

CASE OF SIMULTANEOUS TREATMENT OF PATIENT WITH STROKE + STEMI

DMITRY SKRYPNIK

2019
MOSCOW

DISCLOSURE STATEMENT OF FINANCIAL INTEREST

Within the past 12 months, I or my spouse/partner have had a financial interest/arrangement or affiliation with the organization(s) listed below

AFFILIATION/FINANCIAL RELATIONSHIP

- Grant/Research Support
- Consulting Fees/Honoraria
- Major Stock Shareholder/Equity
- Royalty Income
- Ownership/Founder
- Intellectual Property Rights
- Other Financial Benefit

COMPANY

- Cardiomedics
- Medtronic
- Penumbra

Male, 74 y.o.

HISTORY

- Atrial Fibrillation
- RBBB – 3 y
- DDDR pacemaker – 1 y
- Arterial hypertension
- MI - 3 y ago
- Coronary Angiography 2015 w/o PCI

AMBULANCE

- Angina - 2,5 h
- Anterior STEMI

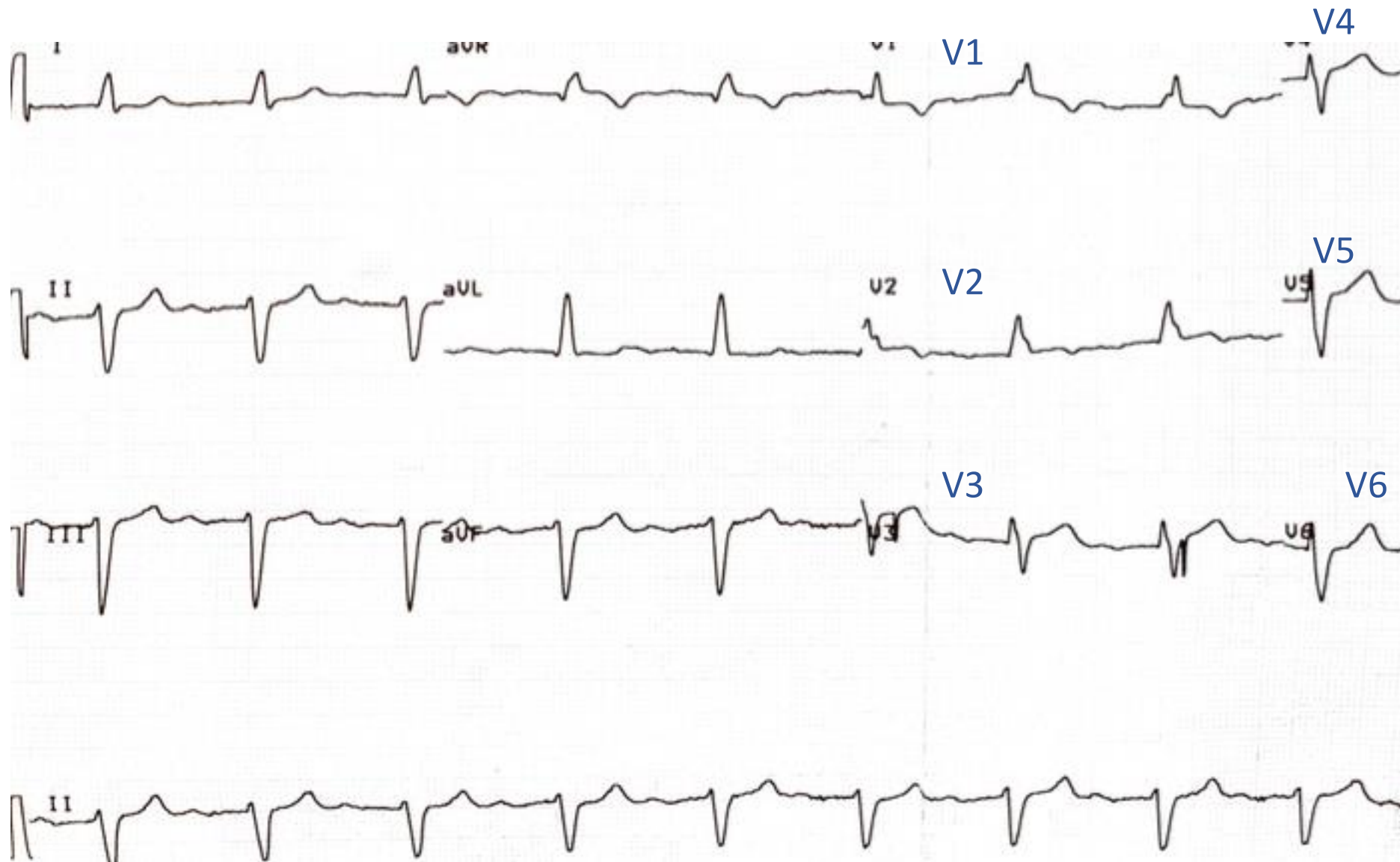
Prehospital medication: ASA 500 mg s/l, clopidogrel 300 mg p/o, morphine i/v

AT HOSPITAL ADMISSION

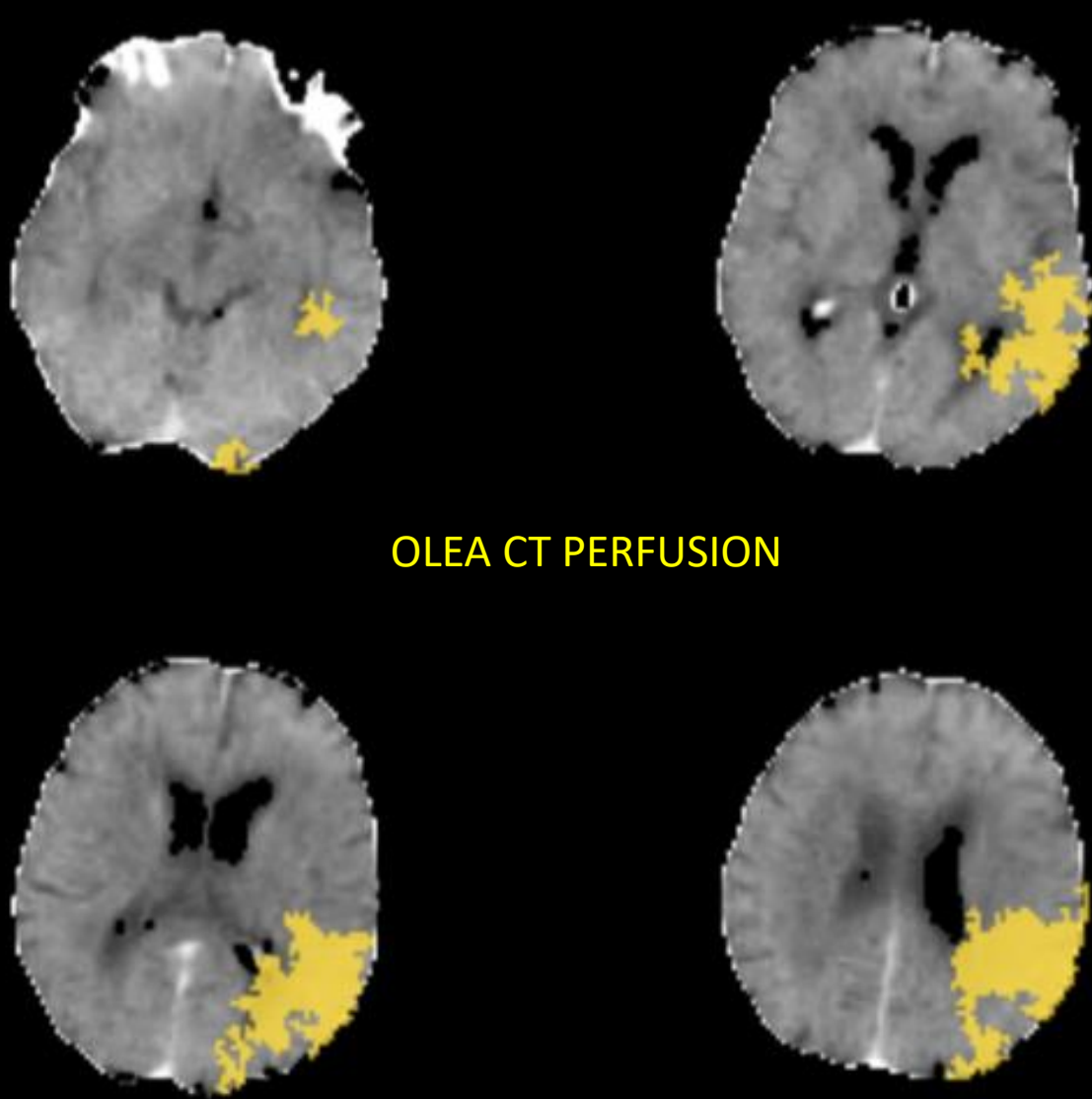
- Anginal status
- Severe aphasia
- Left side prosoparesis
- NIHSS 9

Vitals: HR = 103, BP = 148/80 mm.Hg.

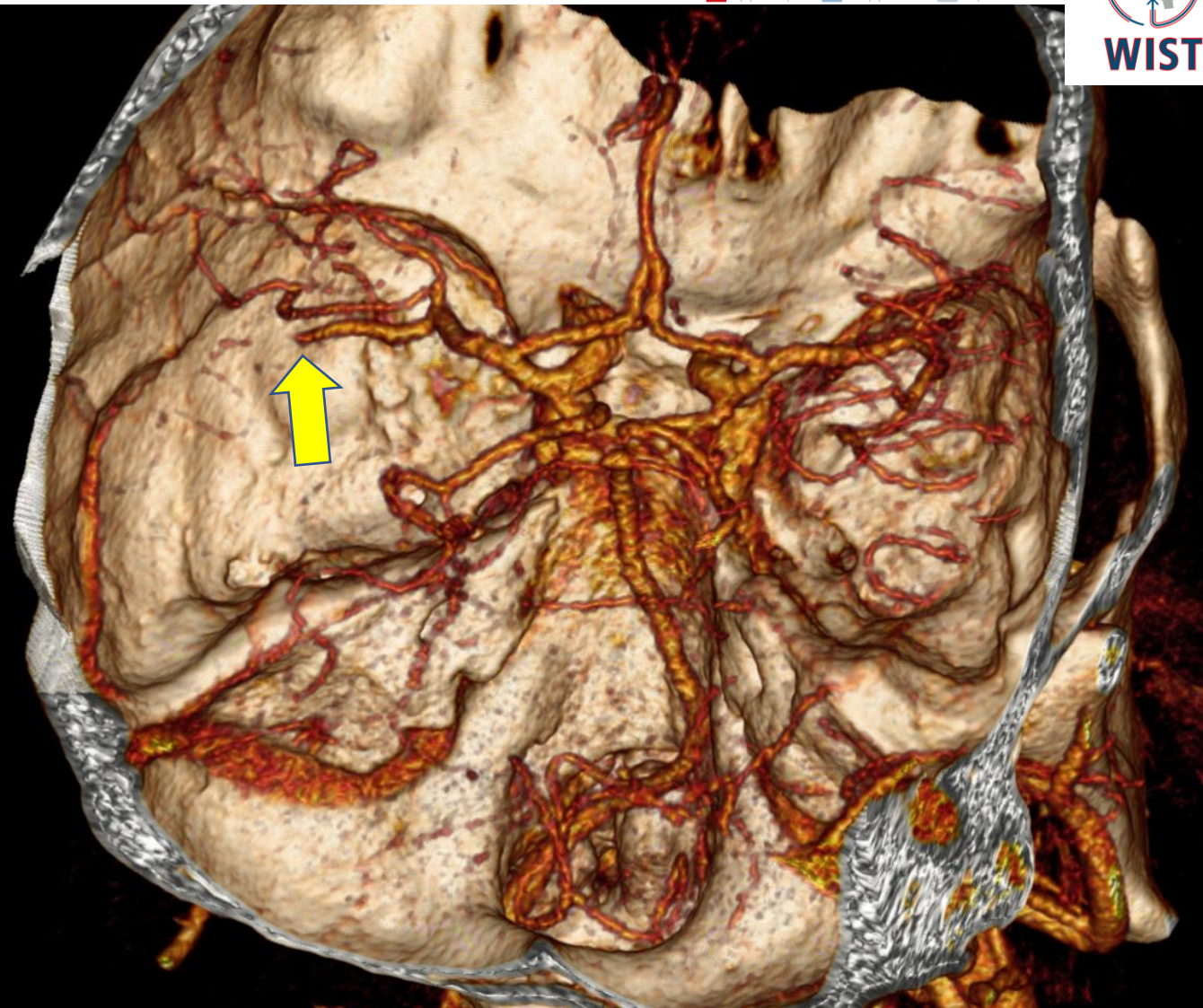
ICCA STROKE 2019

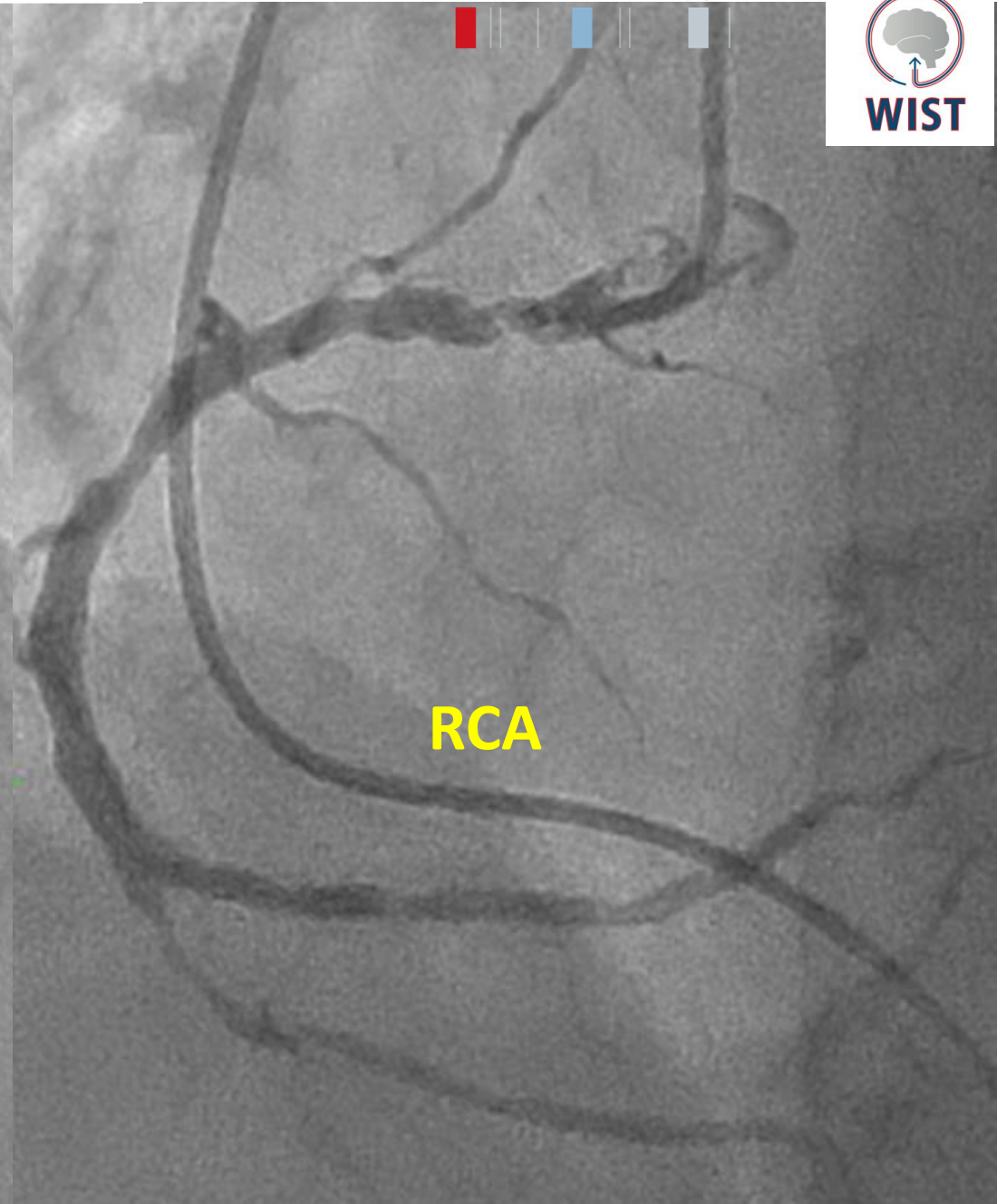
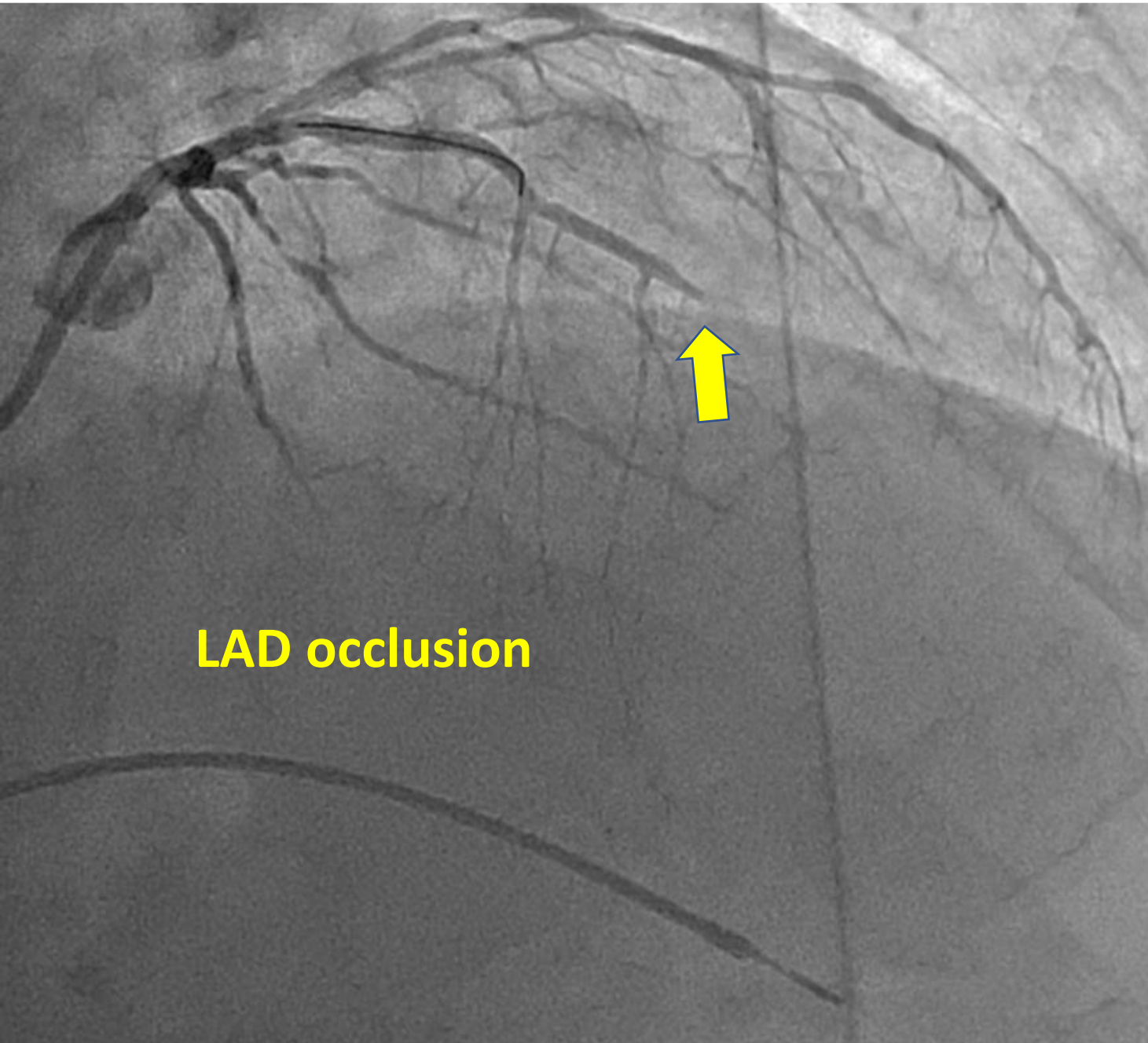


Patient , 67 y.o.



OLEA CT PERFUSION





TREATMENT STRATEGY

1 TROMBECTOMY FOR **LAD**/ STENT?

2 TROMBECTOMY FOR **MCA**

OUR EXPERIENCE OF THROMBECTOMY IN CASES OF CORONARY EMBOLISM (ASPIRATOR, STENTRIEVER, COMBINATION)

EuroIntervention

Official Journal of EuroPCR and the European Association of Percutaneous Cardiovascular Interventions (EAPCI)



IMPACT FACTOR

2017 Journal Citation Reports®
Science Edition (Clarivate Analytics, 2018)

4.417

J'aime 9,1 K

Follow

[CURRENT ISSUE](#) [MORE CONTENT](#) [TEXTBOOKS](#) [SUBMISSION](#) [SERVICES](#) [ABOUT](#) [SUBSCRIBE](#)

Search



[Home](#) / [Archives](#) / [Volume 13 Number 5](#) / [The first reported stentriever-based thrombectomy in acute ST-elevation myocardial infarction ...](#)

INTERVENTIONAL FLASHLIGHT

The first reported stentriever-based thrombectomy in acute ST-elevation myocardial infarction due to paradoxical coronary embolism

Published on 4 August 2017

[8 comments](#) [print article](#) [request a reprint](#) [request permissions](#) [get citation](#)

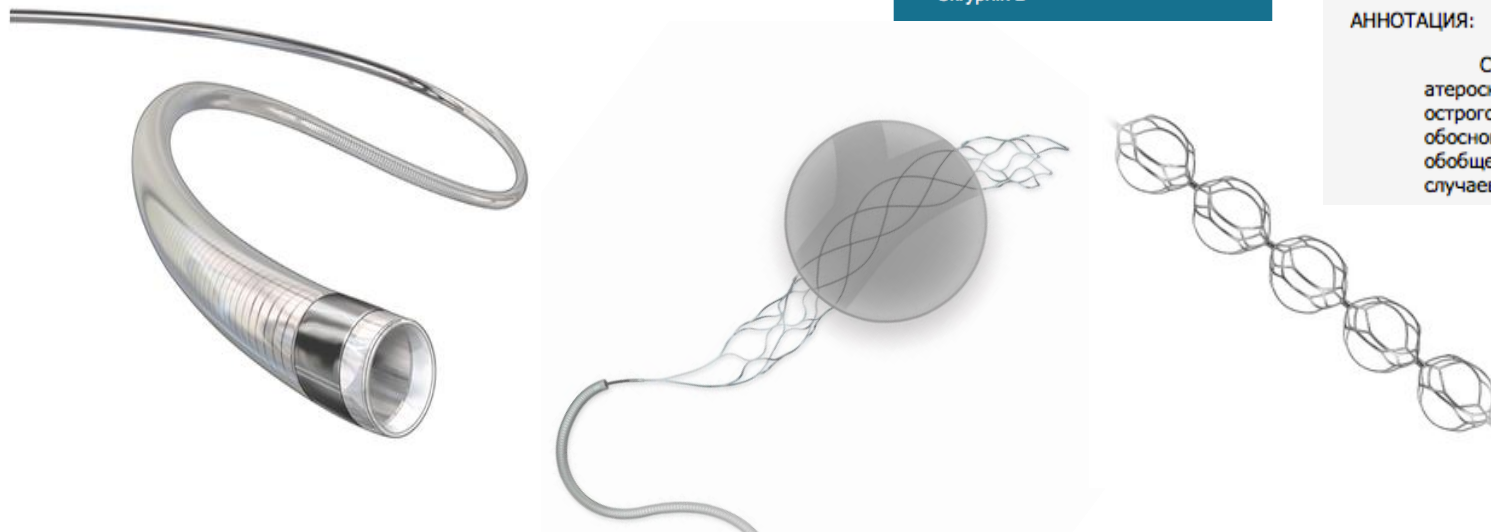
Vladimir Manchurov¹*, MD, PhD; Kirill Anisimov², MD, PhD; Valentina Khokhlova², MD, PhD; Dmitry Skrypnik¹, MD, PhD

1. Moscow State University of Medicine and Dentistry, Moscow, Russia; 2. Cardiac Catheterization Department, City Clinical Hospital named after I.V. Davydovsky, Moscow, Russia

CORONARY INTERVENTIONS

AUTHORS

- Manchurov V
- Anisimov K
- Khokhlova V
- Skrypnik D



ИНФАРКТ МИОКАРДА ЭМБОЛИЧЕСКОЙ ПРИРОДЫ

МАНЧУРОВ В.Н.¹, **АНИСИМОВ К.В.**², **ОСКАНОВ М.Б.**², **СКРЫПНИК Д.В.**¹,
ВАСИЛЬЕВА Е.Ю.¹, **ШПЕКТОР А.В.**¹

¹ ФГБОУ ВО «Московский государственный медико-стоматологический университет им. А. И. Евдокимова» Минздрава РФ

² ГБУЗ «ГКБ им. И. В. Давыдовского» Департамента здравоохранения г. Москвы

Тип: статья в журнале - научная статья Язык: русский

Том: 58 Номер: 2 Год: 2018 Страницы: 83-90 Поступила в редакцию: 11.11.2017

DOI: 10.18087/cardio.2018.2.10090

ЖУРНАЛ:

КАРДИОЛОГИЯ

Издательство: Общероссийская общественная организация "Общество специалистов по сердечной недостаточности" (Москва)

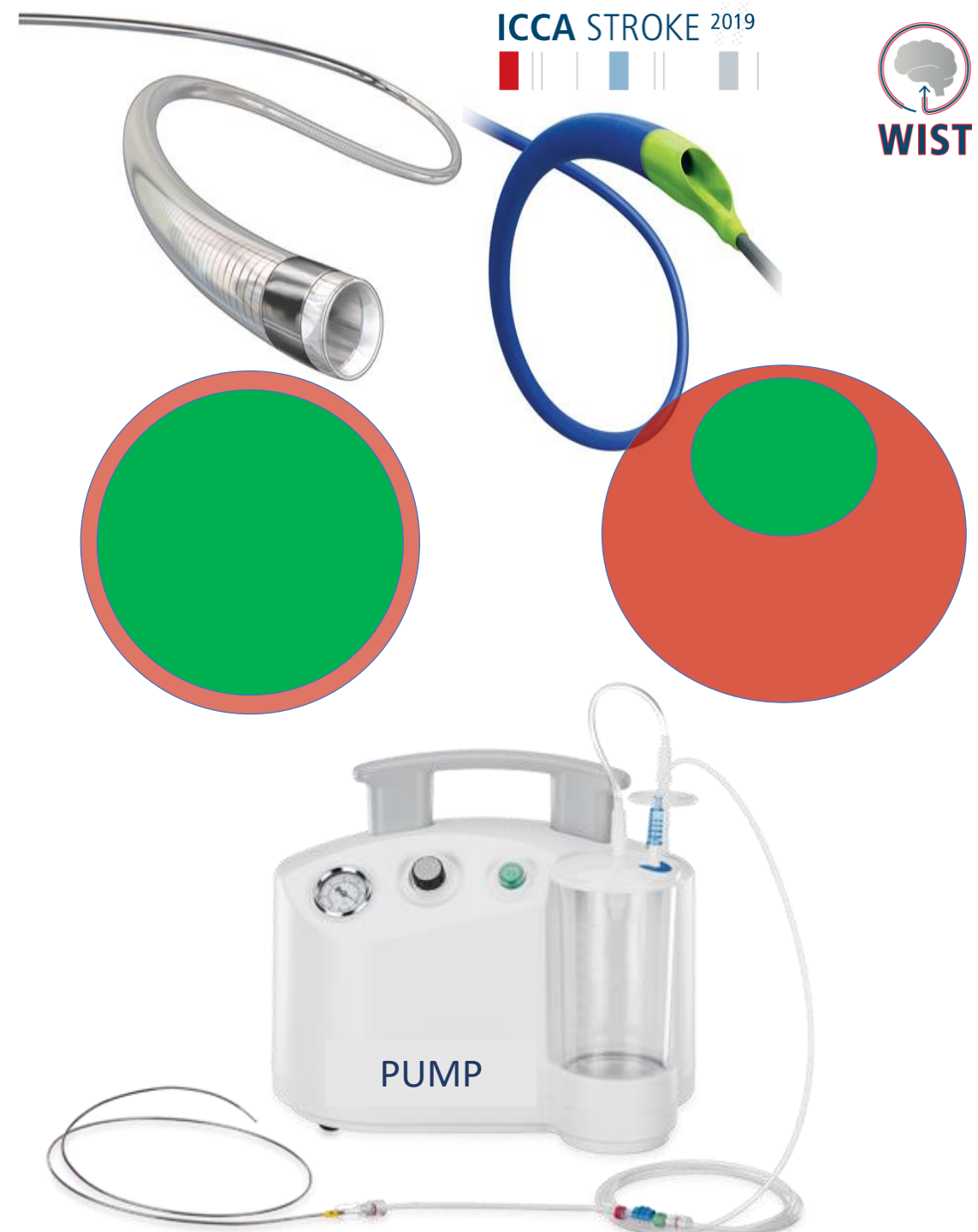
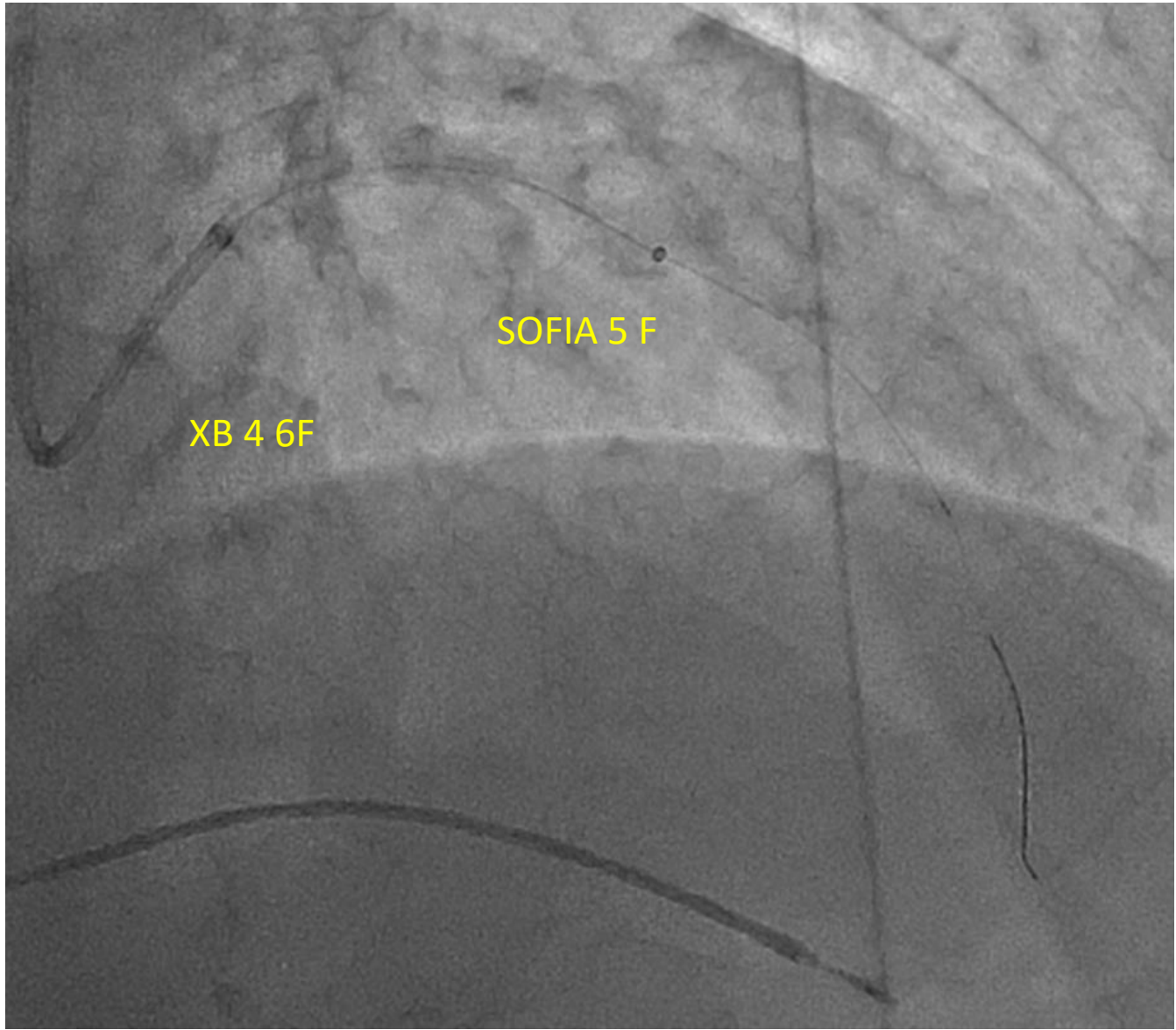
ISSN: 0022-9040

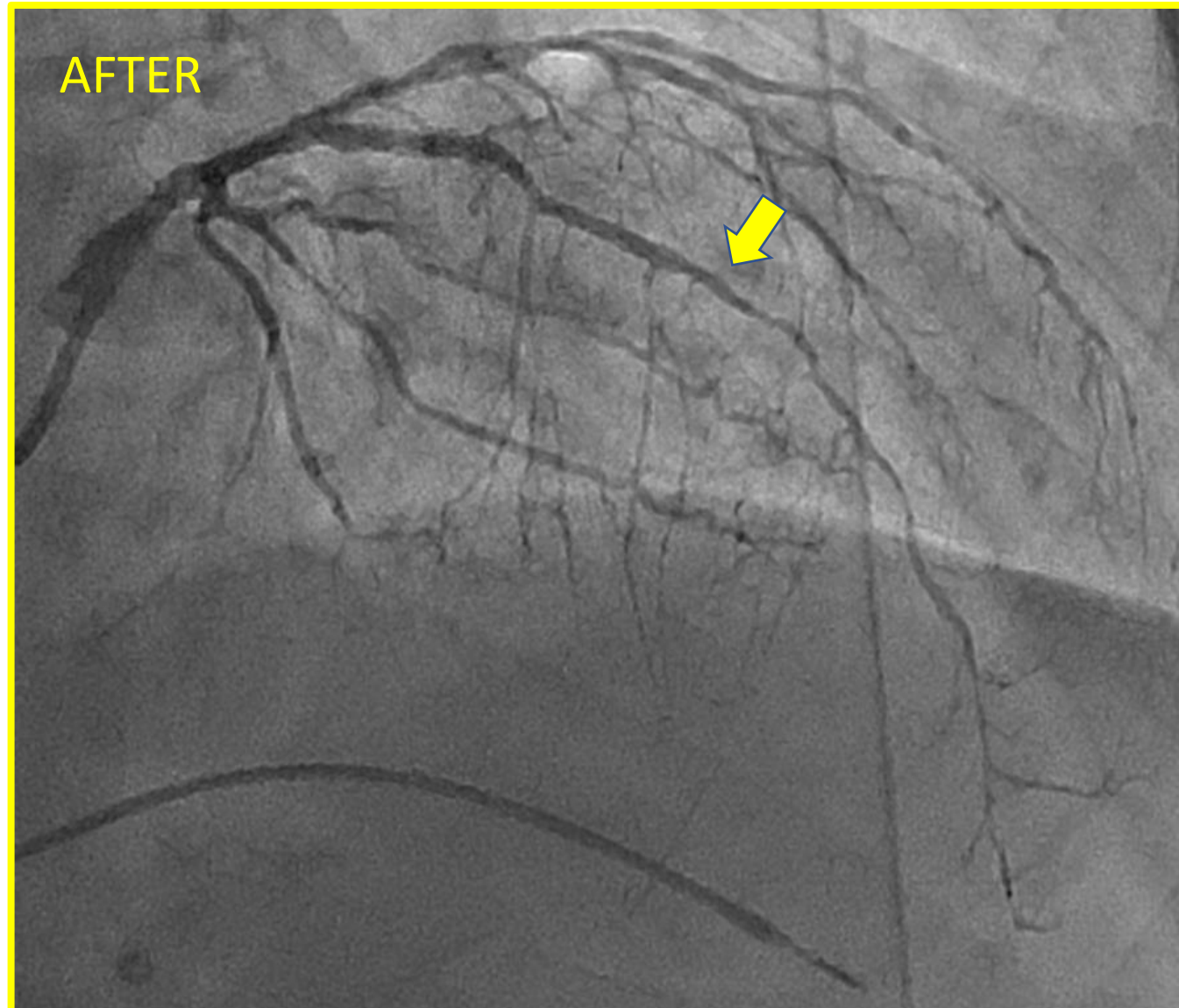
КЛЮЧЕВЫЕ СЛОВА:

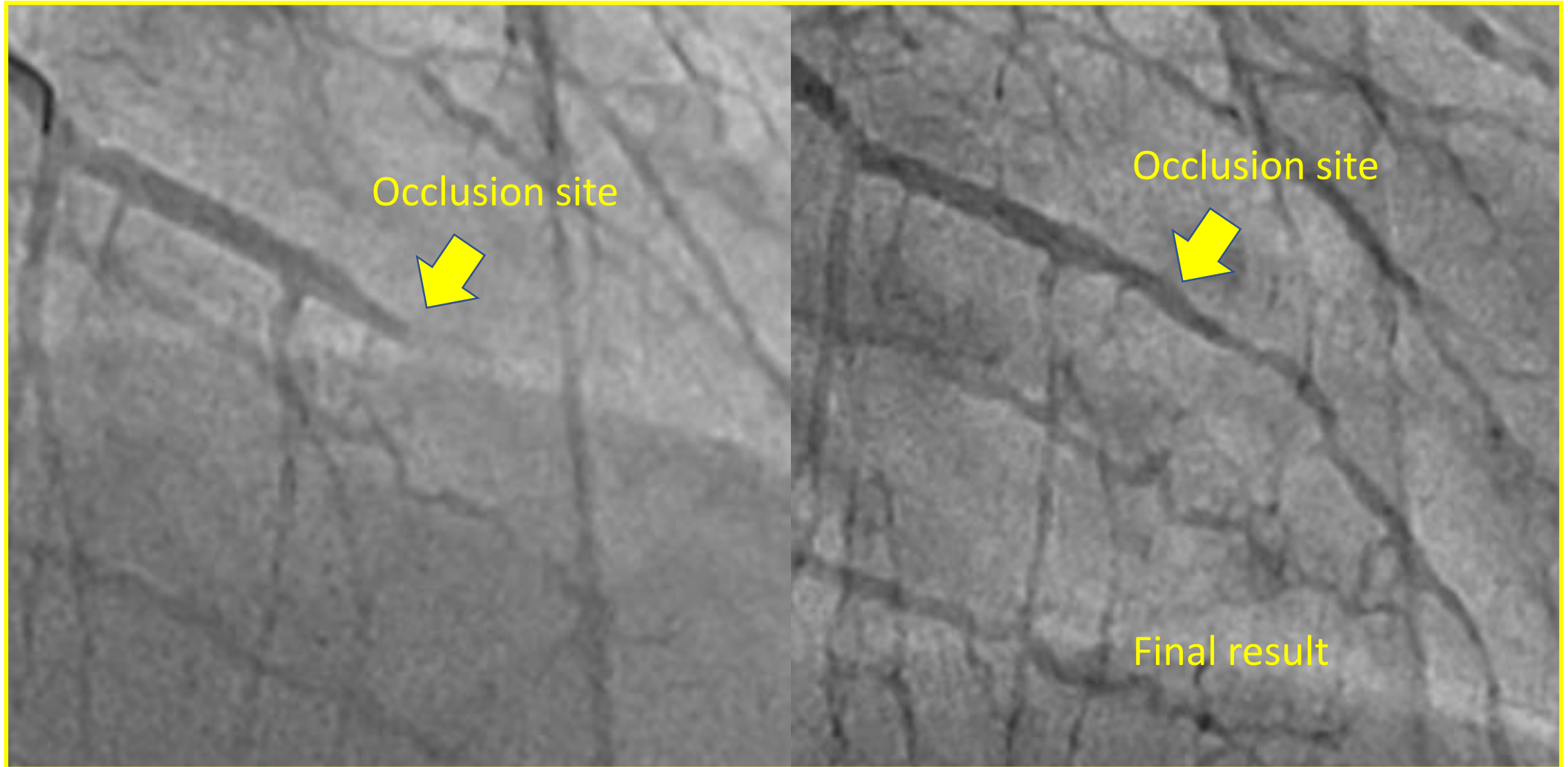
ИНФАРКТ МИОКАРДА, MYOCARDIAL INFARCTION, ЭМБОЛИЯ КОРОНАРНЫХ АРТЕРИЙ, CORONARY EMBOLISM

АННОТАЦИЯ:

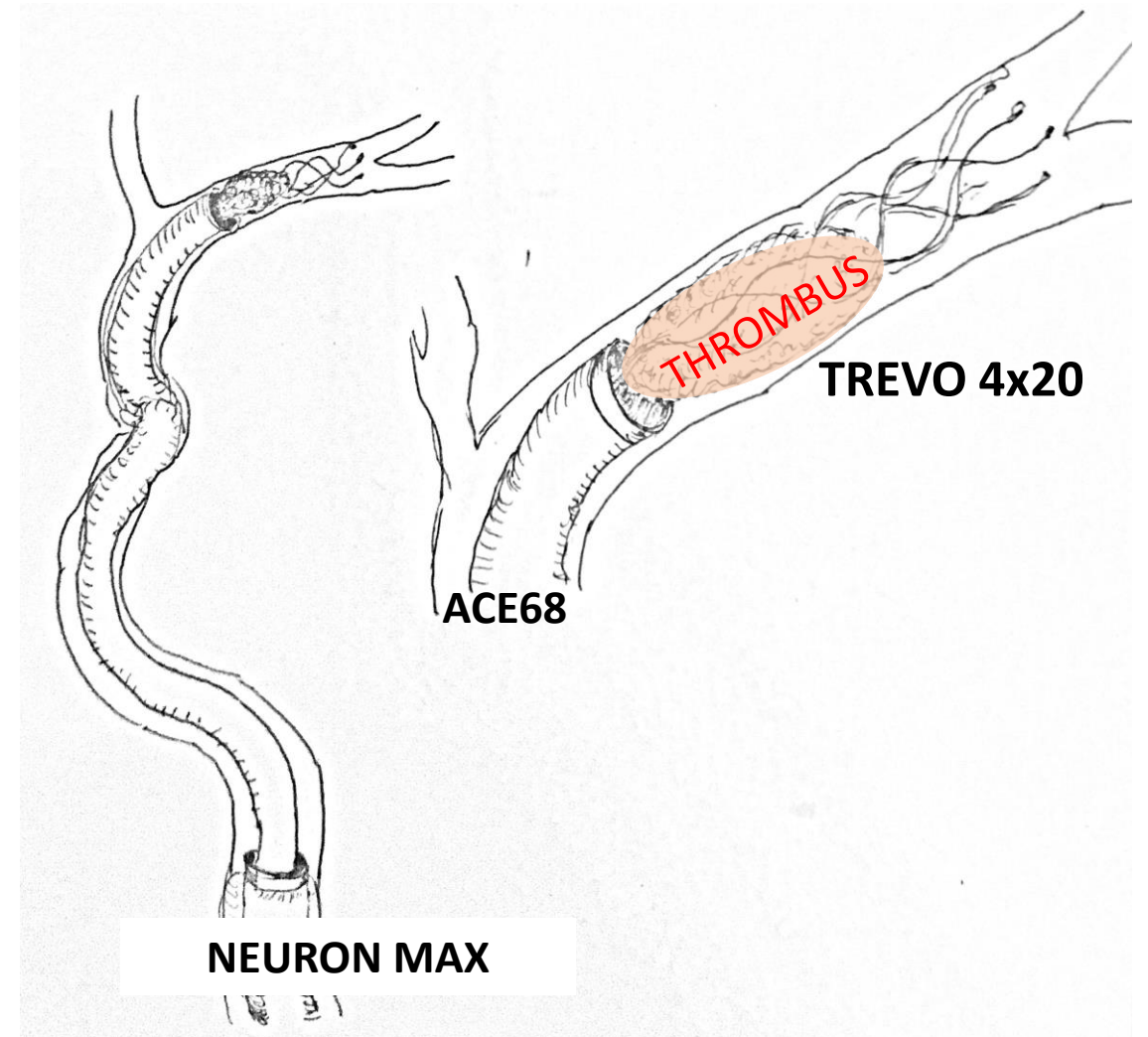
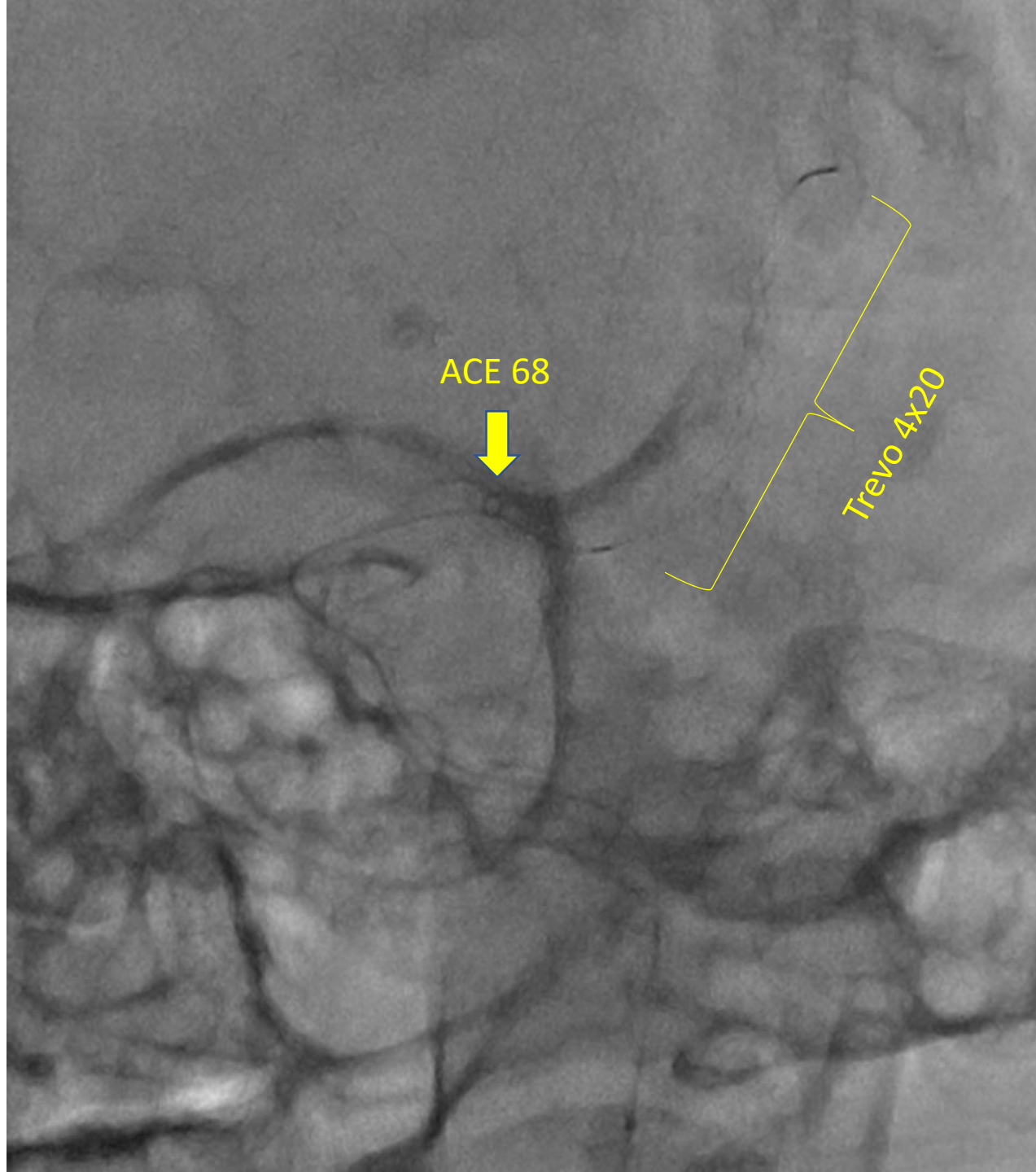
Среди причин инфаркта миокарда (ИМ), не ассоциированных с коронарным атеросклерозом, эмболии коронарных артерий (ЭКА) занимают важное место. Особенности острого ИМ эмболической природы являются сложность диагностики и отсутствие научно-обоснованных рекомендаций по лечению больных данной категории. Цель настоящего обзора - обобщение имеющихся данных об ИМ эмболической природы и представление трех клинических случаев, демонстрирующих новые подходы к лечению ЭКА.

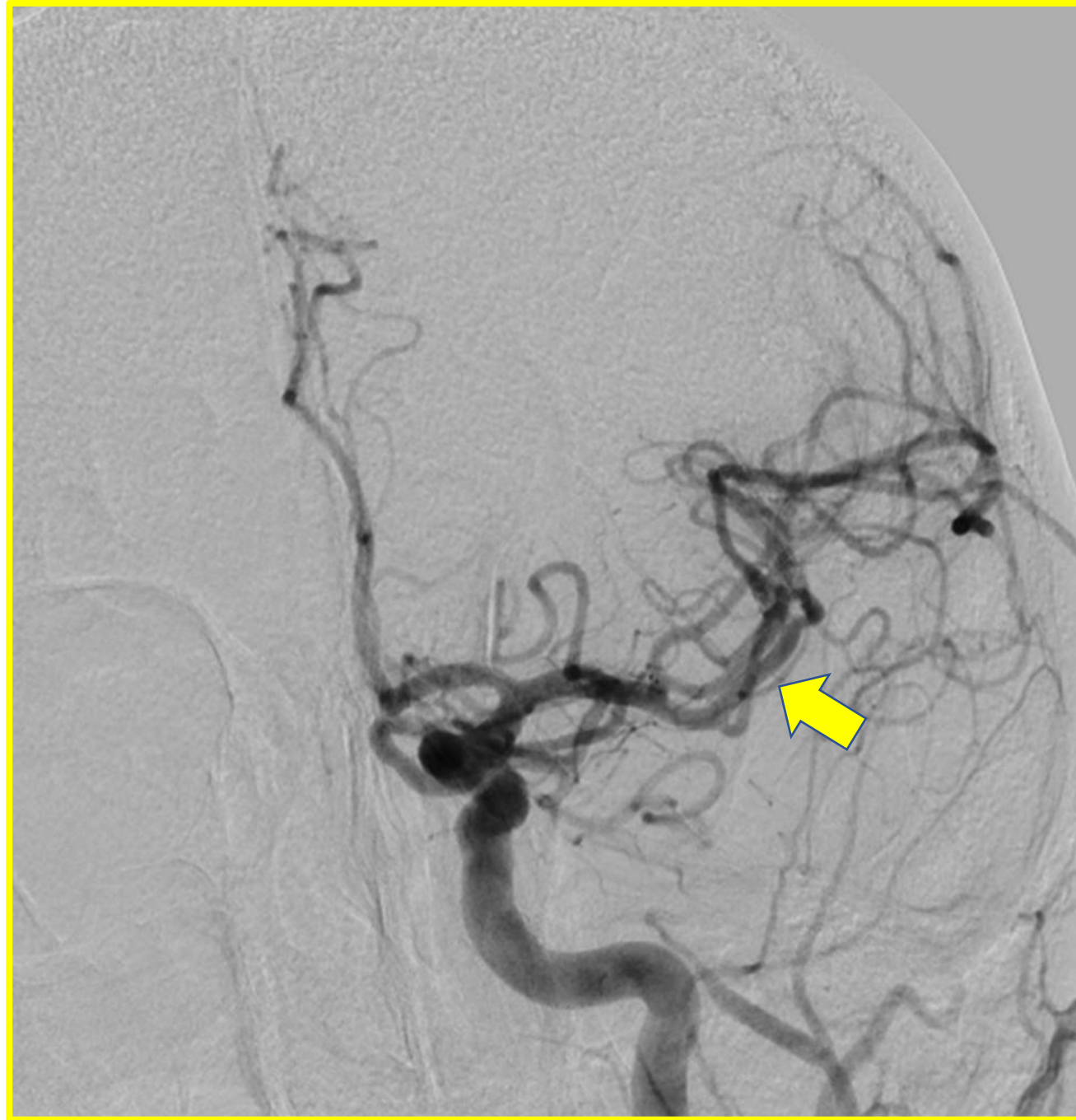




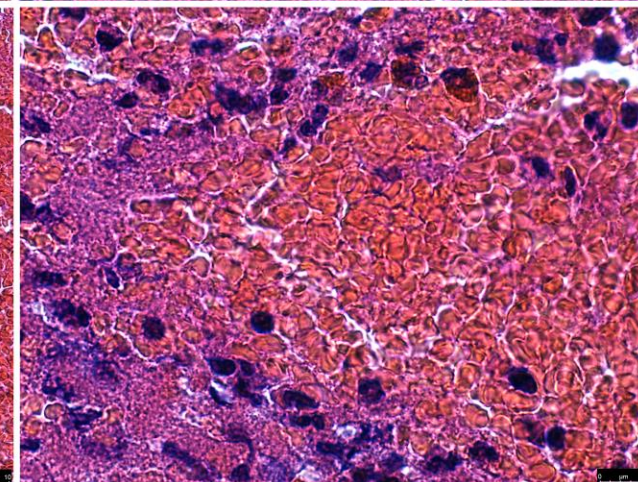
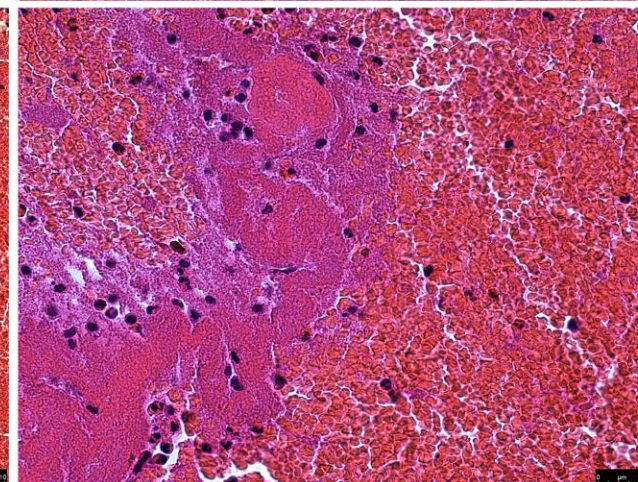
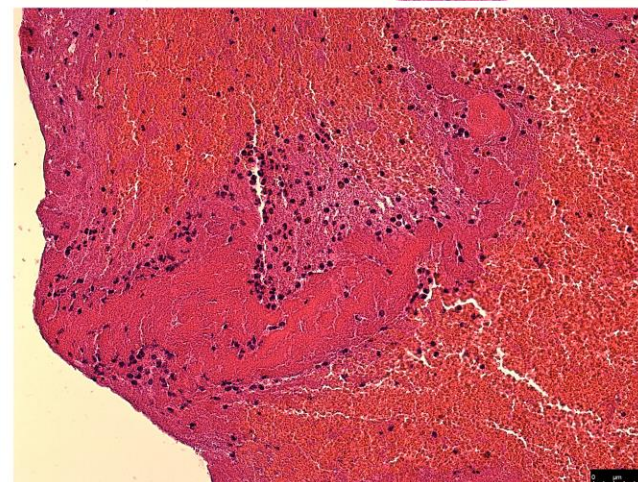
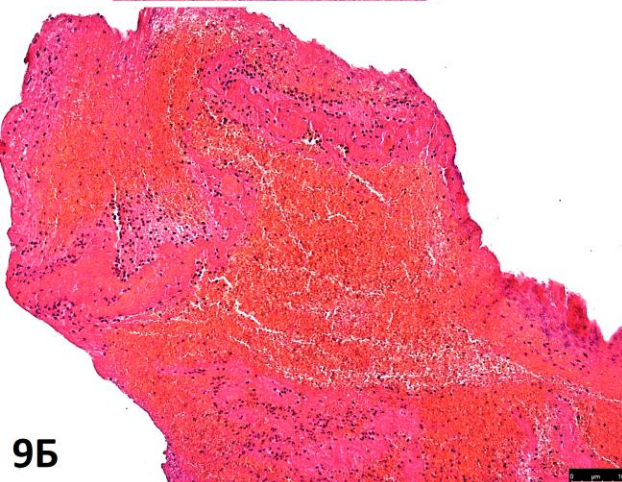
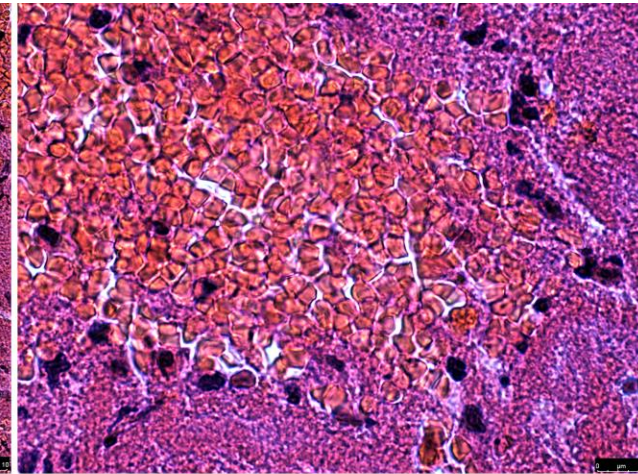
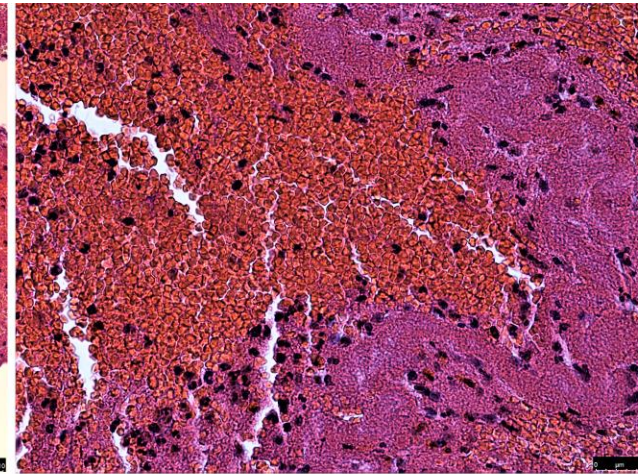
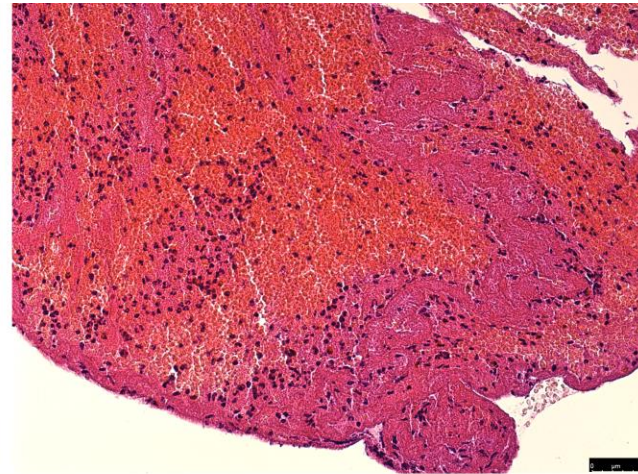
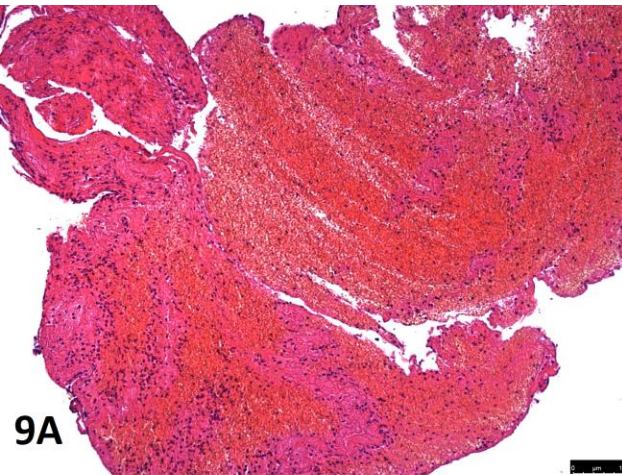








9A THROMBUS FROM CORONARY ARTERIES



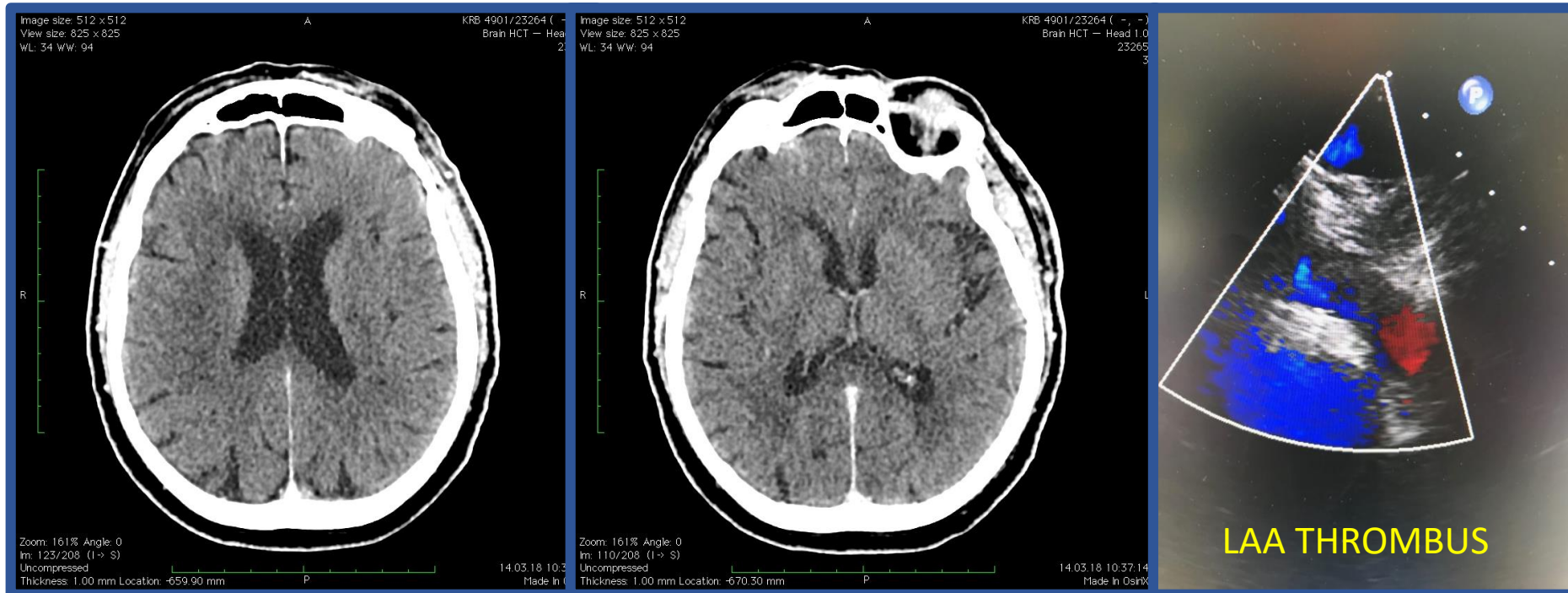
9B THROMBUS FROM CEREBRAL ARTERIES

INSTANT CLINICAL OUTCOME AT THE END OF INTERVENTION

Speech disorder resolve
Resolve of anginal status
LVEF= 30 %

2 DAY OUTCOME

No aphasia
NIHSS 2
Absence of angina
LVEF=45%





THANK YOU FOR ATTENTION!