

VIEW POINT

Left ventricular free wall rupture complicating acute STEMI

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An elderly female presented with acute inferolateral ST segment elevation myocardial infarction and underwent successful primary percutaneous intervention to the right coronary artery. Immediately afterwards, she became asystolic due to cardiac tamponade due to rupture of the inferolateral left ventricular LV wall. Pericardiocentesis was performed, aspirating oxygenated blood. She was resuscitated using autotransfusion of 25 litres of returned via a femoral venous sheath. Emergency surgery was performed and the defect in the inferolateral LV wall was repaired using several layers of absorbable fibrin sealant patches to achieve haemostasis. She made a full recovery and was discharged home 24 days later (Figure 1).

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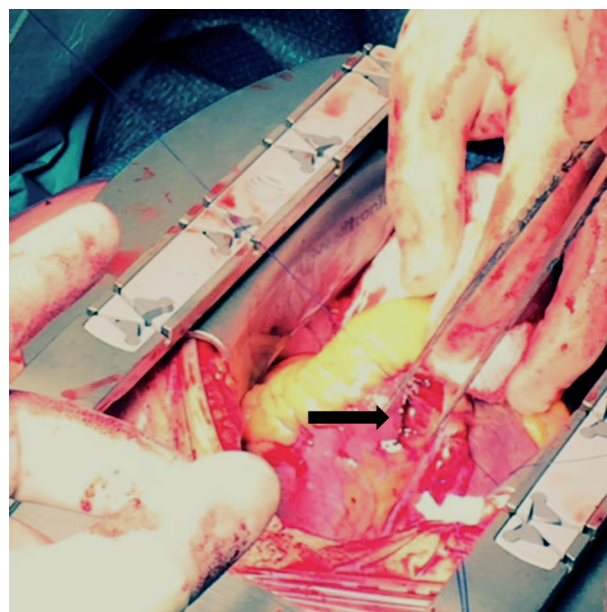


Figure 1. The arrow indicates the site of LV rupture.

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