

KASUS CHD

Dr. HARDJO P, SpPD.KKV

KASUS 1

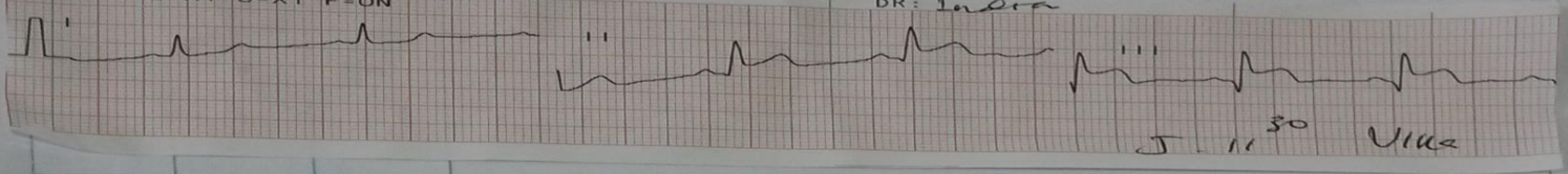
- ▶ Laki-laki usia 55 th, datang dengan keluhan utama: nyeri uluhati dan kembung sejak 3 jam lalu disertai lemas dan keringat dingin.
- ▶ DM, merokok 2 bungkus/hari, FH (-)
- ▶ Riwayat PCI 2 bulan lalu, stop obat selama 1 minggu
- ▶ KU: sakit sedang, TD; 110/80 mmHg, HR: 90x/menit
- ▶ PD: Kardiomegali
- ▶ EKG:

ID: 14/01/16

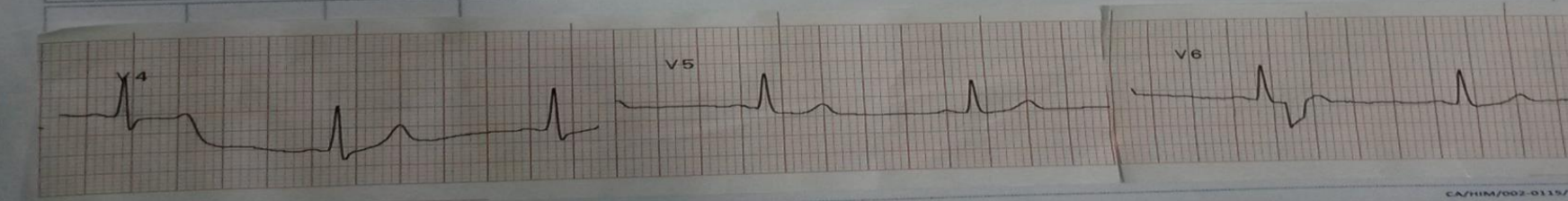
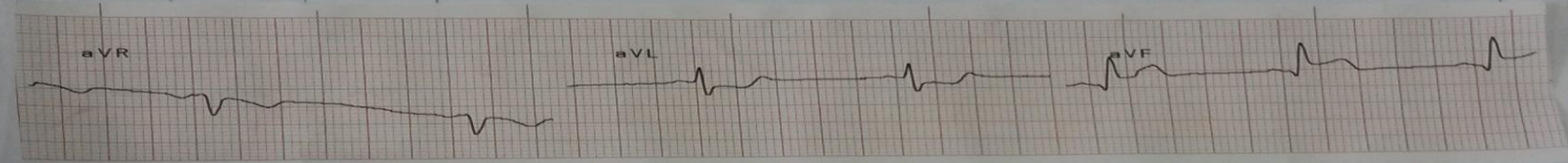
NAME: Th. Hasim

DR: Indra

25 mm/s L=X1 C=X1 F=ON



J 11 30 Uka



CA/HIM/002-0115/01

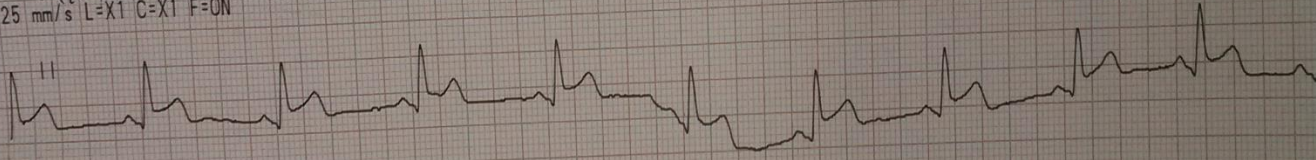
ID: 04/1/16

NAME: Tu. Hasim

DR: Indra

25 mm/s L=X1 C=X1 F=ON

11



J.11³⁰ Vika

Pemeriksaan penunjang

- ▶ troponin T: 10
- ▶ GDS: 235 g/dl

Ekokardiografi:

Hipokinetik septo-basal wall

EF: 55%

CAG:

Total blok mid RCA

Diagnosis:

- ▶ STEMI INFERIOR
- ▶ CAD 2VD
- ▶ DM TIPE 2

Terapi:

- ▶ Aspirin 2 x 80 mg
- ▶ Clopidogrel 1 x 75 mg
- ▶ Captopril 3x6.25 mg
- ▶ Glimepiride 1 x 2 mg
- ▶ Metformin 3 x 500 mg
- ▶ ISDN 3 X 5 MG
- ▶ Atovarstatin 1 x 40 mg
- ▶ Laxansia 2 x 15 cc

PCI RCA dan LAD

KASUS 2

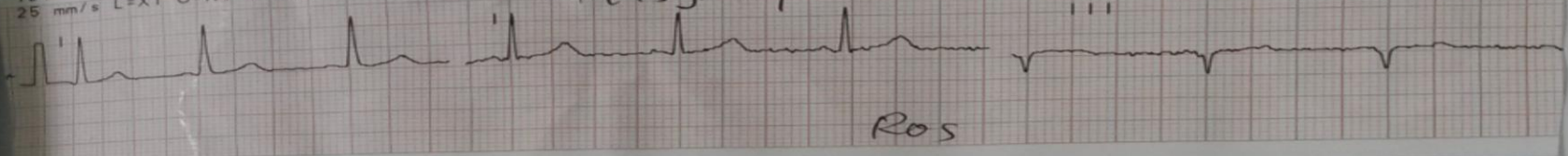
- ▶ Laki-laki usia 43 th, datang dengan keluhan utama: dada terasa berat jika naik tangga dan berjalan cepat sejak 1 bulan lalu.
- ▶ Tidak ada HT, DM, FH (-), merokok 2 bungkus/hari
- ▶ KU: sakit sedang, TD; 110/80 mmHg, HR: 80x/menit
- ▶ PD: DBN
- ▶ EKG:

ID: 25 mm/s L=X1 C=X1 F=ON

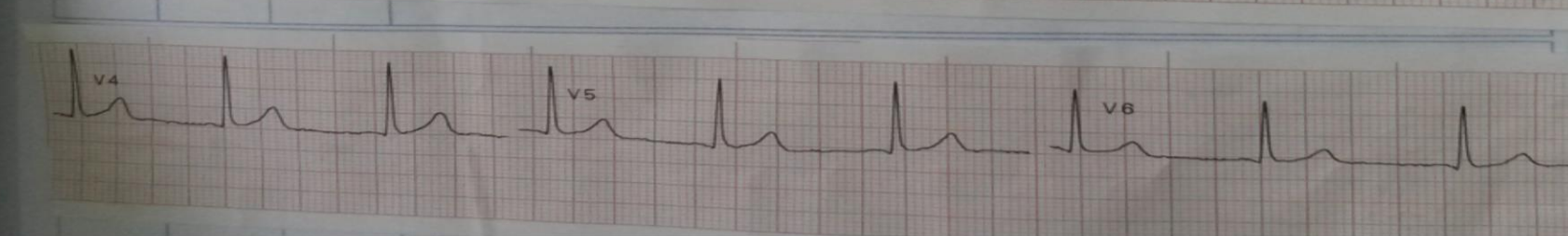
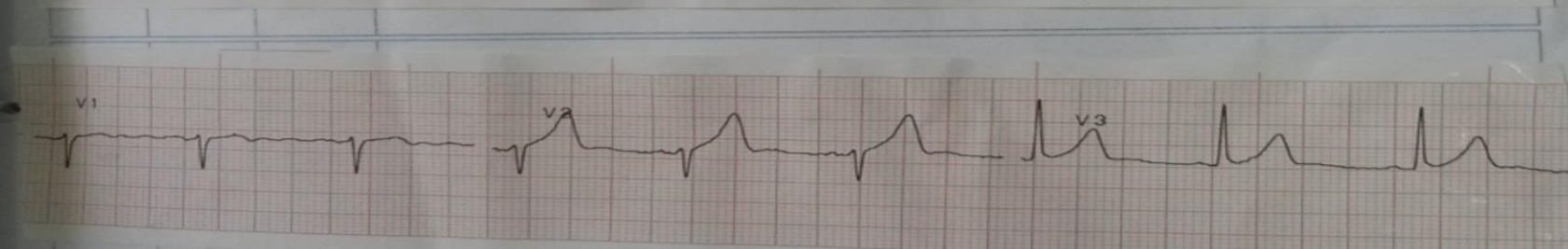
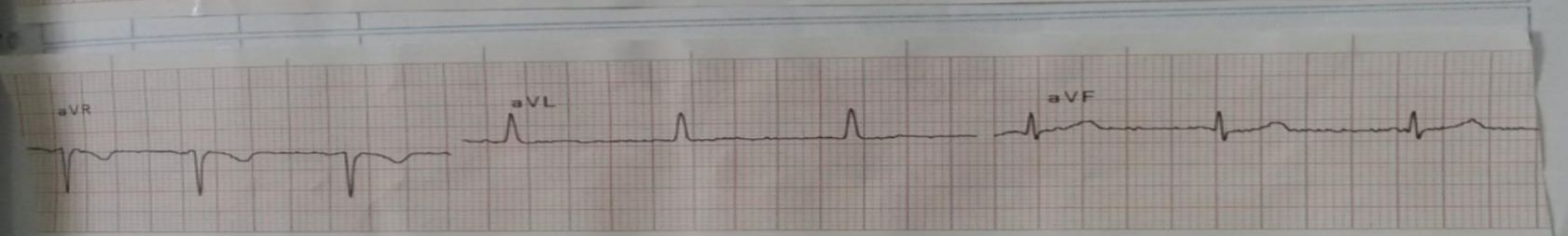
NAME: Sutandi 4376
28/9/15 J=09

DR: Robert

III



ROS



Pemeriksaan penunjang

Treadmill :

- ▶ Positive ischemic response

Ekokardiografi:

Hipokinetik anterior dan basal

EF: 65%

Laboratorium:

LDL: 140

CAG:

Total blok RCA

Stenosis 80% mid LAD

Diagnosis:

- ▶ CAD
- ▶ Dislipidemia

Terapi:

- ▶ Aspirin 2 x 80 mg
- ▶ Clopidogrel 1 x 75 mg
- ▶ ISDN 5 mg prn
- ▶ Atovarstatin 1 x 40 mg

PCI RCA dan LAD

CMD 3rd POA PCI RCA
 PCE PCE LAD
 D1) 60% stenosis

PCE prox to mid LA

Normal
 1 Vessel Disease
 2 Vessel Disease
 3 Vessel Disease

Stenosis Left Main
 In Stent Restenosis (ISR)

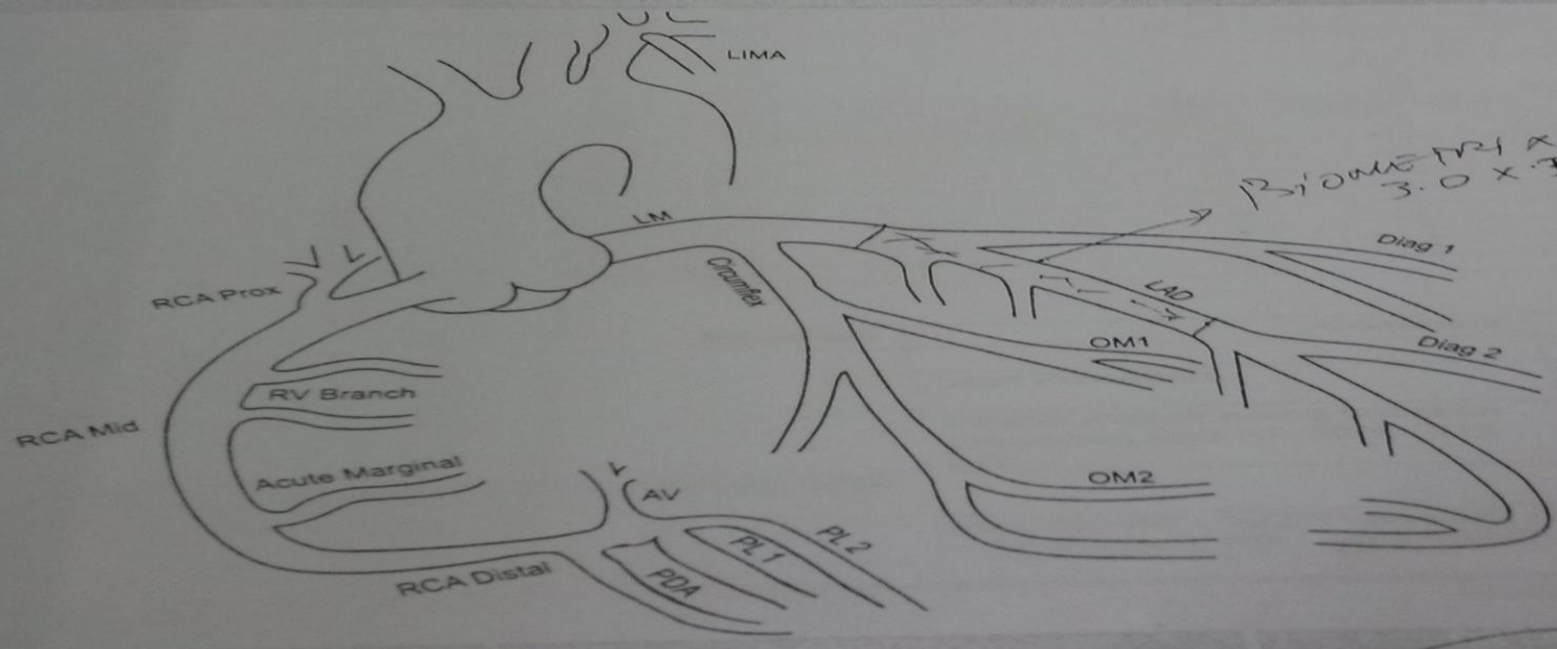
Elective
 Anheal
 CTO
 Lokal

RCA Prox/Mid/distal*)
 LAD Prox/Mid/distal*)
 PDA
 PL

Diagonal 1/2/3*)
 LCx Prox/Mid/distal*)
 OM 1/2/3*)
 LM

BMS
 DES

BAS



[Signature]
 Nama Jelas & Tanda Tangan

KASUS 3

- ▶ Laki-laki usia 48 th, datang dengan keluhan utama: nyeri dada kanan sejak 6 jam lalu disertai lemas dan keringat dingin.
- ▶ DM, HT, merokok 2 bungkus/hari, FH (-)
- ▶ Riwayat PCI 2013 dan June, 2015
- ▶ KU: sakit sedang, TD; 150/80 mmHg, HR: 90x/menit
- ▶ PD: Kardiomegali
- ▶ EKG:

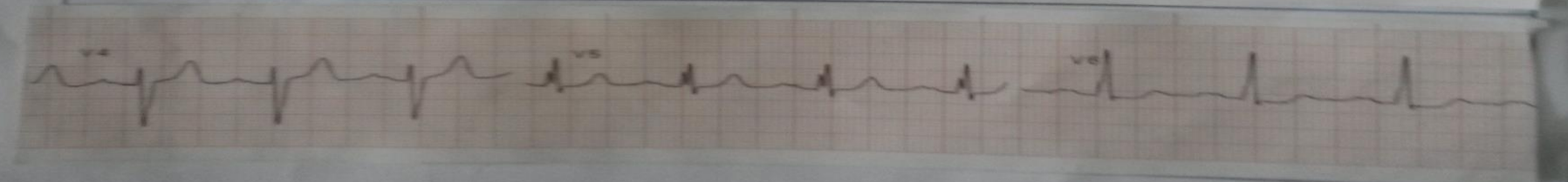
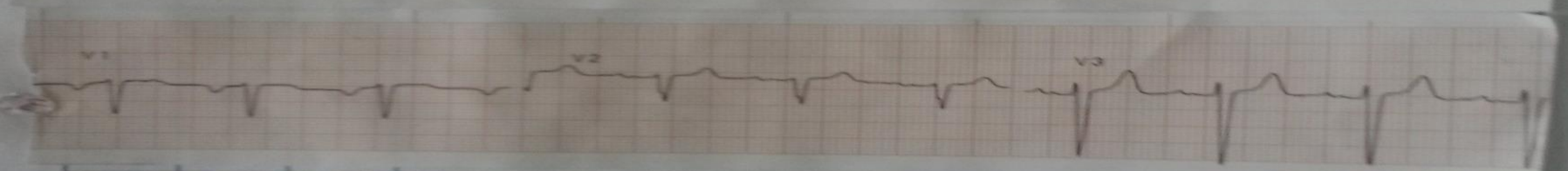
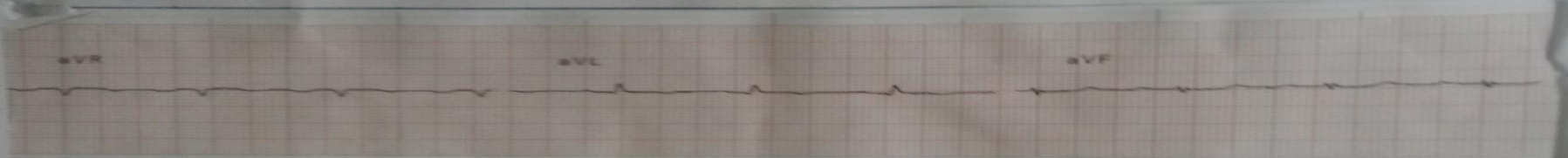
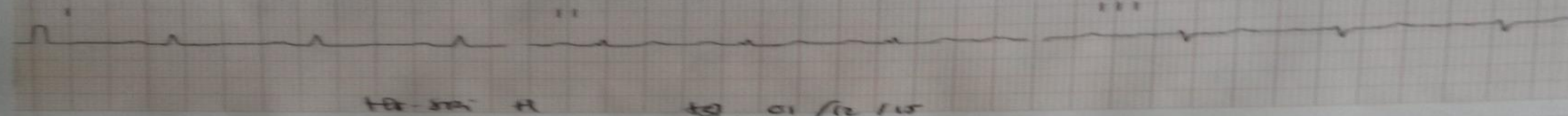
HASIL PEMERIKSAAN

EKG

Alamat _____ No. Revisi _____
(Tempo) _____

ID: _____ NAME: Kusumayadi
25 mm/s L-XH C-X1 F-ON

DR: Angga



Pemeriksaan penunjang

- ▶ troponin T: 0.03
- ▶ GDP: 100 g/dl
- ▶ GD 2 jam: 167
- ▶ LDL 200

Ekokardiografi:

Dilatasi LV

Hipokinetik apico septo-basal wall

EF: 40%

CAG:

Total blok mid LCX

Diagnosis:

- ▶ UAP
- ▶ CAD 2VD
- ▶ DM TIPE 2
- ▶ HT

Terapi:

- ▶ Fondaparinux 1 x 2.5 mg sc
- ▶ Aspirin 2 x 80 mg
- ▶ Clopidogrel 1 x 75 mg
- ▶ Candesartan 1 x 8 mg
- ▶ Metformin 3 x 500 mg
- ▶ ISDN 3 X 5 MG
- ▶ Atovarstatin 1 x 40 mg
- ▶ Laxansia 2 x 15 cc

PCI RCA dan LCX

TERIMA KASIH

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the frame, creating a modern, layered effect against the white background.