Abstract: P1908

A 39-year-old childbearing potential woman in lactation period suffering from STEMI.

Authors:
IA Mezhiiievska¹, VI Maslovskyi¹, II Leta¹, YV Maslovskyi¹, ¹National Pirogov Memorial Medical University, Internal medicine #3 - Vinnitsa - Ukraine,

Topic(s):
Coronary Artery Disease: Treatment, Revascularization

Citation:
A 39-year-old woman was brought by the ambulance regarding STEMI. She is the mother of two children. At the present time moment, she has been on maternity leave (the lactation period). In 2009, she was diagnosed with diabetes during the first pregnancy. Further, she took sugar-reducing therapy (gliclazide). In 2009 during labor she had acute retinopathy of both eyes. In anamnesis, after the first pregnancy, there was noted an increase in blood pressure of 160/90 mmHg, she didn’t take antihypertensive drugs. From 2016, in connection with the second pregnancy she stopped taking any medications. Over the past two days, the patient noted a significant recrudescence of general condition. She suffer from chest pain, which she didn’t feel in a state of rest. At about 16.00 she had intensive burning pain in the heart area, pouring sweat. She called the ambulance and was taken to the hospital. In the medical examination, she had a heart rate of 95 beats / min and a BP of 120/80 mmHg. Auscultation of the heart showed normal heart sounds without additional sounds or noises. No signs of congestive heart failure were noted. The respiratory test was not noticeable. Rate of blood sugar at hospitalization was 24.0 mmol / l. Total cholesterol - 8.12 mmol / L, triglycerides - 2.3 mmol / L, LDL - 8 mmol / L, HDL - 0.8 mmol / L, Hb1AC - 8%. At time of admission ECG showed sinus rhythm, ST-elevation I, aVL, V2-V5, ST-depression III, aVF (Fig. 1). Her echocardiography showed hypokinesis of the anterior wall of the left ventricle. Urgent coronary angiography was performed. Acute thrombosis of LAD was detected. She was performed predilatation of LAD with the further stenting with stent system Alex 3.2 × 22 mm / P – 10 Atm. In the distal part, after the dissection followed stenting with stent system Integrity 3.0 × 30 mm P – 9 Atm. Postdilation to 22 Atm. Angiographic results were satisfactory. There were detected no hemodynamically significant coronary artery stenosis, RCA - 10% of distal stenosis. Post-procedure and follow-up: The course of the postoperative period showed no particularities. The patient received treatment: LWMG, Ticagrelor, ASA, Atorvastatin, Carvedilol, Ramipril, Pharmasulin. 72 hrs post procedure, the patient's condition was stabilized, she was asymptomatic and hemodynamically stable, serum urea and creatinine showed normalization dynamic. The patient was discharged in stable condition.

Discussion: Despite the fact that the patient had a high cardiovascular risk due to acute retinopathy after the first pregnancy, she did not receive antihypertensive and other prognosis-modifying therapy.

Conclusion. Premenopausal women are believed to have a lower risk of cardiovascular issues than those who are in the postmenopausal period. But in our case, probable decisive factor was diabetes mellitus, non-corrected dyslipidemia, metabolic syndrome and probable toxicosis of the second half of pregnancy.
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