HICKAM'S DICTUM COMES TRUE: CONCOMITANT PE AND STEMI IN A PATIENT WITH CHEST PAIN

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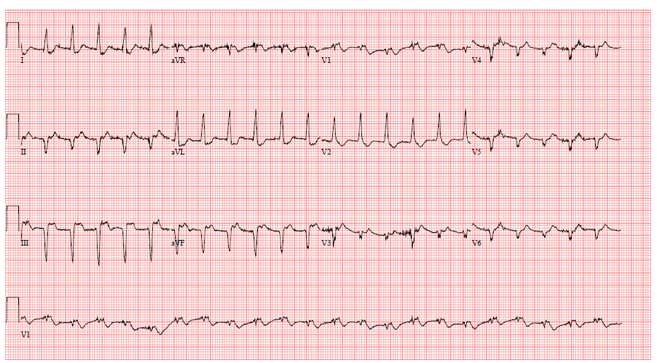
INTRODUCTION

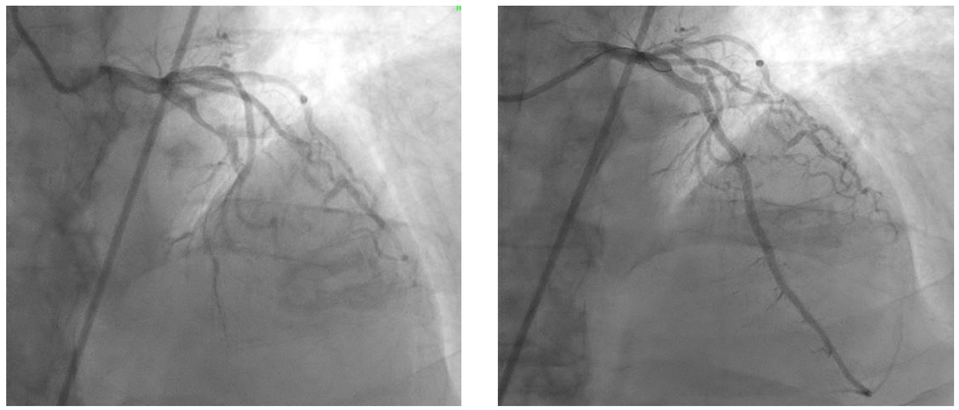
STEMI and acute PE are life threatening medical emergencies, with concomitant presentation making it challenging to diagnose and manage these conditions.

CASE

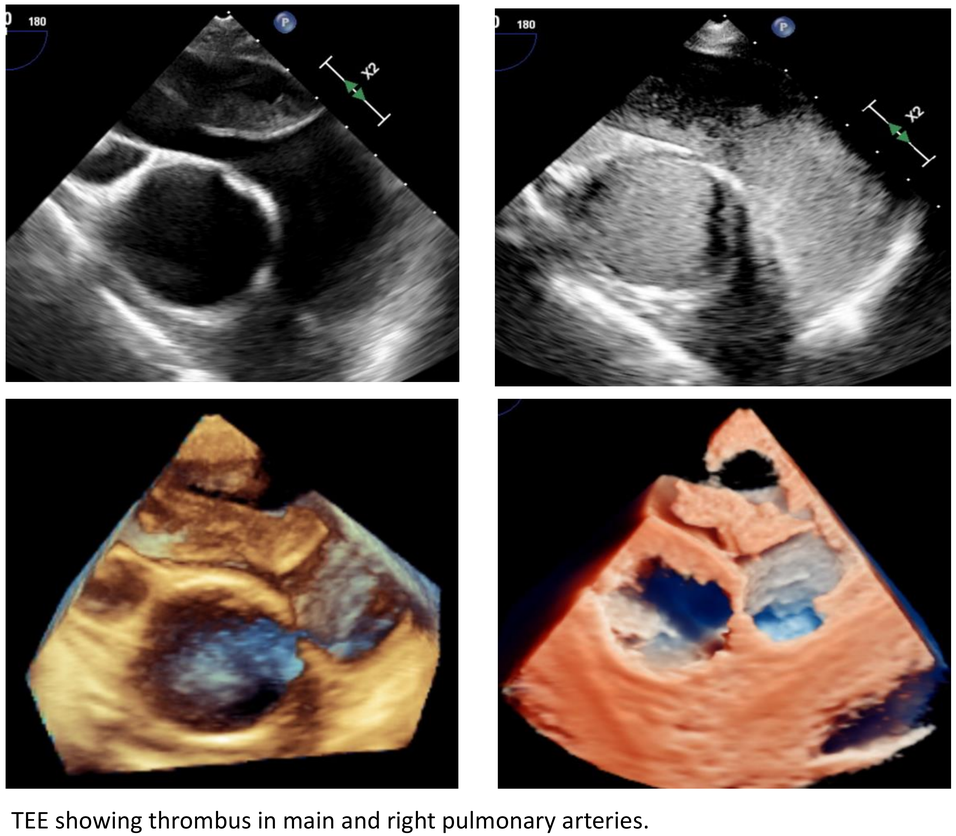
A 71-year-old male with history of hypertension and hyperlipidemia presented with sudden onset chest pressure and dyspnea on exertion. EKG showed ST segment elevations with reciprocal changes. Coronary angiography showed mid LAD 99% occlusion for which PCI was performed. Patient deteriorated rapidly requiring multiple vasopressors and was placed on VA ECMO. TTE showed severe RV dysfunction with dilation. Given RV failure and left lower extremity DVT, there was concern for cardiogenic shock from PE. CTA chest could not be performed due to patient's tenuous hemodynamic status. TEE was obtained which showed saddle PE. He underwent catheter directed thrombectomy with normalization of RV function. Patient could not be weaned off VA ECMO and family pursued comfort measures.



12 Lead EKG.



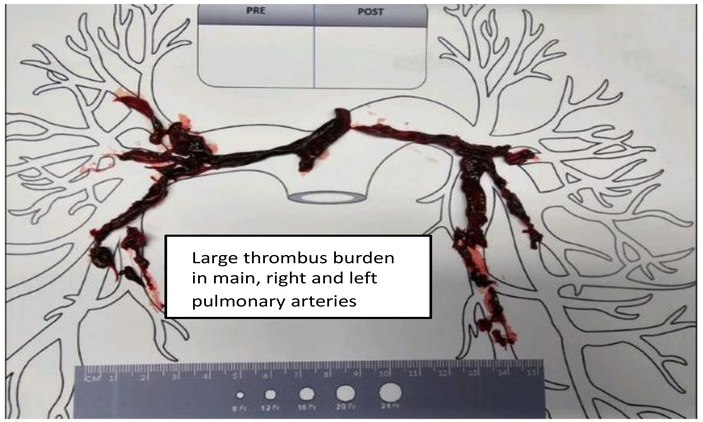
Coronary angiography with mid LAD 99% occlusion status post PCI with TIMI3 flow.



TEE showing thrombus in main and right pulmonary arteries.

MANAGEMENT

Patient's initial presentation was consistent with STEMI, and he underwent coronary angiography with PCI. For worsening shock, and severe RV dysfunction, mechanical support was initiated followed by catheter directed thrombectomy for saddle pulmonary embolism.



Clot burden aspirated with thrombectomy.

CONCLUSION

This case highlights challenges in management of acutely ill patients with STEMI who have concomitant PE and right ventricular failure. Acute pulmonary emboli can present with unusual finding of inferior ST elevation.

DISCLOSURES

Authors have no disclosures.

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