

# Can subileus provoke MI?

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## CASE REPORT

- P.D. 73 years old, male, non smoker with abdominal discomfort and pain in the past 15 days was hospitalized at our department.... Dg: Colica abdominalis
- After 10 hours of hospitalization, he had melena and develop bradycardia and hypotension.
- On the new ECG in unit of intensive coronary care we found ST elevation in DII, DIII and aVF and the patient was immediately transferred for emergent coronarography
- Echotomography of abdomen and urogenital tract-ren polycisticus lat.sin
- Coronarography: LAD prox 95%, TIMI<2mm, RCap 100%, thrombus TIMI=0
- Thromboaspiration and patient got two DES-XCIENCE....RCap/m=100% TIMI=0-  
→TIMI 3
- Echocardiography: EF=51%, posterior hypokinesia
- CT with contrast of abdomen: highly suspected Tu rectosygmoidea with recommendation for colonoscopy
- RTG abdomen, ECG, Laboratory: D-dimers=7073, CRP=273

## RESULTS AND CONCLUSION

Discharged after 5 days from department of angiography but still with abdominal pain, patient had another hospitalization at our department for evaluation and then was transferred for surgical intervention with Dg: Ileus, Tu sigma.

Postoperative diagnosis: Adenocarcinoma colonis sigmoidales; St.post hemicolectomia lat.sin.Hartman.

Every three months he goes to oncologist and every six months visits cardiologist. Multidisciplinary treatment in these patients is crucial

