DECLARATION OF CONFLICT OF INTEREST

No disclosure
Case-based learning from the ESC Cardiologists of Tomorrow

“the underlying truth”

Myocardial infarction in the young

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29 year-old man, smoker

Acute chest pain → E.D.

BP 90/50 mmHg
HR 50 bpm
Killip class I

ECHO: apical akinesia, EF 50%

ASA + Clopidogrel
Coronary angiography
- Intracoronary abciximab
- Thrombus aspiration
- Primary PCI + 2 BMS
HYPERCOAGULABLE WORKUP:

- **Protein C** 39% n.v. > 65-140
- **Protein S** 43% n.v. > 60-150

Prevalence of clinically symptomatic deficiencies:

- **Protein C** 1:16,000 - 1:36,000
- **Protein S** 1:20,000

Pr.C 2-5% pts with thromboembolism

RR for DVT 8.1 and 7.3

LIFE-LONG PROPHYLAXIS WITH OAT

LMWH 6000 UI once daily THEN shift to OAT with Dabigatran

+ 12 MONTHS OF DUAL ANTIPLATELET THERAPY
THROMBOPHILIA

- MICROTHROMBII
- CLOT BURDEN

MICROVASCULAR
- OBSTRUCTION
- DOWNSTREAM
- EMBOLIZATION

No Reflow

In conclusion:
- Look beyond traditional risk factors
- Worse outcome
- Low response to conventional therapy
- Target therapy
Thanks

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