



# CERTIFICATE

of Attendance

This is to certify that



**EKA FITHRA ELFI**

has attended

**ISICAM-InaLIVE 2019**  
Indonesian Society of Interventional Cardiology Annual Meeting

**Fellowship Case Presentation**

Shangri-La Hotel Jakarta, Indonesia  
November 28<sup>th</sup>-30<sup>th</sup>, 2019

as

**SPEAKER**

**Doni Firman, MD, PhD**  
Chairman, Indonesian Society of  
Interventional Cardiology (ISIC)



**Nahar Taufiq, MD, PhD**  
Chairman, ISIC-IGCAM InaLIVE

Accredited by Indonesian Ministry of Health (No. 28/PEA/No. 1140/PEA/11/2019)  
Partnership & Sponsorship (2019) Moderation & S&P-Organizer Committee & S&P



# 11 ISICAM-InaLIVE 2019

Indonesian Society of Interventional Cardiology Annual Meeting  
11th INDONESIAN SOCIETY OF INTERVENTIONAL CARDIOLOGY ANNUAL MEETING - November 28-30, 2019 Shangri-la Hotel Jakarta



Jakarta, November 18<sup>th</sup>, 2019

Subject: Invitation Letter

To :

Eka Fithra Elfi, MD, FIHA

Dear dr. Eka Fithra Elfi,

It is a great pleasure to inform you that the **11<sup>th</sup> Indonesian Society of Interventional Cardiology Annual Meeting – Indonesia Live (ISICAM-InaLIVE)** will be held on November 28-30, 2019 at Shangri-La Hotel, Jakarta, Indonesia.

The organizing committee would like you to present your case in the **Case Fellow Presentation** in the following session:

### Case Fellow Presentation 6

Day, date : Friday, 29 November 2019  
Time : 14:00-15:00  
Venue : Sumatra Room  
Role : Speaker

### Case Fellow Presentation 6

Case Fellow Presentation 6		
14:00-15:00	<b>Chairman : Iswanto Pratano</b> <b>Panelist : Patrick Siegrist, Mochammad Yusuf Alsagaff</b>	
14:00-14:10	Stent Dislodged during PPCI: What should we do?	Az Hafid Nashar
14:10-14:12	Discussion	
14:12-14:22	Dealing with Heavily Calcified and Angulated Chronic Total Occlusion	Bima Suryaatmaja
14:22-14:24	Discussion	
14:24-14:34	Unsuccessful balloon and stent catheter delivery on Heavy calcified coronary lesion: What to do?	Bobby Arfhan Anwar
14:34-14:36	Discussion	
14:36-14:46	Joyfully Chocking His Arteries, a case report of drug-induced ST Elevation Myocardial Infarction	Eka Fithra Elfi
14:46-14:48	Discussion	
14:48-14:58	Iatrogenic Coronary Artery Dissection And Lost Wire Position, What Should We Do?	Evy Febriane
14:58-15:00	Discussion	

Please complete your registration no later than **November 25<sup>th</sup>, 2019**. We strongly believe that your contribution will lead to the success of the meeting. Should you have any question, please do not hesitate to contact the **11<sup>th</sup> ISICAM-InaLIVE** Secretariat at +6221-5681149, Ext: 1113, fax: +6221-5684220 or [isicam@isic.or.id](mailto:isicam@isic.or.id) or [piki.indo@isic.or.id](mailto:piki.indo@isic.or.id).



# 11 ISICAM-InaLIVE 2019

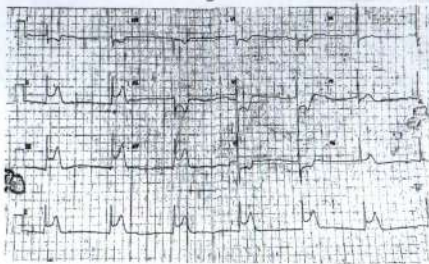
Indonesian Society of Interventional Cardiology Annual Meeting  
11th INDONESIA SOCIETY OF INTERVENTIONAL CARDIOLOGY ANNUAL MEETING - November 28-30, 2019 Shangri-la Hotel Jakarta



Sincerely yours,

**Nahar Taufiq, MD, FIHA**  
Chairman of 11<sup>th</sup> (ISICAM-InaLIVE) Committee

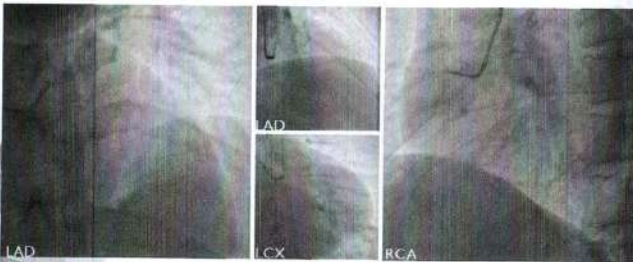
**M. Munawar, MD, FIHA**  
Chairman of 11<sup>th</sup> (ISICAM-InaLIVE) Scientific Committee



## Joyfully Chocking His Arteries: a Case Report of Drug-Induced ST Elevation Myocardial Infarction

Eka Fithra Elfi

### First Angiogram



### Case Report : 1<sup>st</sup> Episode

- 50 yo gentlemen, hypertensive, smoker
- Acute Lateral MI February 2018, thrombolysed
- Episode of chest pain with Inferior lead ST elevation in the ward
- Coronary angiogram revealed normal
- Echocardiogram : EF 55%, mild hypokinesia inferior wall
- Diagnosed with MINOCA and discharged well with DAPT, statin, beta blocker;

### Case Report : 2.5nd Episode

- Developed several episodes of transient severe chest pain, diaphoretic, and hypotensive with inferior lead STE which resolved spontaneously
- BP transiently crashed to 80/50 with HR 40-50 bpm
- Decide to perform another coronary angiogram with similar results

### Case Report : 2nd Episode

- August 2018, admitted with NSTEMI with one episode of CPR, no arrhythmia documented, no significant ECG changes
- CT angio to rule out pulmonary embolism, aortic dissection, or CAD → negative
- Coronary angiogram performed with similar results with first angiogram
- Patient was observed for chest pain in the ward



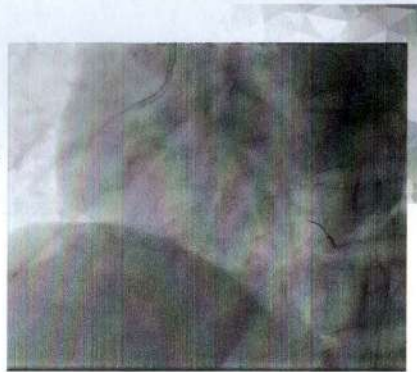
3<sup>rd</sup> angiogram



2<sup>nd</sup> Angio

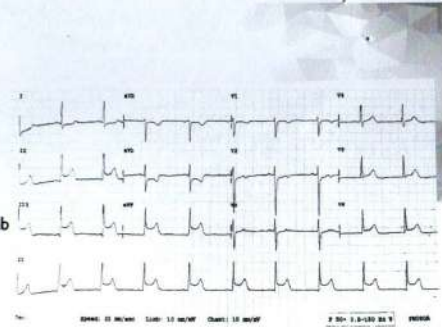
### Wiring to distal RCA

- JR 6F guiding
- Wire floppy easily crossed to distal RCA
- Thrombuster run 4x, no thrombus retrieved
- Decided to assess vessel with OCT



### Case Report : 2.5nd episode

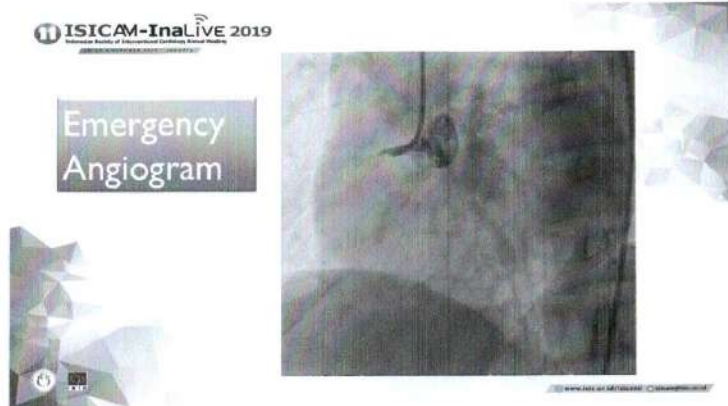
- While in the recovery room.....
- Patient rushed back to cathlab for angiogram



OCT

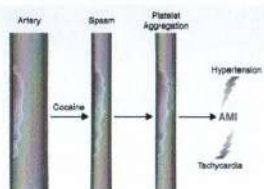


### Emergency Angiogram





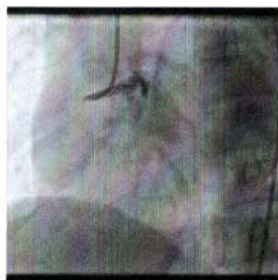
# THANK YOU



## Role of OCT



- Optical Coherence Tomogram (OCT) is a high-resolution imaging modality to evaluate coronary artery anatomy and to exclude plaque rupture and erosion as alternative diagnosis
- In this case, OCT clearly shown that no significant stenosis, dissection, or thrombus



## Take Home Message

- Methamphetamine induced STEMI is not easily detected.
- Take a good elicit drug history in patients with MI without apparent coronary arteries' obstruction.
- Suspected coronary spasm should be treated promptly
- Intracoronary imaging (e.g. OCT) is useful in evaluating coronary artery lesion and confirm vasospasm etiology.