe SOB
- Came to the ER
- Third day into the MI

# Immediate Orders

- STAT CXR
- Echocardiogram
- Pulmonary Consult

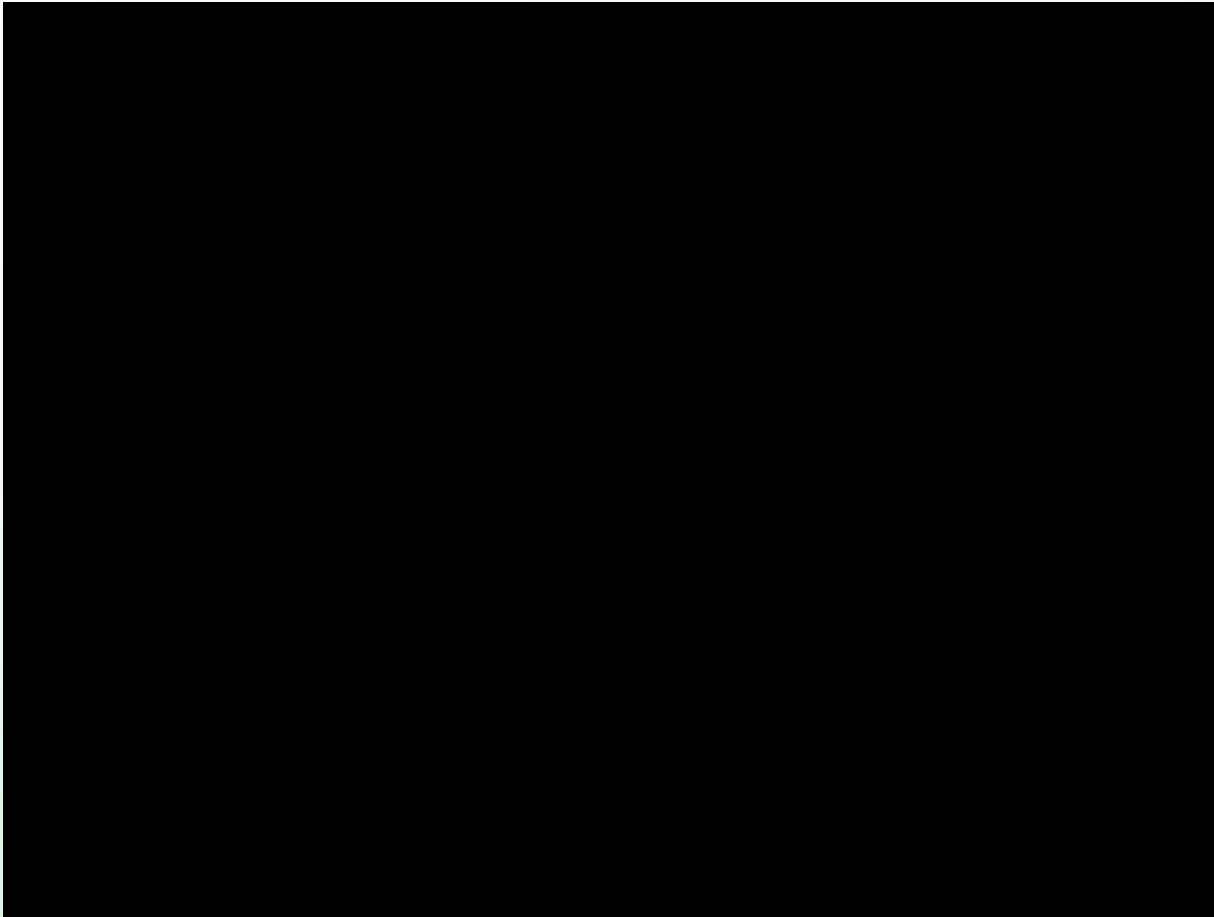
# Chest X-Ray Done in HVU



# Immediate Orders Continued

- BP 90-100/60 on levo, epineneprine
- Given Lasix 40 mg IV (with Prayers)
- Bipap
- Echo arrived

# Echocardiogram

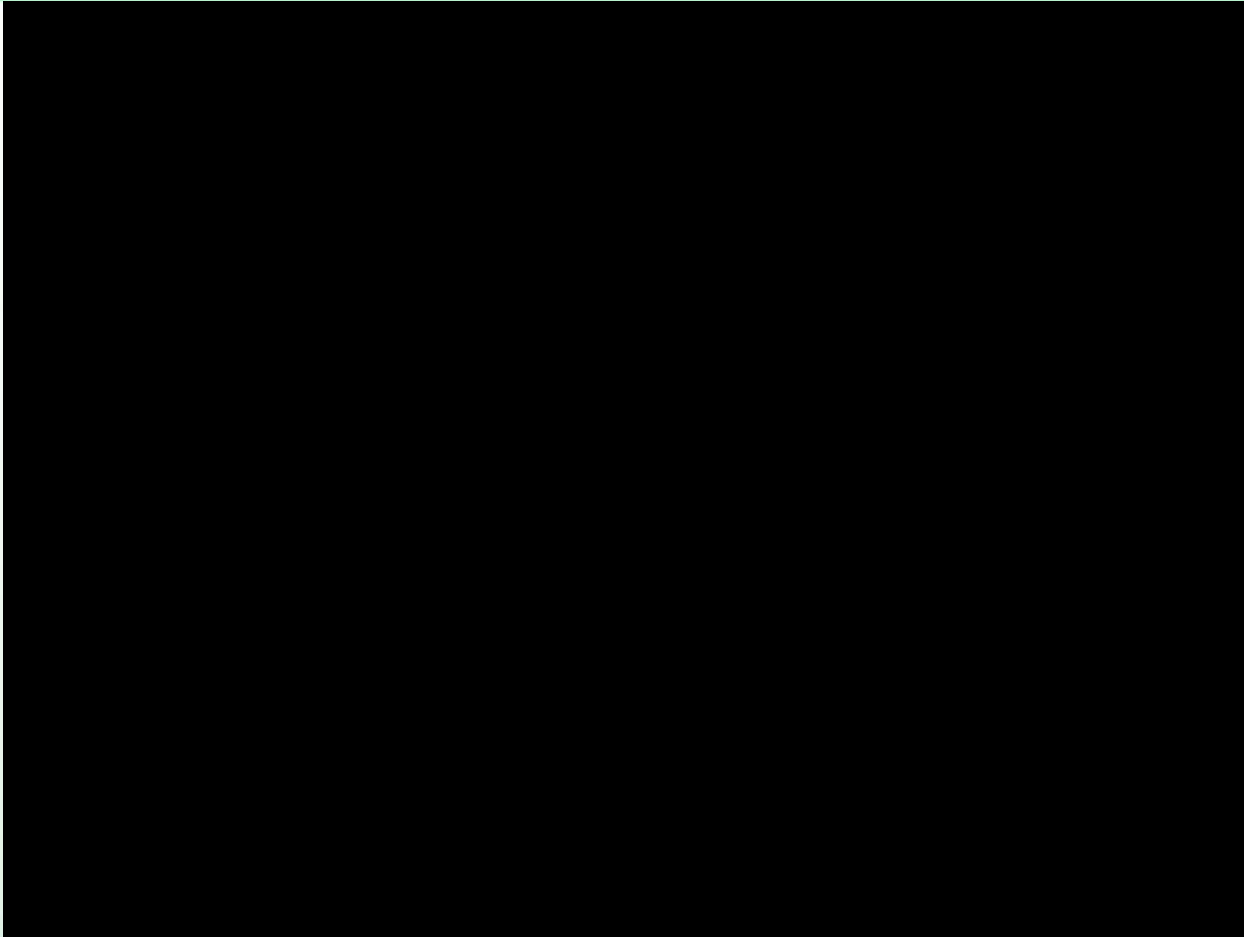




# Transfer to OSU

- Reviewed the echocardiogram with Dr Lampert who arranged for OSU transfer
- Spoke at length with the patient and family
- Patient flown with IABP to OSU
- CABG to the LAD and patch to the intraventricular septum after about 2 weeks of continued IABP and pressor support.

# Follow up Echo



# SUBSEQUENT FOLLOW-UP

- Thoracentesis x 3, the last was January
- End organ hypoperfusion of toes and fingers
- Infection in the right foot, ultimately requiring a trans-metatarsal amputation and special shoe
- Fingers healed without amputation
- Cardiac Rehabilitation
- And Now.....

# Living Life

