

Images in clinical medicine



Successful thrombolysis in acute coronary syndrome



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We report the case of a male aged by 50 years-old without medical history who consult in emergency for a prolonged constrictive thoracic left pain which irradiates to the left shoulder from 5 hours. Cardiologic and general examination were normal. In front of that we perform an ECG, who show a reciprocal ST-segment elevation at the inferior territory (DII, DIII, aVF), on anterior and lateral derivations (A). After the elimination of thrombolysis contraindications, we administrate first a loading dose of clopidogrel, aspirin, and enoxaparin followed by tenecteplase at 0.6. The immediate follow-up was marked by the resolution of the pain and a complete resolution of the ST-segment elevation synonym of the successful thrombolysis (B). Thrombolysis is a medical

technique intended to urgently dissolve a curd that blurs a coronary artery in myocardial infarction or a cerebral artery in a stroke which succeeds only in 15% of cases. Thrombolysis shows its effectiveness in terms of survival and improvement of left ventricular function. It's indicated if the chest pain dates from less than 12 hours in the absence of contraindications. Its prescription methods consist of a single intravenous bolus injection, dosage depending on weight associated with treatment with aspirin, clopidogrel and effective anticoagulation. The success criteria are clinically: pain sedation after an initial increase possible, biologically an early peak in markers of myocardial necrosis, electrically ventricular reperfusion arrhythmia (ESV, TV, RIVA) and the marked regression see the disappearance of the ST segment elevation.

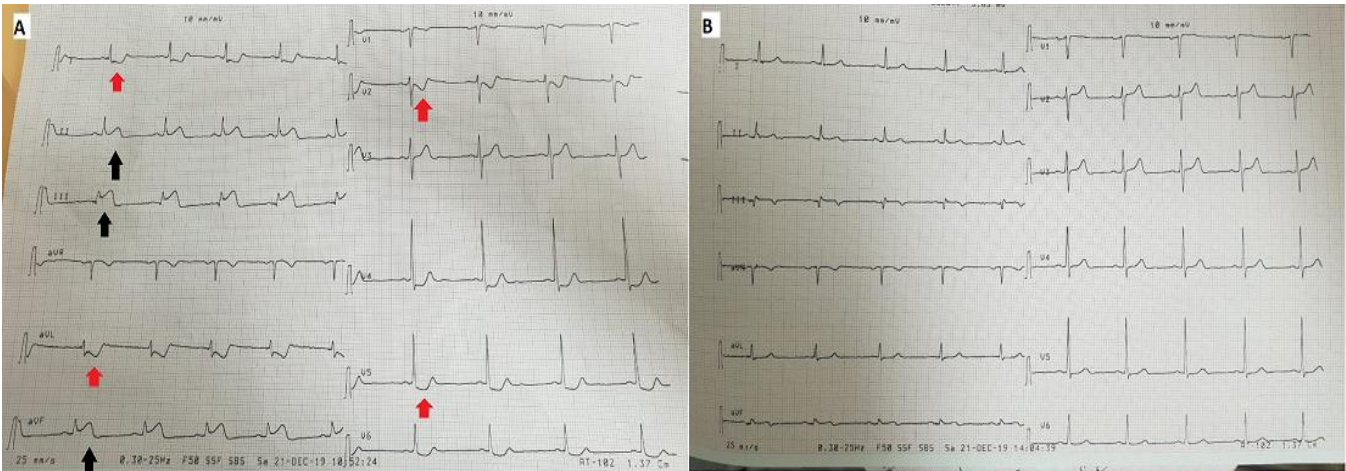


Figure 1: before thrombolysis ECG (A) show a reciprocal ST-segment elevation at the inferior territory (DII, DIII, aVF) (black arrows), on anterior and lateral derivations (red arrows). After thrombolysis ECG (B) show the complete resolution of the ST-segment elevation synonym of the success