24th AFCC

ASEAN FEDERATION CARDIOLOGY CONGRESS
JAKARTA, INDONESIA

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Interactice Case Corner

24th ASEAN Federation of Cardiology Congress

September 19-22, 2019 - ICE BSD City, Jakarta, Indonesia

Anwar Santoso. MD, PhD, FIHA, FAsCC
President ASEAN Federation of Cardiology

Isman Firdaus. MD, PhD, FIHA, FAsCC
President indonesian Heart Association

Antonia Anna Lukito. MD, PhD, FIHA, FAsCC
Chairperson Organizing Committee

24th AFCC

ASEAN FEDERATION CARDIOLOGY CONGRESS

JAKARTA, INDONESIA
in conjunction with 28th Asoiha
Annual Scientific Meeting of Indonesian Heart Association

PROGRAM BOOK

September 19 – 22, 2019
ICE BSD City, Jakarta
Indonesia

WELCOME MESSAGE FROM PRESIDENT OF AFC

Dear Colleagues,

On behalf of the ASEAN Federation of Cardiology (AFC) it gives me a great pleasure to welcome you to the **24th ASEAN Congress of Cardiology** which held in Jakarta and hosted by The Indonesian Heart Association from September 19 - 22, 2019. This congress is being held in conjunction with the "**28th Annual Scientific Meeting of the Indonesian Heart Association**".

ASEAN Federation of Cardiology was founded in 1975. The 1st ASEAN Congress of Cardiology was held in Pertamina Cottage Hotel, Denpasar, Bali. The previous meeting was carried out in Bangkok, Thailand in 2018. This year, Indonesia gets the opportunity to become the host for the fifth time.

The exchange scientific and academic ideas amongst the ASEAN countries have been highly enriching and together the very cordial fellowship amongst doctors, nurses, and technicians, has led to a better and warmer relationship within the cardiology fraternities of all ASEAN countries.

With the fast progress in cardiology, this field continuous to evolve, and it is important that we keep up-to-date through continuous education and training. Through this congress, I am confident that we will be able to discuss many ways to sharing knowledge and skill.

I deeply thank to all of our participants of the congress to gather in this prestigious meeting and I hope you all leave with wonderful memories of your time during the 24th AFCC.

Anwar Santoso, MD, PhD, FIHA, FAsCC
President
Asean Federation of Cardiology

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Bambang Widyantoro, MD, PhD

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J. Nugroho E. Putranto, MD, PhD
Sunanto Ng, MD, PhD

CEREMONY AND CULTURAL EVENING
Vito A. Damay, MD
Emanoel Oepangat, MD
Frits R.W. Suling, MD
Sefri Noventi, MD

INTERACTIVE CASE CORNER

INTERACTIVE CASE CORNER SESSION I

Time : Friday, September 20, 2019, 09.00 – 10.00
Venue : Case Corner, ICE BSD
Chairpersons : Bambang Widyantoro, Anggia C Lubis

IC.1. Atrial Fibrillation and Complete Atrioventricular Block in Autosomal Dominant Emery-Dreifuss Muscular Dystrophy : A Case Report

R.A. Gumilang[1,2], K. Iskandar[1,2], F. Niken Astari[1,2], A.P. Nugrahanto[1], N.Ilma[1] Sunartini[1,2,3], Lai Poh San[4]
[1]Faculty of Medicine, Public Health and Nursing Universitas Gadjah Mada, [2]UGM Academic Hospital, [3]Sardjito General Hospital, Yogyakarta, Indonesia, [4]Yong Loo Lin School of Medicine, National University of Singapore, Singapore

IC.2. Usefulness of β-angle to Diagnose Brugada Syndrome in Type 2 Brugada Pattern : A Case Series

Ratna Andriyati, Sunu B. Raharjo, Dony Y. Hermanto, Dicky A. Hanafy, Yoga Yuniadi
Department of Cardiology and Vascular Medicine, Faculty of Medicine, Universitas Indonesia, Jakarta, Indonesia

IC.3. The Relationship between the Base diameter of the Triangle r' Wave and the Results of the Provocation Test in Patients with Non-type 1 Brugada Pattern

Fatimah Defina, Sunu Budhi Raharjo, Dony Yugo Hermanto, Dicky Armien Hanafy, Yoga Yuniadi
Department of Cardiology and Vascular Medicine, Faculty of Medicine Universitas Indonesia; National Cardiovascular Center Harapan Kita, Jakarta Indonesia

IC.4. Rupture of Unsuspected Cerebral Mycotic Aneurysm Due to Infective Endocarditis: a Rare Case Series

Hans Nuari, Vito A. Damay
Department of Cardiology and Vascular Medicine, Siloam Hospitals Lippo Village, Tangerang, Indonesia

INTERACTIVE CASE CORNER SESSION II

Time : Saturday, September 21, 2019, 09.00 – 10.00
Venue : Case Corner, ICE BSD
Chairman : Wisnoe Pribadi, Rendi Asmara

IC.6. Late Presentation of Intramyocardial Dissecting Hematoma Following Myocardial Infarction and Coronary Angioplasty: a Case Series Focusing on Cardiac Imaging

Eka F Elfi[1], Lee TJ[2], Shaiful A Yahaya[2]
[1]Faculty of Medicine, Andalas University, Padang, Indonesia and Installation of Cardiac Centre, Dr. M. Djamil General Hospital, Padang, Indonesia, [2]National Heart Institute, Kuala Lumpur, Malaysia

IC.7. Management of Pregnancy Associated Acute Myocardial Infarction (PAMI) in A 27 years old Secundigravida: A Case Report

Pramadya V. Mustafiza, Putrika P.R. Gharini, Budi Y. Setianto
Department of Cardiology and Vascular Medicine, School of Medicine, Gadjah Mada University, Yogyakarta

IC.8. Successful Percutaneous Coronary Intervention in Very High Risk Patient with Critical Left Main, Three-vessel Disease, and Chronic Total Occlusion

Wardhani A, Cahyadi MH, Hutomo AS, Safir, Rifqi S.
Department of Cardiology and Vascular Medicine, Faculty of Medicine Diponegoro University, Dr Kariadi Central General Hospital, Semarang, Indonesia

IC.9. The Role of Rotational Atherectomy to Prevent Plaque Shifting: Improve Side Branch Patency without Wire Protection

Samuel Dwiputra, Vireza Pratama, Michael, Jefry Sianipar, Ester Mariska, Nita Marliyanti, Fitria Handayani, M. Syarif Hidayatullah, Wahyu Aditya, Prihati Pujowaskito
Department of Cardiology, Gatot Soebroto Central Army and Presidential Hospital, Jakarta, Indonesia

IC.10. Fragmented QRS in Predicting Presence of Left Ventricular Aneurysm in Post Myocardial Infarction Patients

Catherine Jillian Hardi[1], Sunanto Ng[1,2], Ingrid Maria Pardede[1,2]
[1]Faculty of Medicine, Pelita Harapan University, Tangerang, Indonesia; [2]Siloam Hospitals, Tangerang, Indonesia

Late Presentation of Intramyocardial Dissecting Hematoma Following Myocardial Infarction and Coronary Angioplasty: a Case Series Focusing on Cardiac Imaging

EF Elfi[1,2], Lee TJ[3], SA Yahaya[3]

[1]*Faculty of Medicine, Andalas University, Padang, Indonesia*

[2]*Installation of Cardiac Centre, Dr. M. Djamil General Hospital, Padang, Indonesia*

[3]*National Heart Institute, Kuala Lumpur, Malaysia*

Abstract

Introduction

Intramyocardial dissecting hematoma (IDH) is a rare mechanical complication of acute myocardial infarction that contribute to high morbidity and mortality rate due to multiple complication associated with this condition. Cardiac imaging is essential to establish diagnosis and further guiding therapy. We present three cases of late presentation of IDH following acute myocardial infarction and coronary angioplasty. Here we emphasize on the role of cardiac imaging, particularly echocardiography and cardiac magnetic resonance imaging (CMR) which provide detailed information leads to diagnosis and therapeutic plans.

Case Report

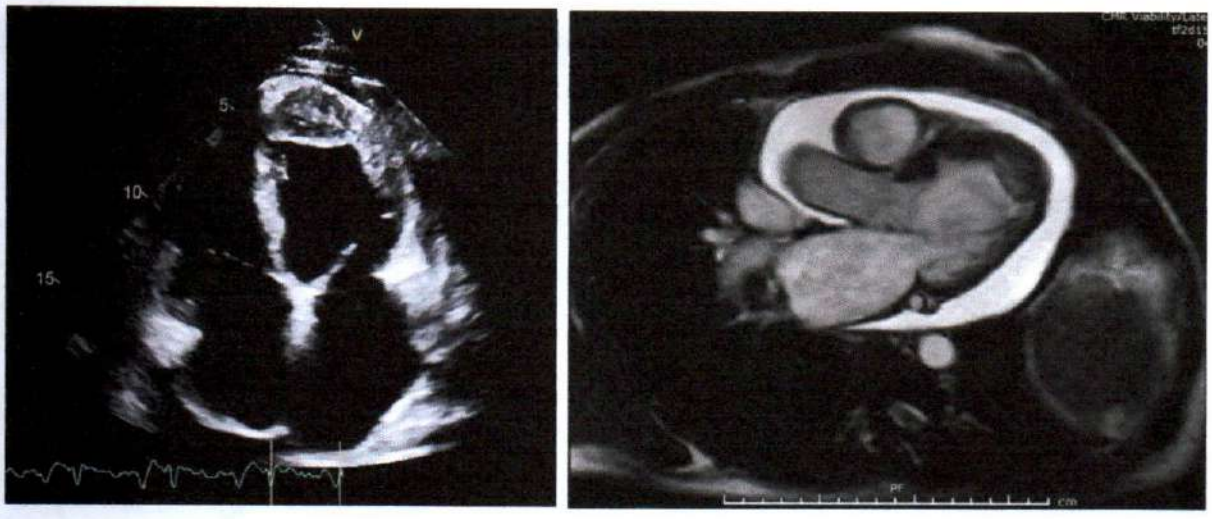
The first case is a 37 years old male with extensive anterior myocardial infarction (MI). Coronary angioplasty shown total occlusion in left anterior descendent artery and left circumflex artery. Angioplasty was performed to both vessel with acceptable result. However, after 6 months patient was readmitted with heart failure. Echocardiogram shown poor cardiac function and mass in apical wall detected differentiated between apical thrombus or IDH (picture 1). CMR confirmed diagnosed of IDH and comprehensive medical therapy for heart failure was given to achieve functional class II. The second case was a 59 years old male with cardiogenic shock following undiagnosed anterior MI. Echocardiogram shown massive mass resembles apical left ventricular clot (picture 2). Further echo analysis concluded that the mass was an IDH, but no CMR performed. Urgent cardiac surgery was planned, but his condition deteriorated, and patient succumbed due to cardiac failure. The third case is a 40 years old male with acute anterior MI post thrombolysis and developed heart failure. Echocardiogram shown apical mass diagnosed as thrombus, but CMR concluded as IDH (picture 3). Angiogram shown severe stenosis in LAD and LCX, but since ischemic study shown infarcted LAD region, patient was treated conservatively.

Conclusion

IDH leads to serious complication and carries high mortality rate. Patient clinical appearance and integrated cardiac imaging is necessary in diagnosing IDH and to determine further management.

Picture 1. Echocardiogram and CMR

Picture 2. Echocardiogram



Picture 3. Echocardiogram and CMR

Late Presentation of Intramyocardial Dissecting Hematoma Following Myocardial Infarction and Coronary Angioplasty: a Case Series Focusing on Cardiac Imaging

Elfi EF, Lee TJ, Yahya SA

24th AFCC-28th ASMIHA 2019

CASE I

- 37 yo ♂ with previous extensive anterior MI, PCI LAD and LCX 6 months ago, admitted with HF. Echo shown poor LV function with apical cardiac mass (thrombus vs IDH?). CMR confirmed IDH. Managed medical.

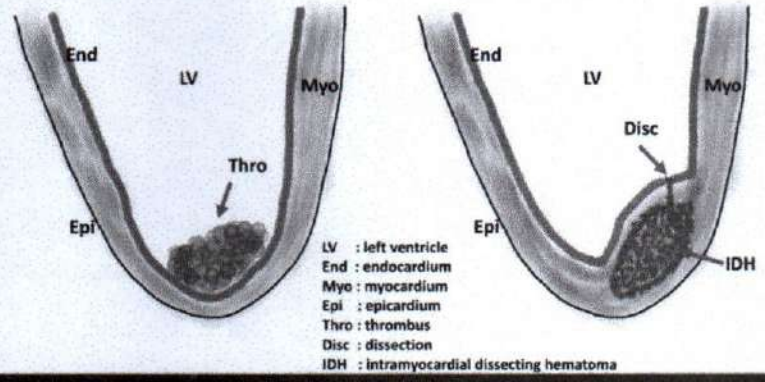
CASE II

- 59 yo ♂ with cardiogenic shock following anterior MI. Echo shown massive mass resembles apicolateral LV thrombus. Further repeated echo concluded as IDH. No CMR performed due to hemodynamic unstability. Planned for urgent surgery but condition deteriorated and patient died.

CASE III

- 40 yo 🚹 with acute anterior MI, thrombolysed, developed HF. Echo shown apical mass suspected as LV thrombus, but CMR concluded as IDH. CAG shown LAD and LCX severe stenosis with infarcted LAD from MPI. Managed medically

DISCUSSION



Picture 4. LV thrombus vs IDH

- Intramyocardial Dissecting Hematoma (IDH) : rare mechanical complication of MI
- High Mortality and morbidity
  - Reported 73 cases, 32 died.
- Multimodality cardiac imaging assessment is necessary to established diagnosis : Echocardiogram and CMR

DISCUSSION and CONCLUSSION

Echocardiogram

- Criteria of Vargas Barron
  - The formation of one or more neocavitations within the tissue with an echo-lucent center
  - A thinned and mobile endomyocardial border surrounding the cavitary defect
  - Ventricular myocardium identified in the regions outside of the cystic areas
  - Changes in the echogenicity of the neocavitation suggesting blood content
  - Partial or complete absorption of the cystic structure
  - Continuity between the dissecting hematoma and one of the ventricular cavities
  - Communication between the two ventricular chambers through the myocardial dissection
  - Doppler recording of flow within the dissected myocardium

CMR

- Late Gadolinium Enhanced CMR imaging (LGE-CMR) shown hematoma or thrombus intramural

Conclussion

- IDH is a rare case with high mortality and morbidity
- Multimodality cardiac imaging assessment is necessary to established diagnosis, particularly echocardiogram and CMR

urnal of Cardiovascular Magnetic Resonance 2012, 14:59
chocardiography. 2009;3:254–261