Single episode of chest pain at rest in an elderly patient

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Clinical history

- Woman, 83 y.o.
- No coronary risk factors. No previous history of CAD.
- Episode of chest pain at rest, with normal EKG and enzymes. The symptoms resolved spontaneously, and the patient was discharged.
- Since the patient was unable to exercise, the cardiologist ordered a myocardial perfusion study (MPS) with pharmacologic stress.
• The patient was submitted for a stress-rest MPS with dipyridamole.

• $^{99m}$Tc-MIBI two-day protocol was used (25 mCi, 925 MBq each day), starting with the rest study.

• The stress test was well tolerated, with no ECG changes and no symptoms, and normal BP response.
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b) Myocardial infarction with no ischemia
c) Mixed areas of infarction and ischemia
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b) Send the patient to the Cath Lab
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- Since the patient had an ischemic test result with additional high-risk signs, catheterization is indicated.

- Other tests would not modify the management at this point.

- Medical therapy alone is of limited value in a patient with no risk factors.
Catheterization results

- 95% stenosis of mid-portion of LAD.
- Successfully dilated, stent placed.
- LCx, RCA without lesions.
Teaching points

• MPS is safe and has prognostic incremental value in elderly patients and may influence medical decisions.

• High risk features like TID, ESV increase and LVEF decrease during stress, indicate the need for intervention rather than medical treatment.

• Women with severely abnormal scan results are at increased risk for hard cardiac events than are men with same results.

• Ischemia in the LAD territory could be predicted by the result of the test.
Bibliography


