中文題目：個案報告: 連續ST節段上升心肌梗塞於五小時內發生在不同冠狀動脈血管

英文題目：Case Report: Consecutive ST segment elevation myocardial infarction at distinct coronary arteries in 5 hours

作　　者：張景棠, 朱俊源, 許栢超, 盧怡旭

服務單位：高雄醫學大學附設中和紀念醫院內科部心臟血管內科

Case present: A 77 years old women had a history of hypertension with regular control. She felt nausea, abdominal pain in the morning and was send to ER where electrocardiogram (EKG) showed ST elevation at lead II, III, aVF with reciprocal change at V1-V4. Under the impression of ST Segment elevation myocardial infarction (STEMI), dual antiplatelet and heparinization were given. Primary PCI (9AM) revealed 90%, 50%, and 50% stenosis in RCA, LAD, and LCX respectively. A bare-mental stent (BMS) was inserted at the proximal RCA successfully. After returning to ER, VT was found 2 hours later and defibrillation was immediately performed. Intra-aortic balloon pumping (IABP) was inserted under the impression of cardiogenic shock. Subsequent EKG revealed ST elevation at lead II, III, aVF with reciprocal change at V1-V4. Coronary angiography was performed again (2PM) and total occlusion in the proximal LAD was accidently found. Another BMS was inserted at the middle LAD successfully. However, laboratory data revealed CRP 158mg/L and WBC 30000/ul and pyuria was dectected in the urine analysis. Under the impression of urosepsis, empiric antibiotics was given with Tazocin. Refractory shock was persistent even under the use of triple vesopressors and this patient was died in 24hours.

Conclusion:

In patients with STEMI, there is little angiographic change occurred in the non-culprit lesions in 6 months of follow-up. However, plaque instability might be caused by different mechanisms, such as inflammation, that exert adverse effects throughout the coronary vasculature. We present this case with consecutive STEMI complicated by refractory shock and urosepsis, which demonstrate the widespread pathophysiologic processes contributing to the rapid progression of unstable plaque and poor outcome.