

中文題目：下壁心肌梗塞引起之左心室壁破損合併雙葉克膜機使用:個案報告

英文題目：Double ECMO support for left ventricle free wall rupture after acute inferior ST segment elevation myocardial infarction : A case report

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Introduction:

Cardiac rupture is a rare complication caused by acute coronary syndrome. Cardiac rupture occurs more frequently in ACS with STE and is associated with high hospital mortality.

Case Report:

This patient is a 64-year-old male who denied any systemic disease and quit smoking habit for 2 years. He presented with intermittent retrosternal chest pain and the episode of pain lasted 4 hours. She was brought to ER with GCS of E4M5V6. Blood pressure on arrival was 102/81 mmHg with a heart rate of 121/min. Physical examination showed cold extremities, and inspiratory crackles at the lung bases. Initial electrocardiogram (ECG) showed an inferior leads (II, III, and aVF) ST-segment elevation myocardial infarction (STEMI). Even more, bedside transthoracic echocardiography revealed massive amount of pericardial effusion over the inferior wall. The patient was diagnosed with a late presentation inferior STEMI and a possible ventricular muscle rupture. The patient was referred for urgent surgical repair of a ventricular rupture secondary to a myocardial infarction.

The ruptured LV inferior wall was repaired with Dacron patch and felt. However, the inferior free wall was widely necrotic and initial attempts at direct closure the ruptured LV failed. Following, double set of ECMO were used to decompress LV (RA to femoral vein + LA to right subclavian artery), which allowed for more solid closure of the ruptured wall.