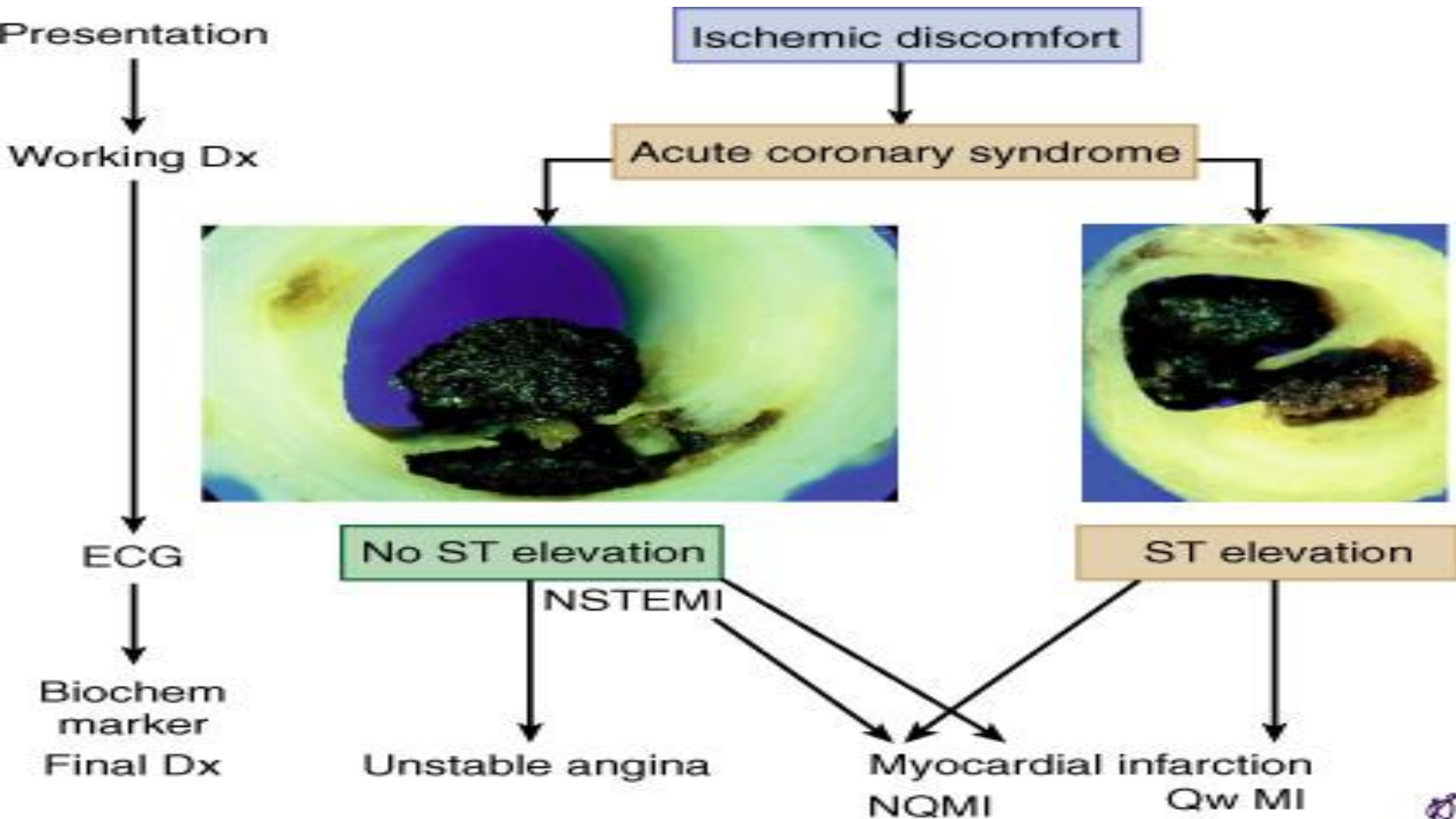


# Primary PCI

STEMI

# pathology



# Revascularization

- Pharmacologic
- Catheter base

- S

**Areas of infarction are determined by which coronary artery occluded:**

- **LAD → septum & anterior wall of LV**
  - **Anterior MI: increased incidence of heart failure, ventricular ectopy**

- • RCA → right ventricle, inferior wall of LV, & (in most people) SA & AV Nodes
- Inferior MI: increased incidence of conduction disturbances & brady dysrhythmias
- One third of Inferior MI's also experience RV MI: increased incidence of right heart failure

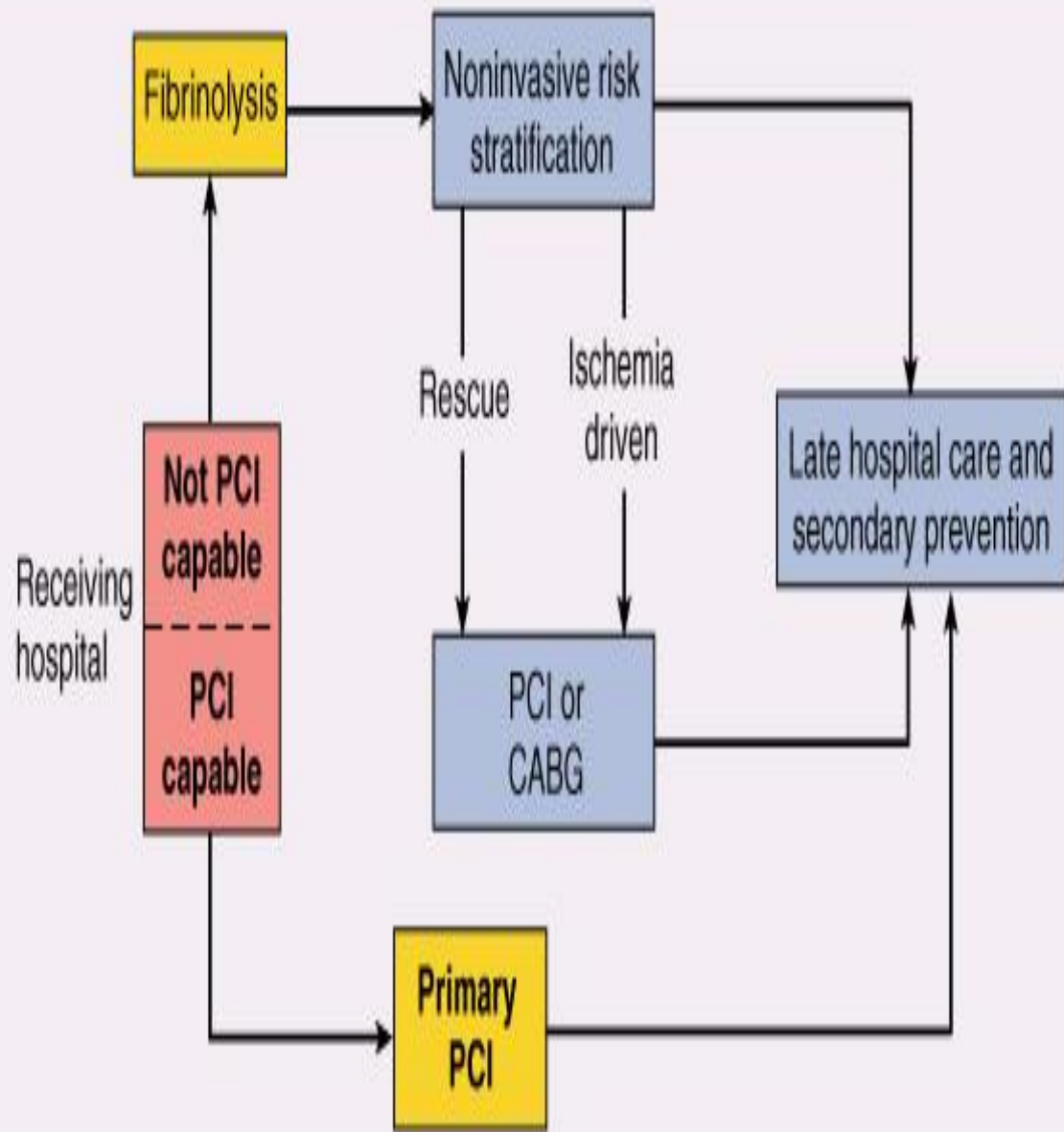
- • Circumflex → lateral and posterior walls of LV
- Lateral MI:
- Posterior MI: infrequent

# Primary PCI

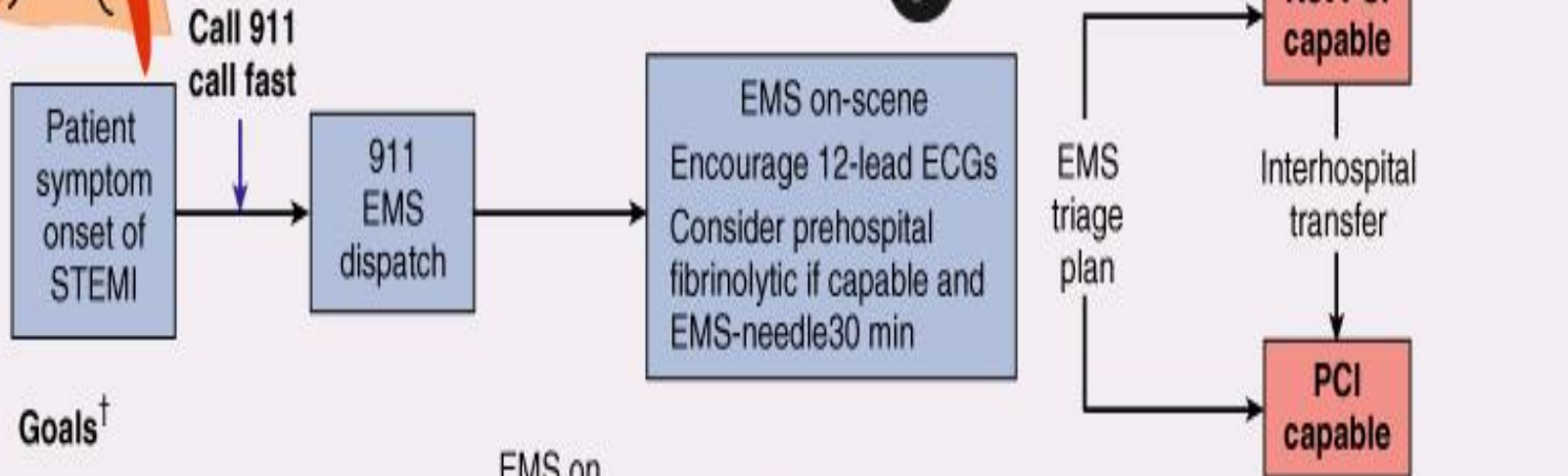
- Defination
- time



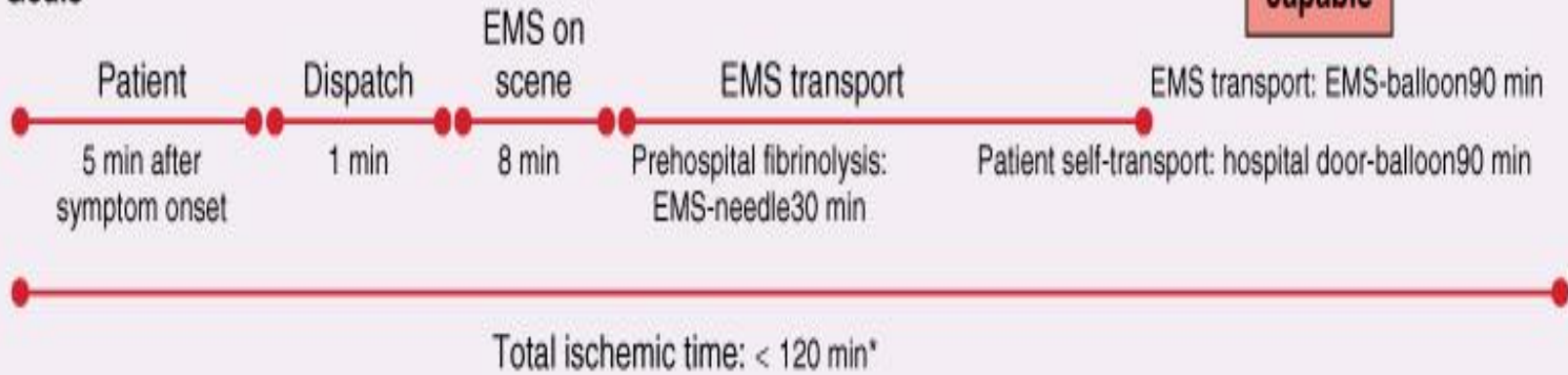




B



**Goals<sup>†</sup>**



\*Golden hour = first 60 minutes

# Primary PCI

Contraindication lytic therapy

# Primary PCI time

- Up 12 h
- 12- 24 h

# Rescue PCI

- STEMI no response to lytic therapy

# Facilities PCI

- Response to lytic therapy

# Mortality

- 4-12 percent with reperfusion therapy

# Preparation to primary PCI

- ASA
- Clopidogrol
- Ticagrelor
- Heparin
- Moitoring



# Primary PCI special situation

- Old age
- Femal

# Primary PCI no benefit

- Patient refuse
- Risk over benefit
- After 24 h no ischemia no hemodynamic disturbance