

SUICIDE HEART

הלב המתאבד - הצגת מקרה

Ori Vatury M.D.

Director of Non-invasive Cardiology unit

Haemek Medical Center

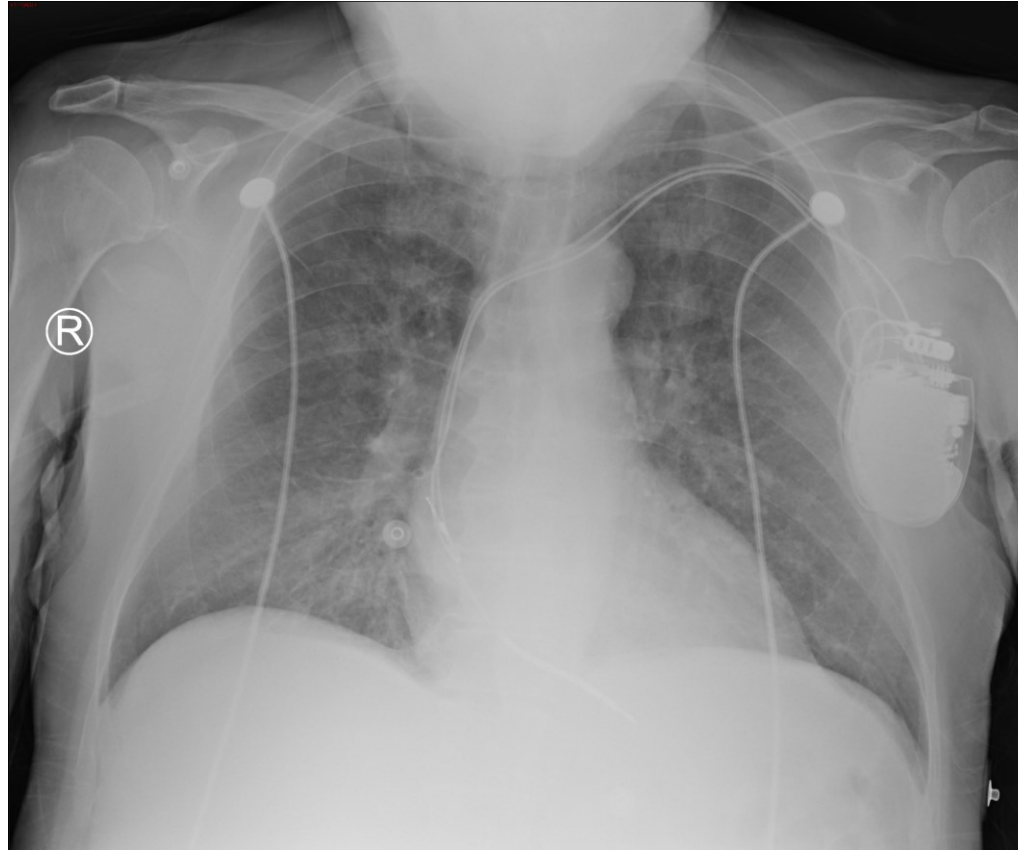
A.D Case Presentation

- A.D 80 patient
- Medical History Significant for:
 1. HOCM –Known for over 7 years (peak systolic gradient at rest of 50mmHG) treated with Beta Blocker CCB and pacing ,later treated with BB and pacing
 2. NYHA II initially and Later in NYHA III
 3. Implantation of AICD in 2015 as Secondary prevention (multiple episode of syncope during exercise)
 4. Upgrade to DDDR ICD in 28/6/2021
 5. Persistent Atrial Fibrillation-DC cardioversion in 12/2021 Procor added to medical treatment (already on NOAC-Eliquis)
 6. Non significant CAD per angio in 2018
 7. HTN, Dyslipidemia

Current Hospitalization

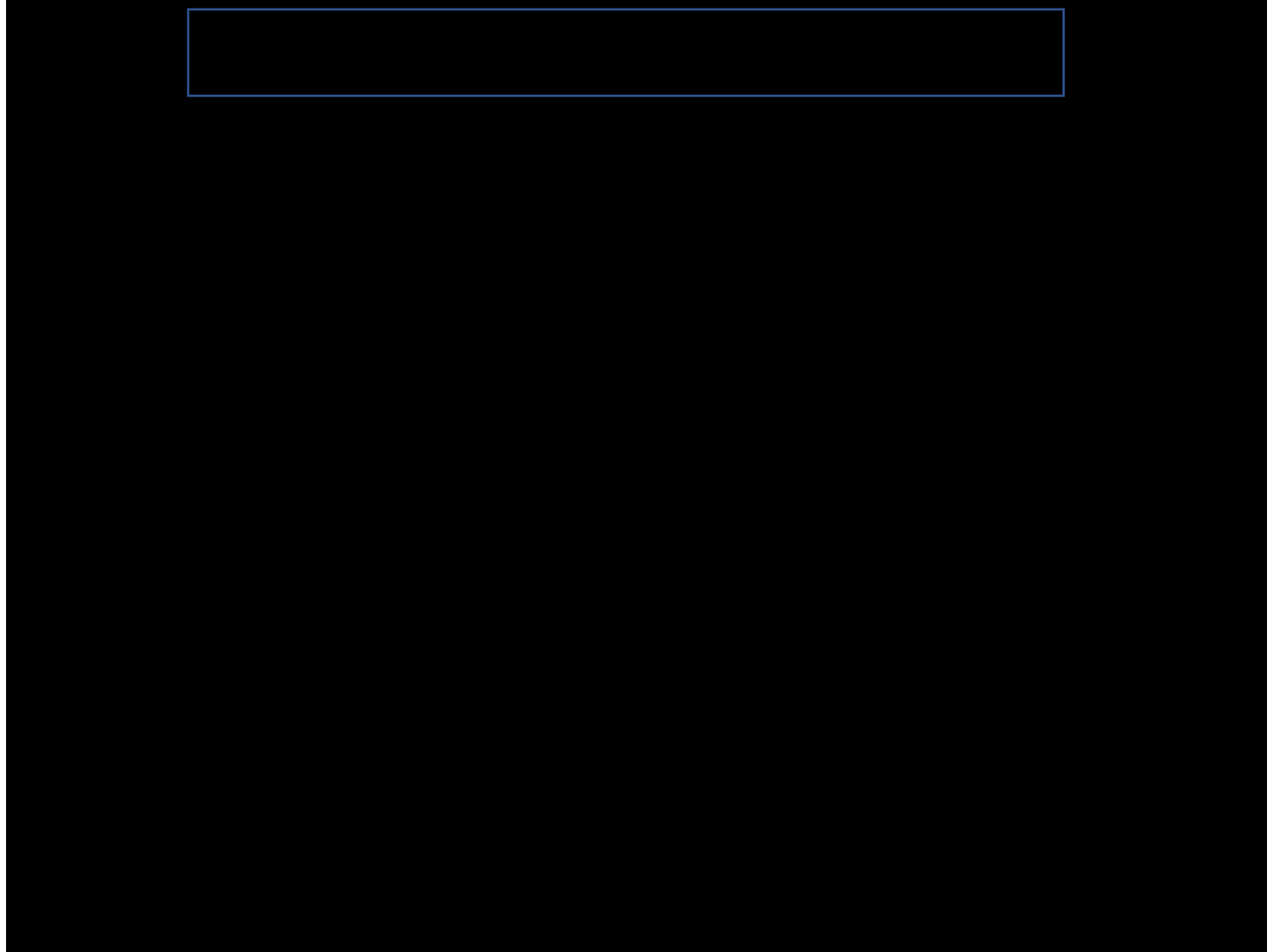
- Arrived to the ER after an Episode of Syncope
- Interrogation of AICD revealed episode of VF treated with DC shock
- Of note recent remote monitoring showed episodes of VT
- History taken from the family revealed that the patient has stopped taking Procor a few weeks prior to current hospitalization
- He was given 300Mg of Procor (IV Push) and 20Mg Fusid (IV push)
- Admitted to CCU

During the Night in The CCU

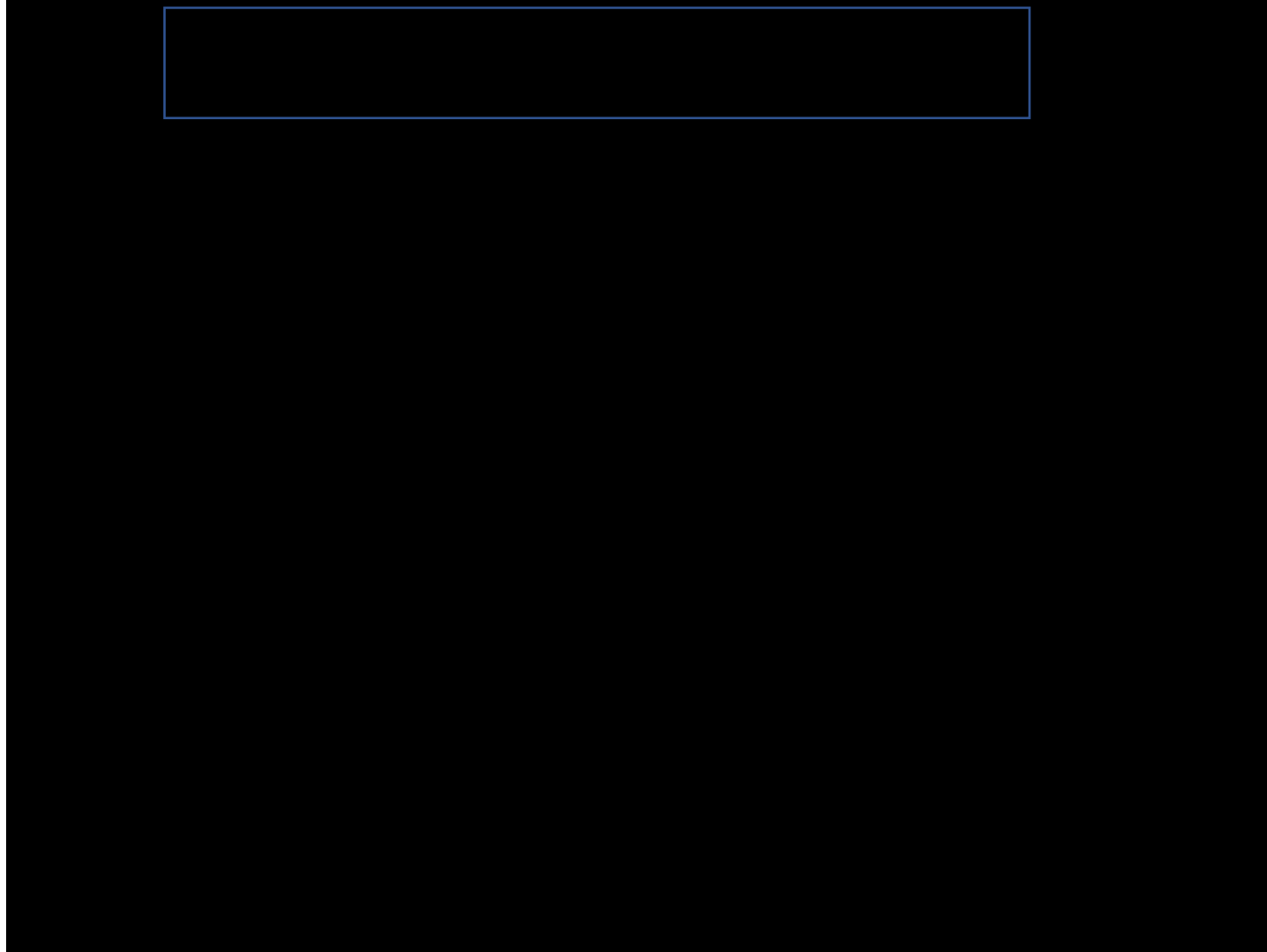


Clinical and Radiological Evidence of Flush Pulmonary Edema upon arrival to the CCU (1:00 AM)
treated with IV FUSID, Nitrates and MO

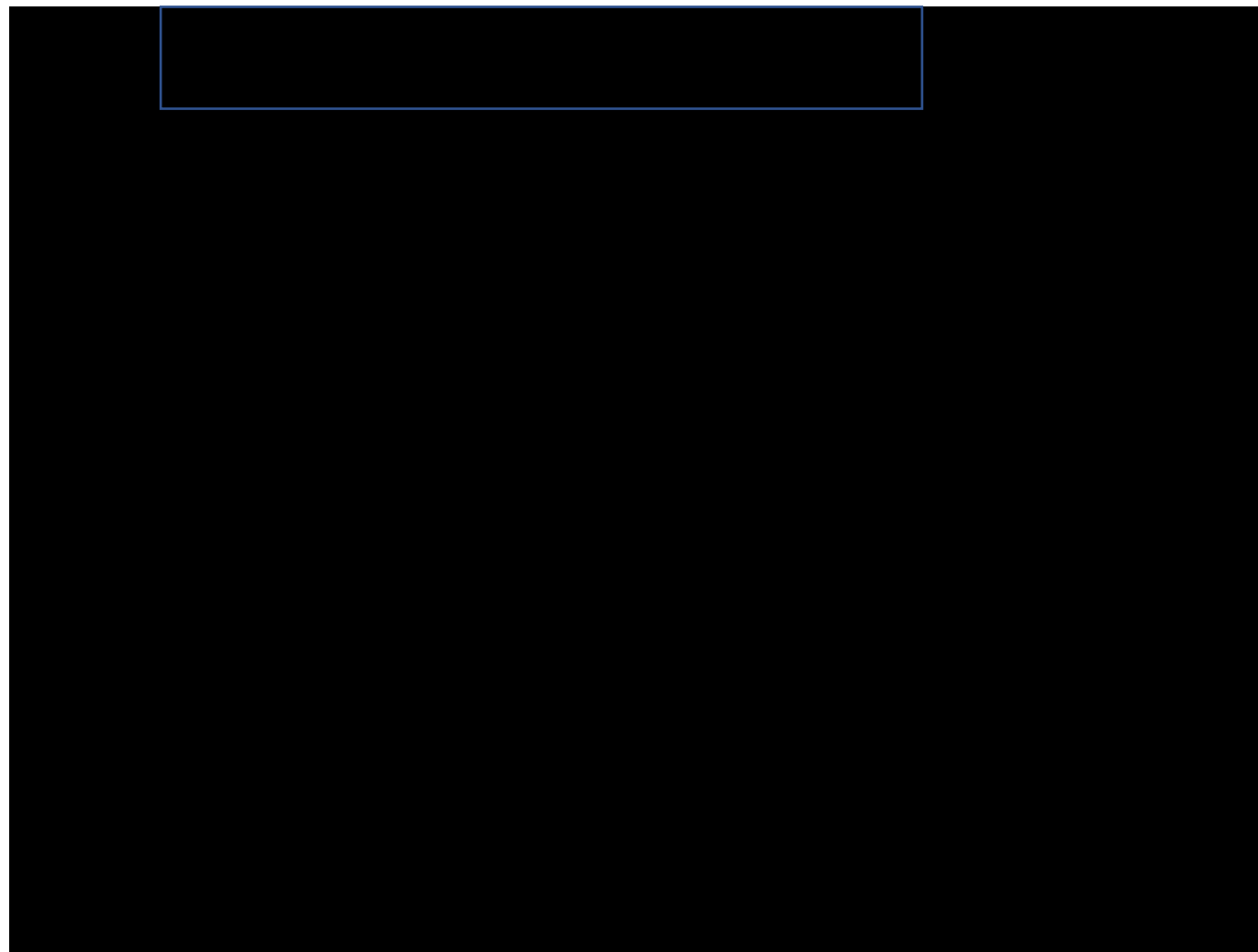
Morning in the CCU-Echocardiogram (9:40am)



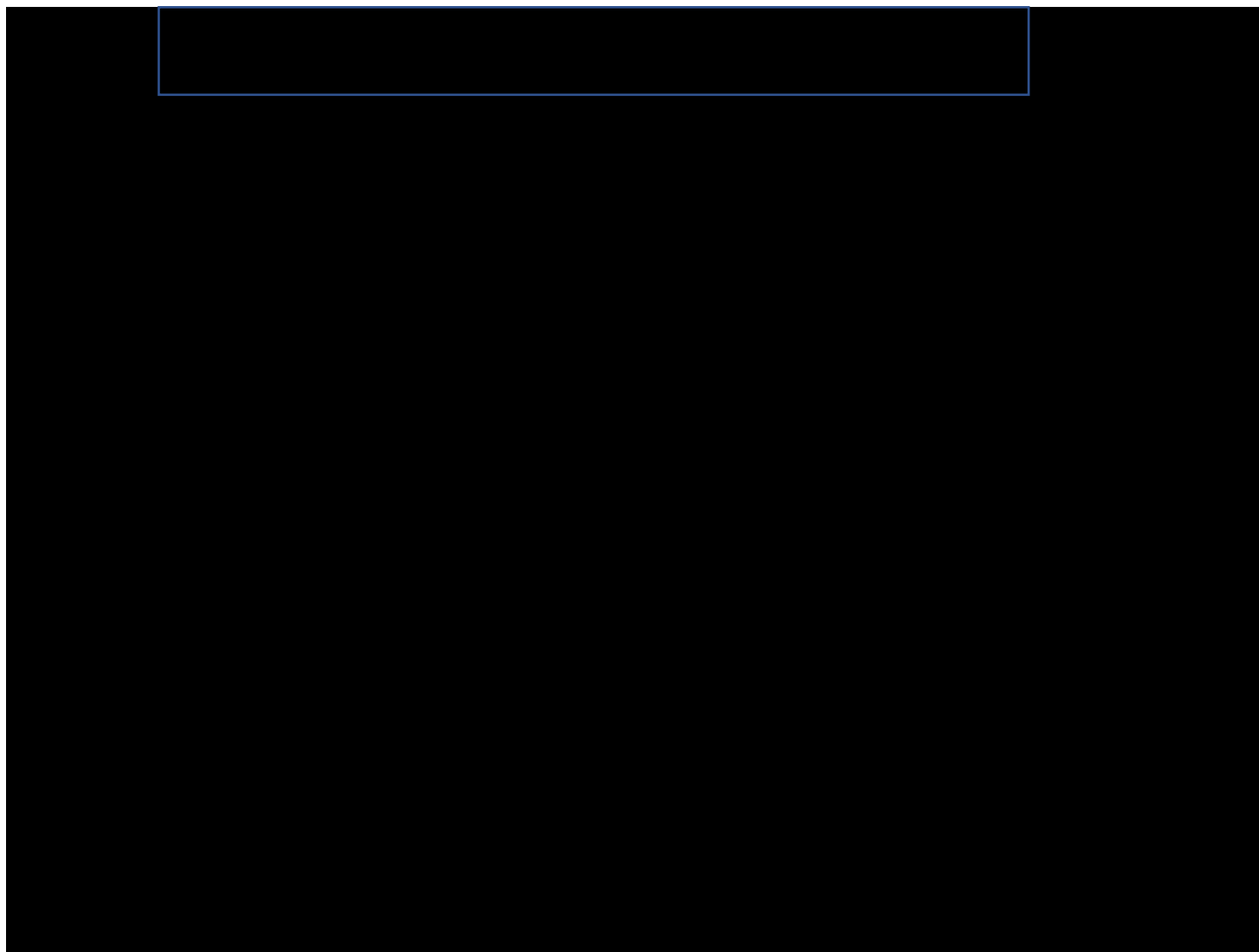
Echocardiogram-con't



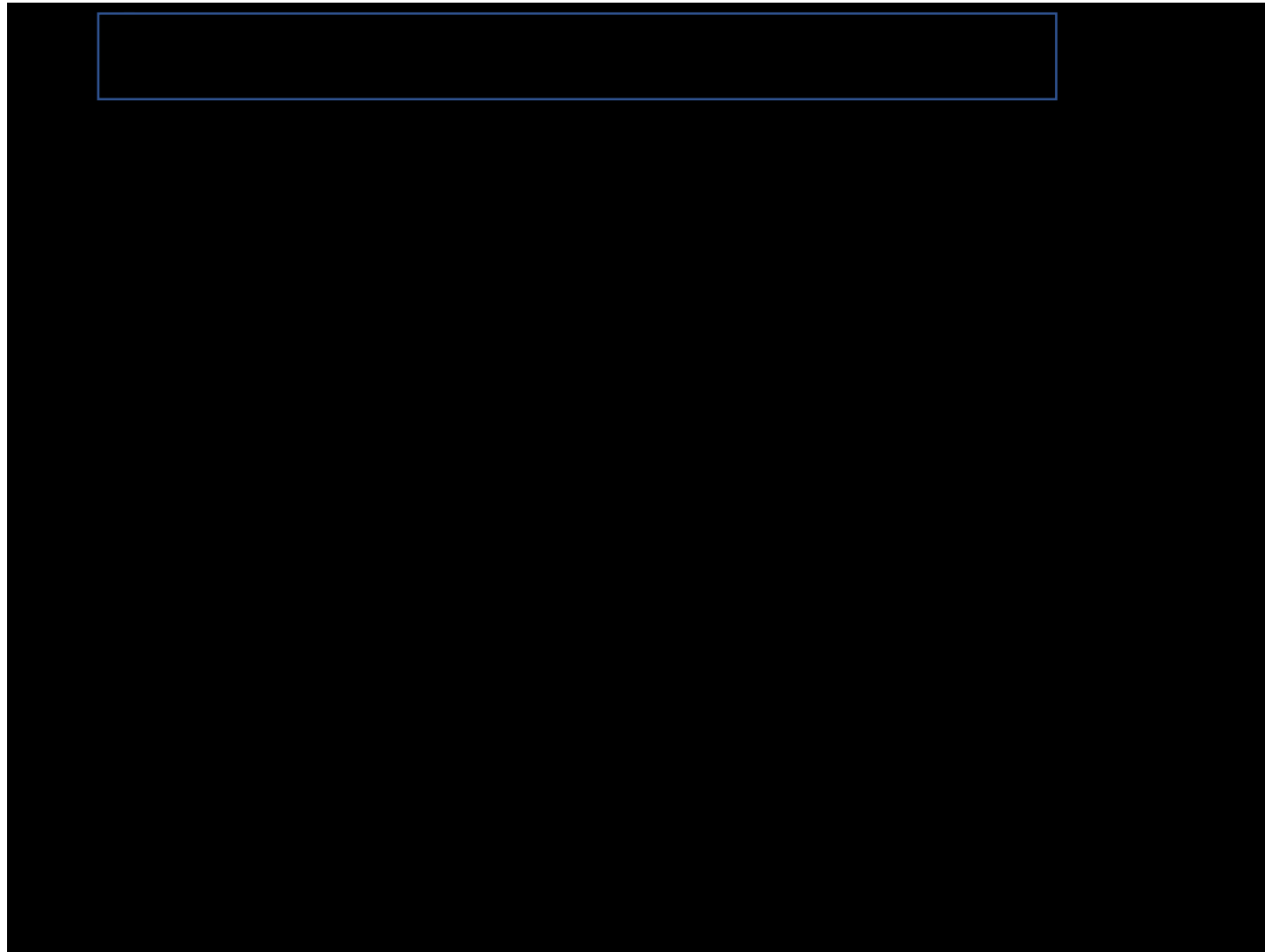
9:49am “I don’t feel so good”

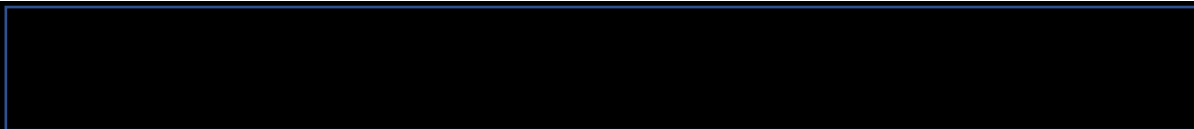


9:50AM



9:56 AM Patient loses consciousness (during ehco)

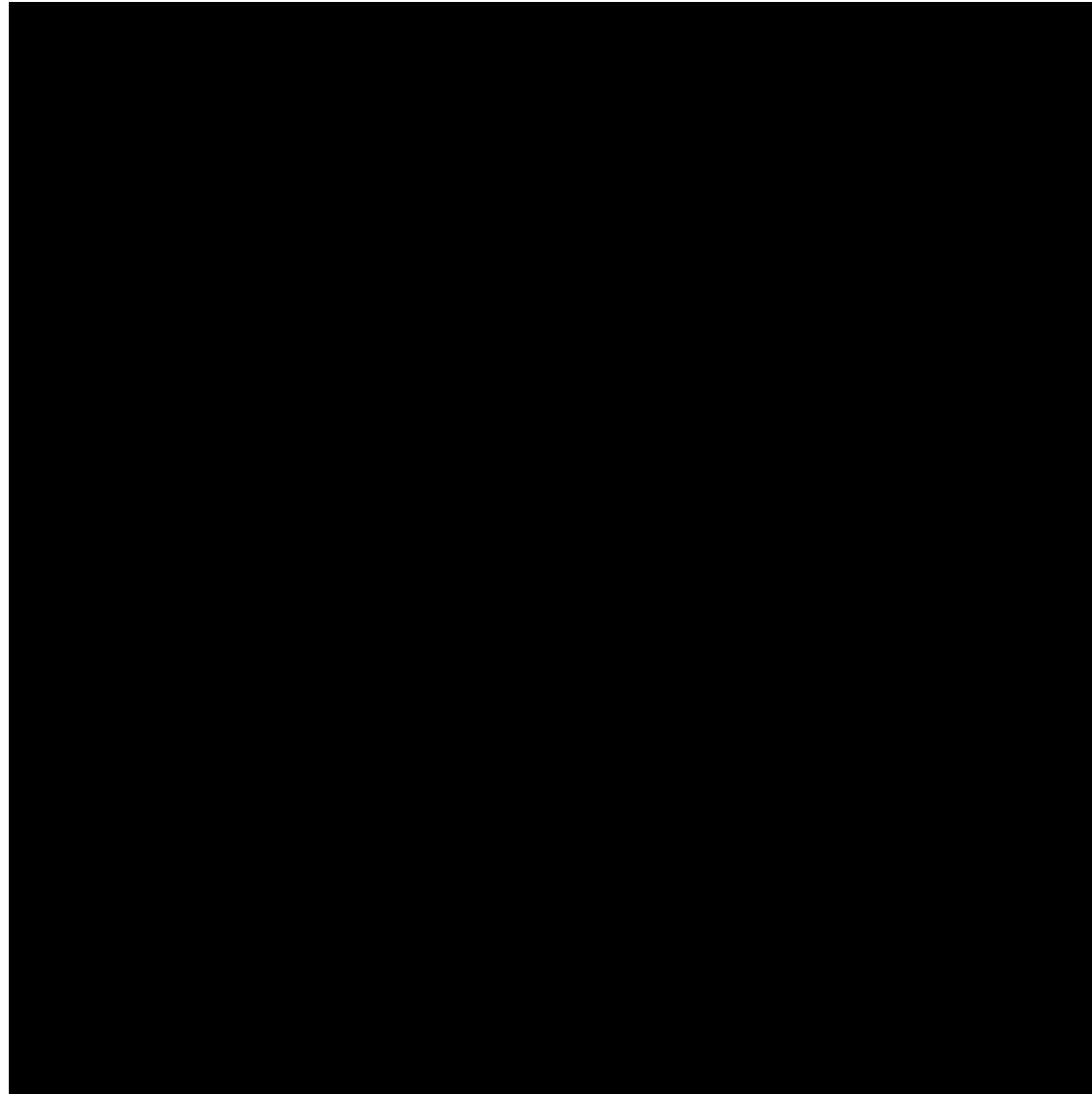




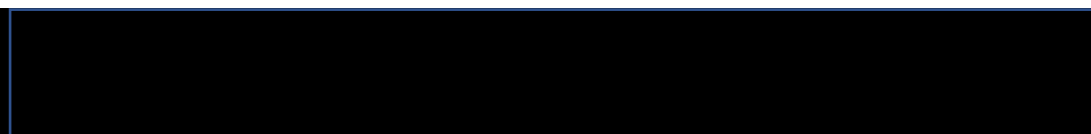
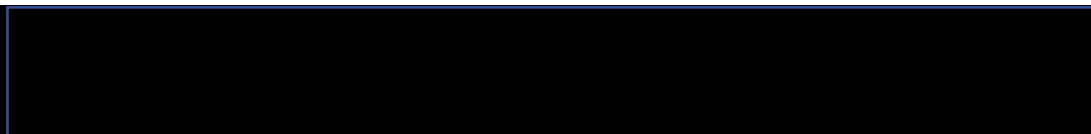
What to do next ?

1. IV Fluids and Inotropes only ?
2. Put the Patient on ECMO and Transfer Him ?
3. IABP ?
4. Impella ?
5. Something Else ? (mitral clip on ECMO/Impella ?)

We Tried Impella to “release” the anterior leaflet

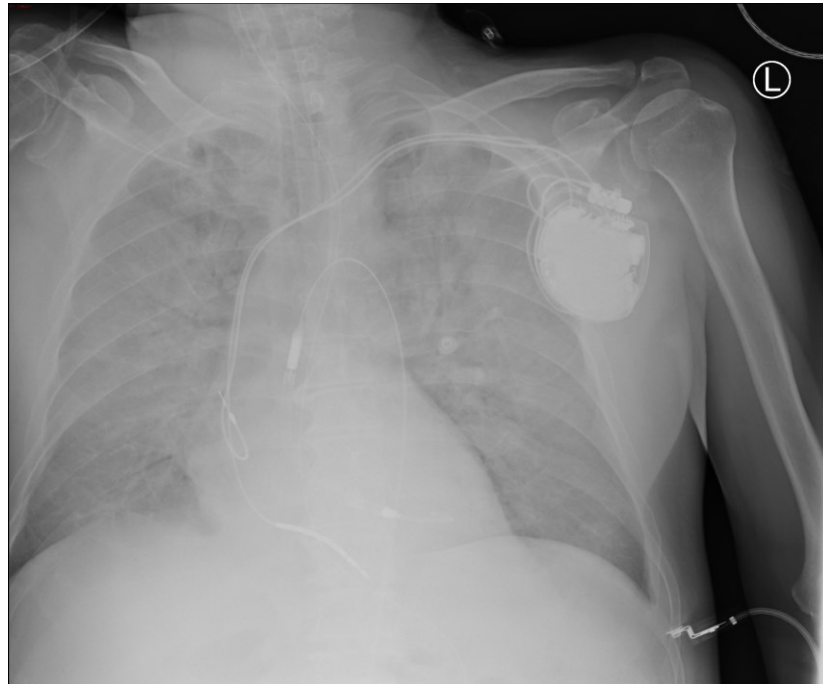


Echo during Impella



Final outcome

- Despite initial hemodynamic improvement with impella ,ionotrops and mechanical ventilation the patient remained in severe acidosis and with intractable pulmonary edema
- The patients passed away after several hours



Take Home Messages

- This case illustrates how patients with HOCM may be extremely sensitive to volume depletion and hemodynamic changes
- Once the “suicide heat” develops it is very difficult to undo this fatal cascade
- Could this patient be saved ?