

Síndrome Coronariana Aguda

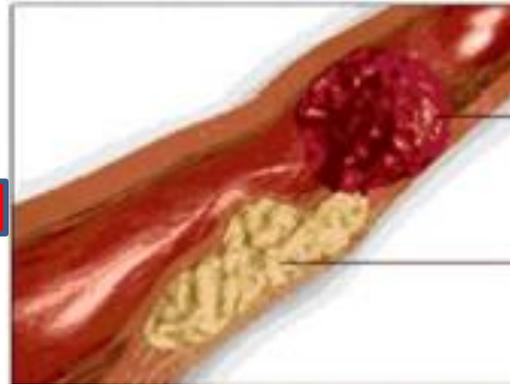
Chiara Beletato

Síndrome Coronariana Aguda

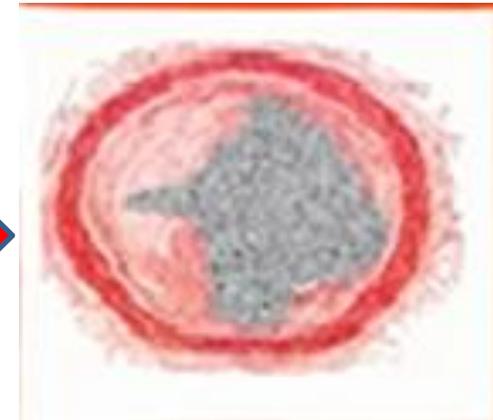
- DOR PROLONGADA > 15 – 20 min
- Pequeno esforço ou repouso
- Instalação rápida, “ em crescendo”



SUBOCLUSÃO



PLACA INSTÁVEL



OCLUSÃO TOTAL

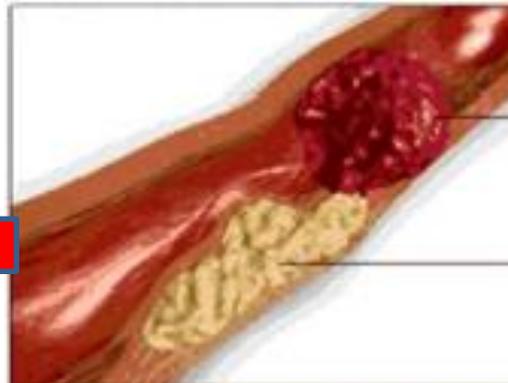
SUBOCCLUSÃO

-ANGINA INSTÁVEL
-IAM SUBENDOCÁRICO

SEM SUPRA ST

Normal, infraST, ineversão de ondaT

TROPONINA (-/+)



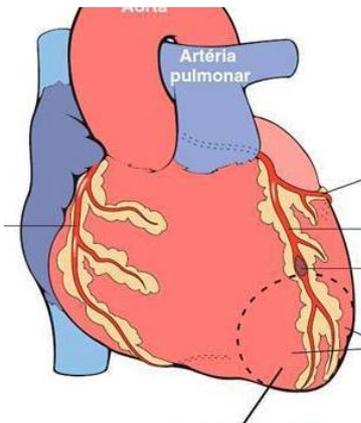
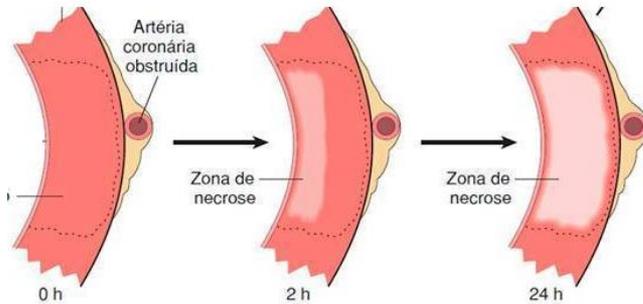
PLACA INSTÁVEL

OCCLUSÃO TOTAL

IAM TRANSMURAL

COM SUPRA ST

Troponina (+)



ECG (< 10MIN)

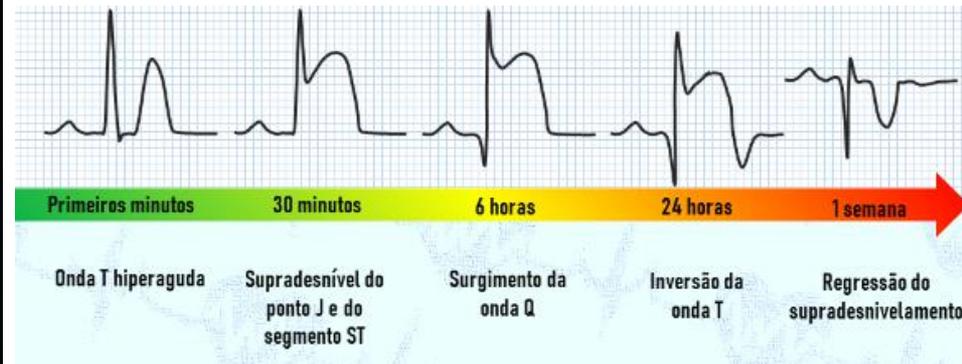
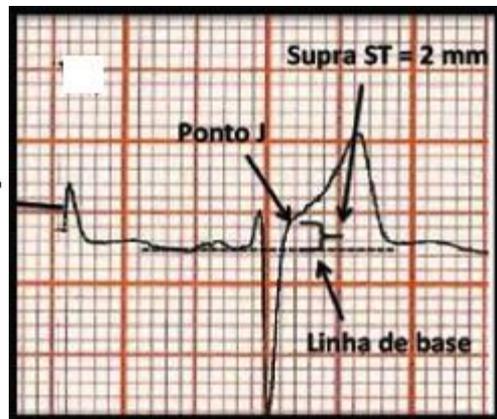
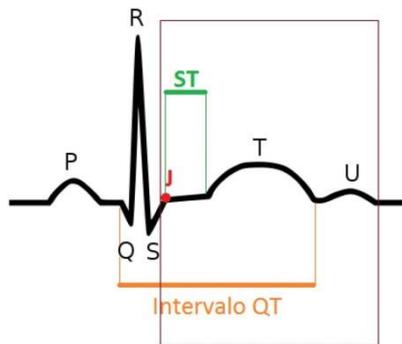
Troponina (curva: 0 – 1h 3h)

ECG NA SÍNDROME CORONARIANA

- Como identificar o SUPRA de ST?
- Como saber o vaso culpado?
- Como saber a parede infartada?
- O que é imagem em espelho?

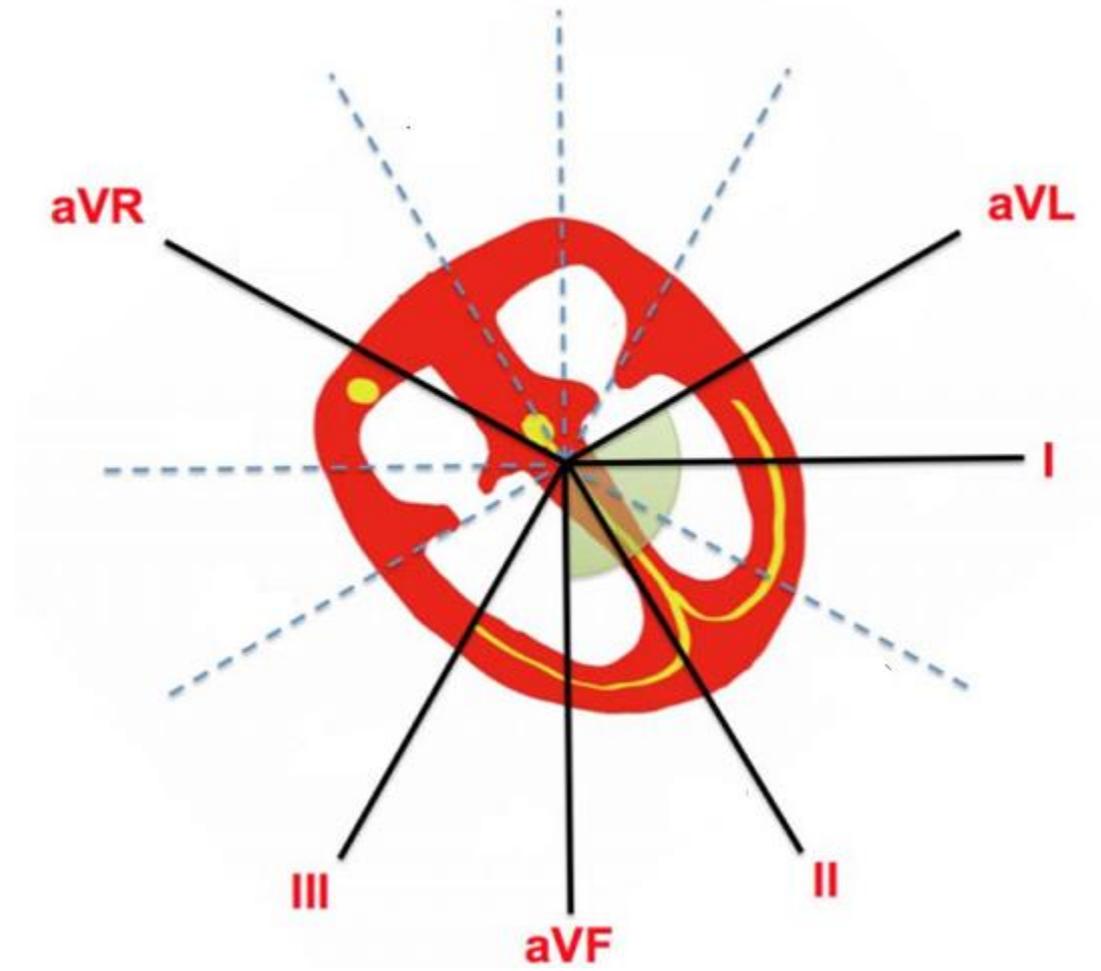
ECG NA SÍNDROME CORONARIANA

- Supra ST
 - >ou igual 1mm em 2 derivações consecutivas



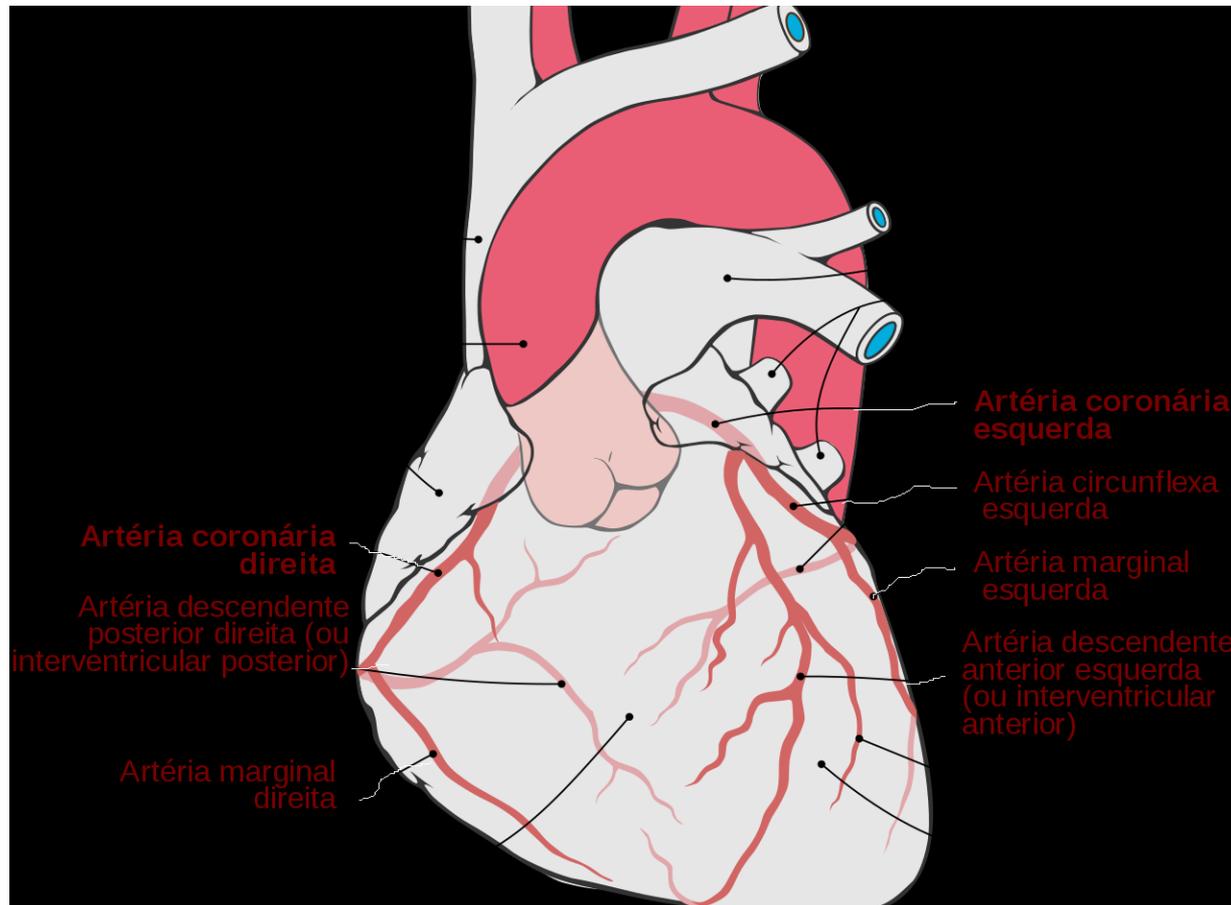
NORMAL

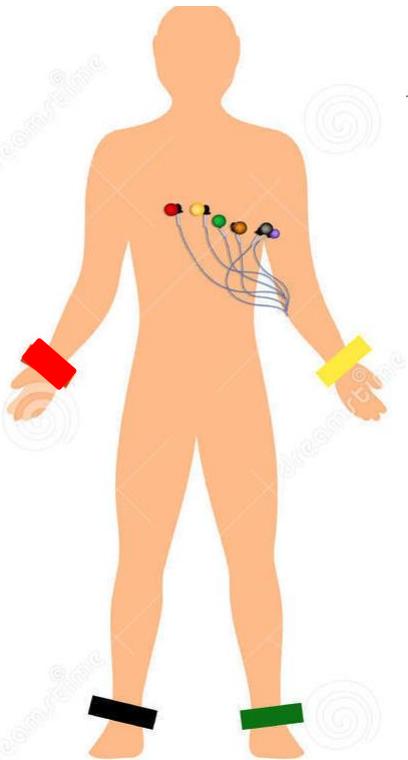
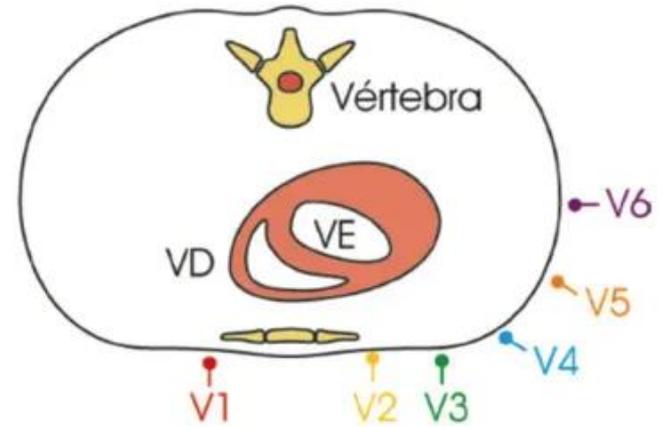
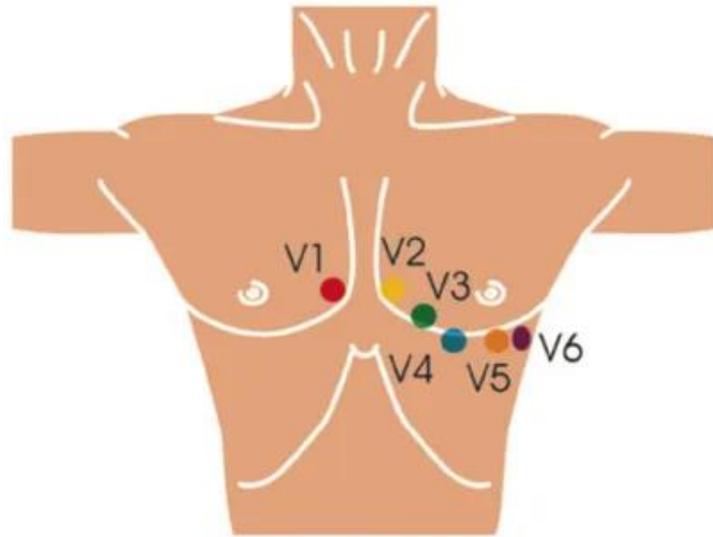
ECG NA SÍNDROME CORONARIANA



ECG NA SÍNDROME CORONARIANA

- Como saber o vaso culpado ?





Resumão

PAREDE	DERIVAÇÕES	VASO
ANTERIOR	V1 – V4	DA
LATERAL	BAIXA: V5 + V6 ALTA: D1+ AVL	CX
ANTERIOR EXTENSO	V1 – V6 + D1+ AVL	TCE ou DA + CX
INFERIOR	D2 + D3 E AVF	CD (70%)
VD	V3R e V4R	CD
DORSAL (POSTERIOR)	V7, V8 e V9	CD (70%)

ECG NA SÍNDROME CORONARIANA

- Imagem em espelho

INFERIOR

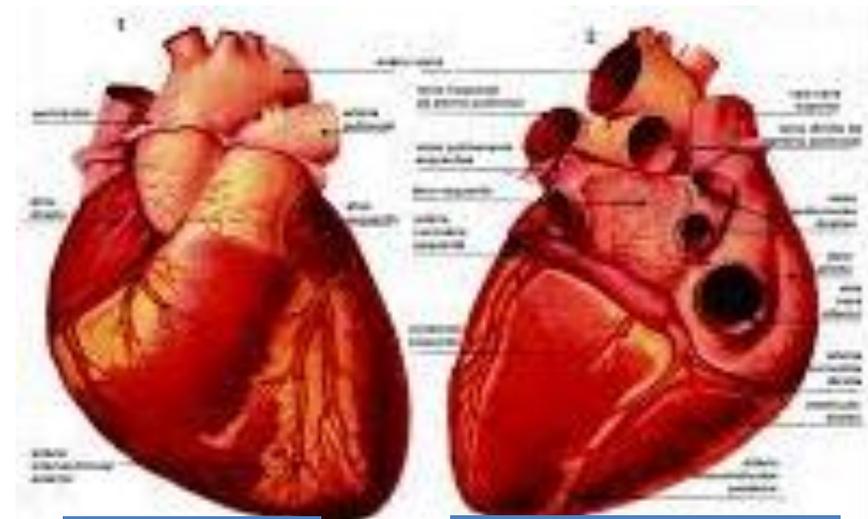
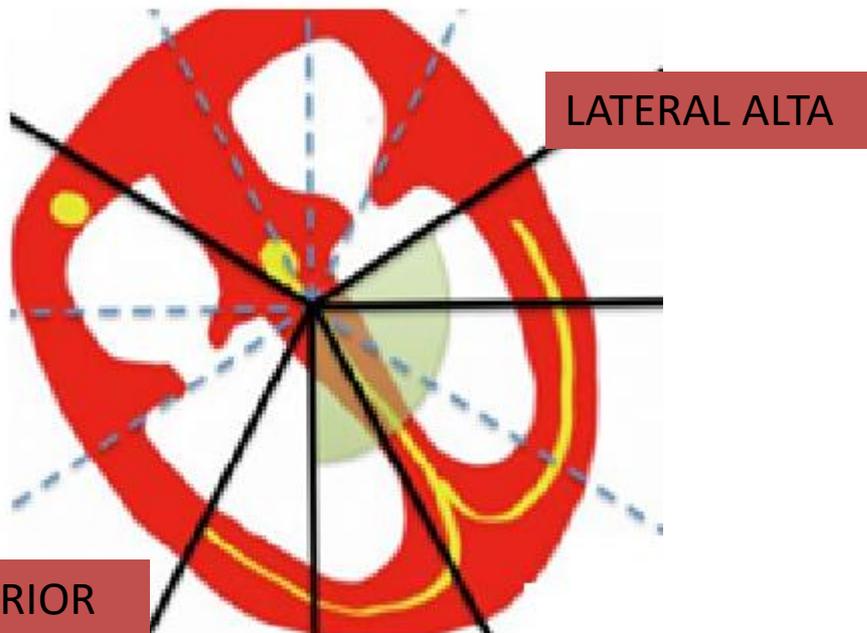


LATERAL ALTA

ANTERIOR



POSTERIOR OU
DORSAL



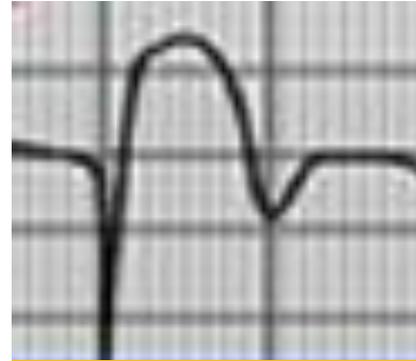
ANTERIOR

POSTERIOR OU
DORSAL

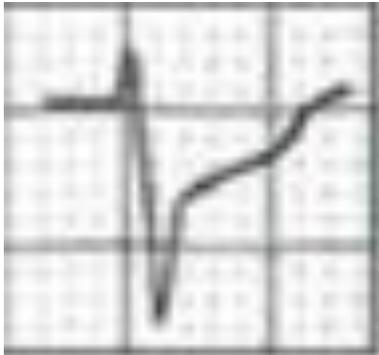
IMAGEM DE ESPELHO



SUPRA



Q NECROSE

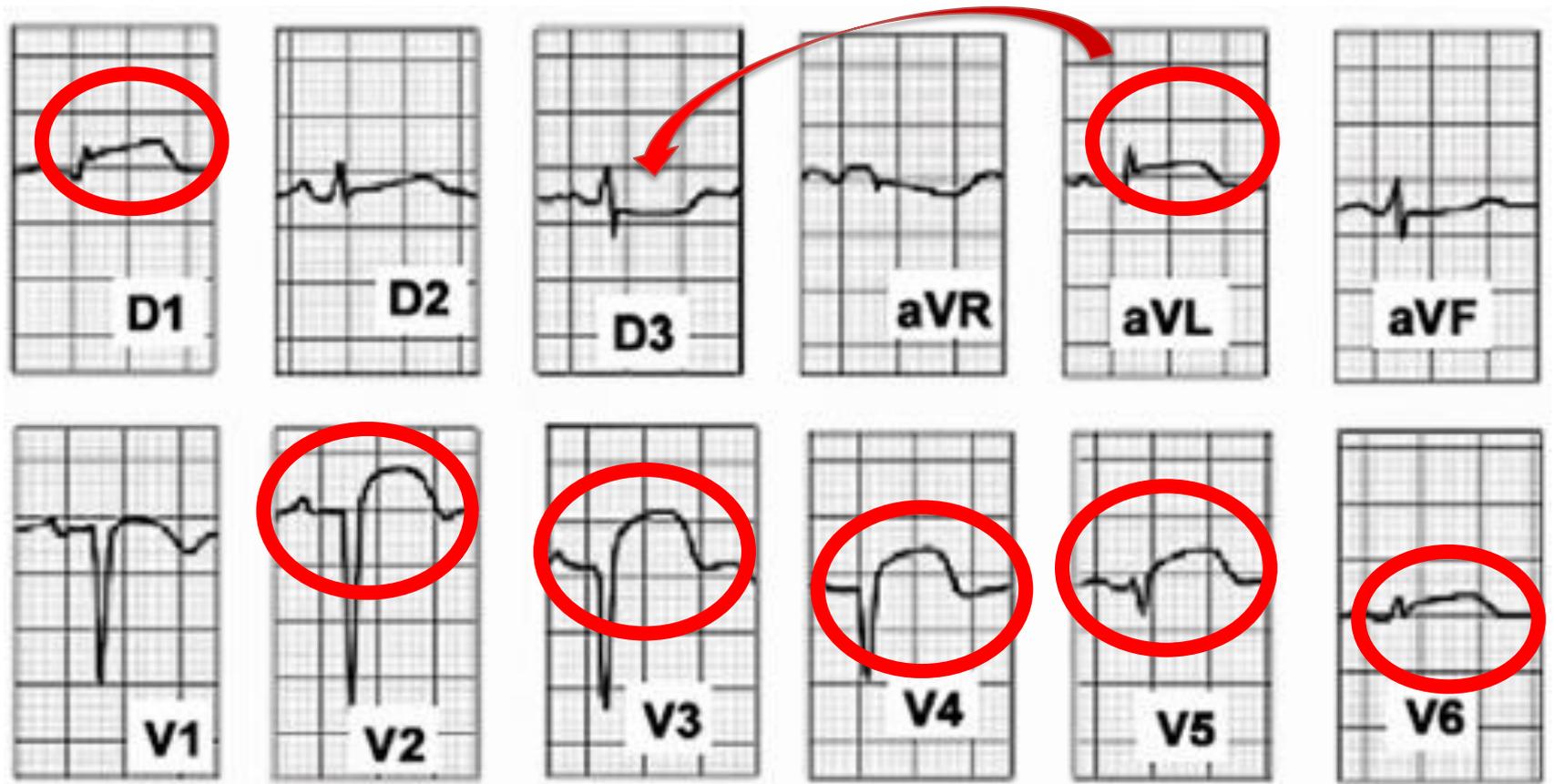


INFRA



R AMPLA

Vamos TREINAR...



ANTERIOR EXTENSO (D1, aVL, V1 – V6

Tronco ou DA + Cx



LATERAL (D1, aVL, V5 E V6)

CX



INFERIOR (D2, D3 E AVF)

CD



FAZER
V3R E V4R

