9th ACS 2025

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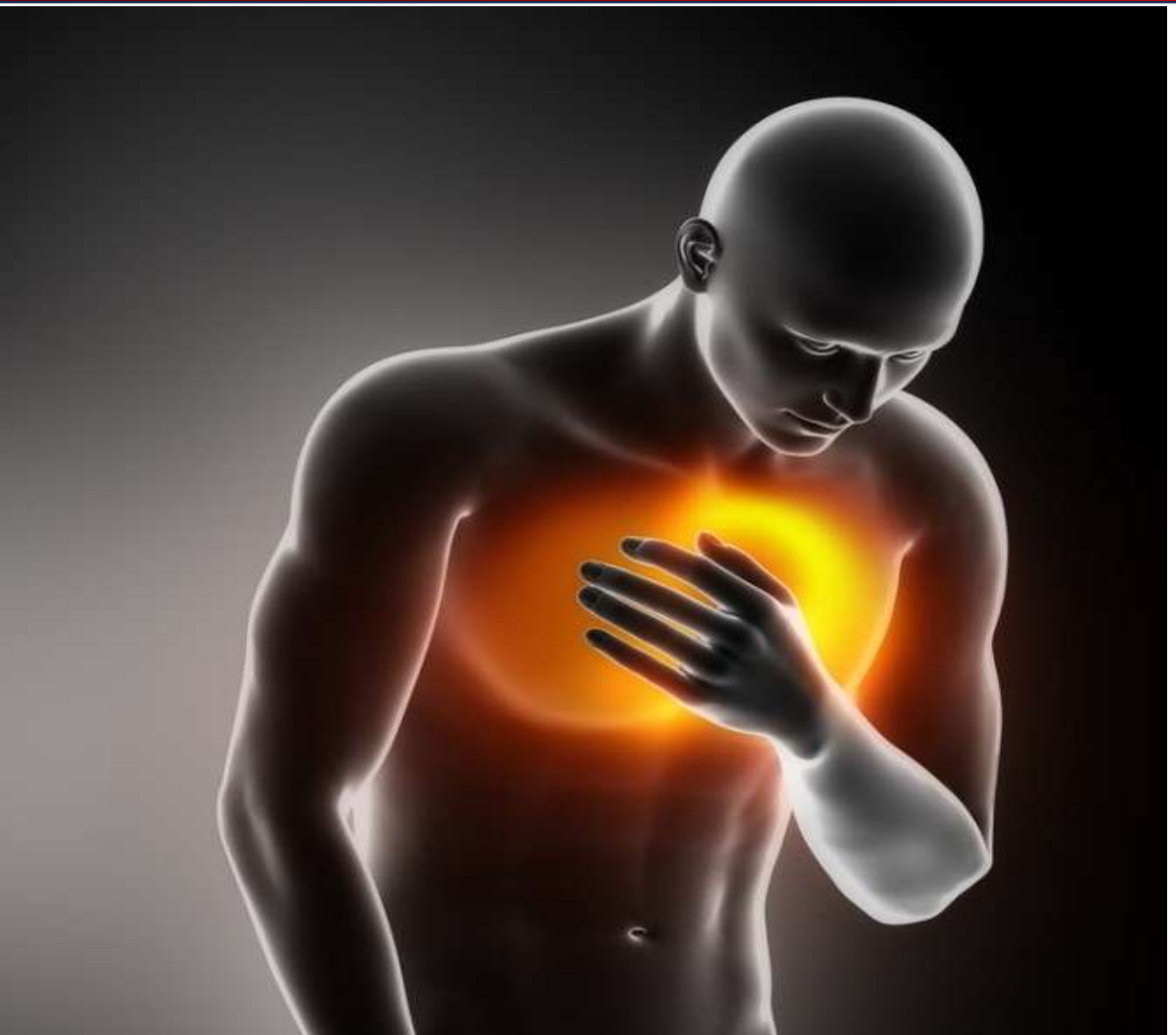
The Limi Hospitals



Acute Coronary Syndromes

Drs. Adefila Rafiu
& Iseko Iseko
Consultant Physician/Cardiologists,
Cardiocare (Limi) Multispecialty Hospital,
Abuja-Nigeria.

Limi Children's Hospital
The Limi Hospitals

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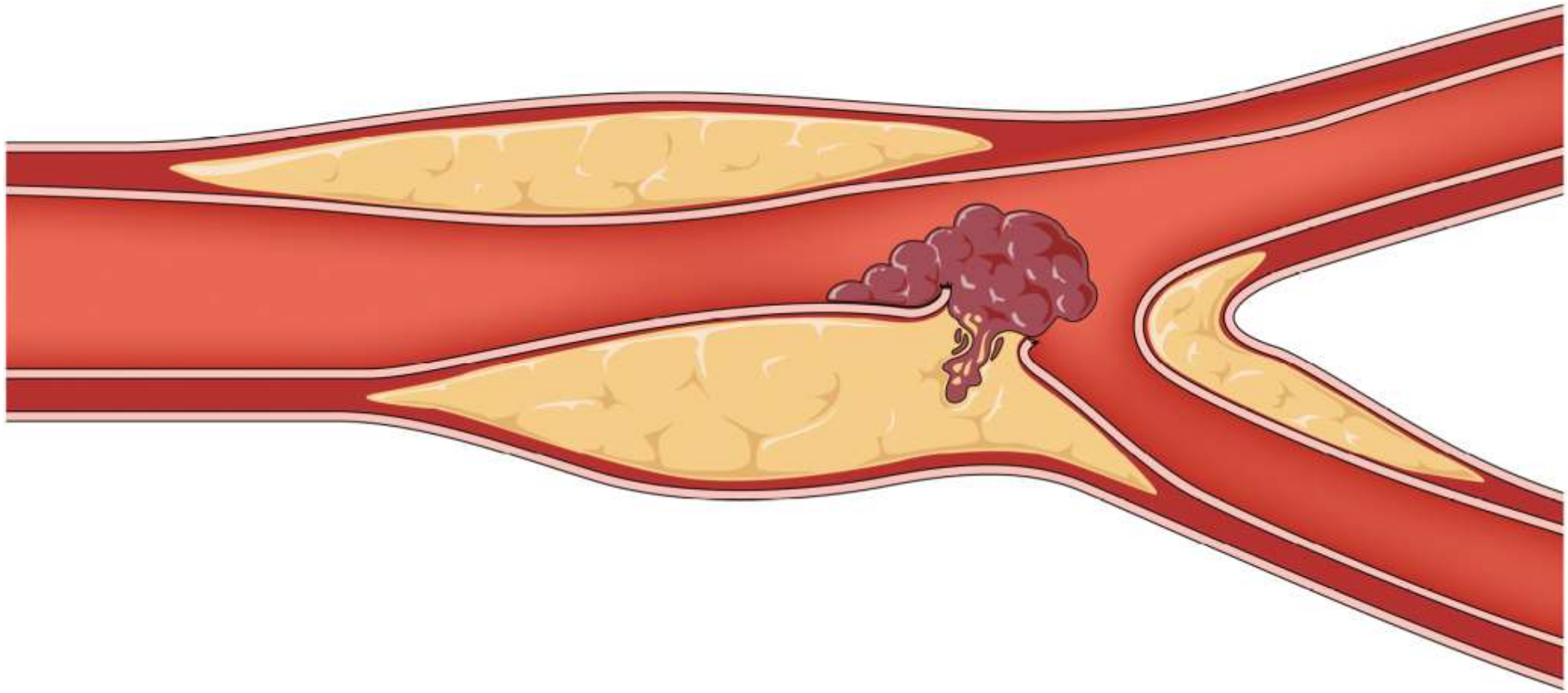
Everyone does not need to go abroad for advanced Cardiovascular healthcare.

World Class HealthCare.
All Subspecialties. All Day, Every Day.

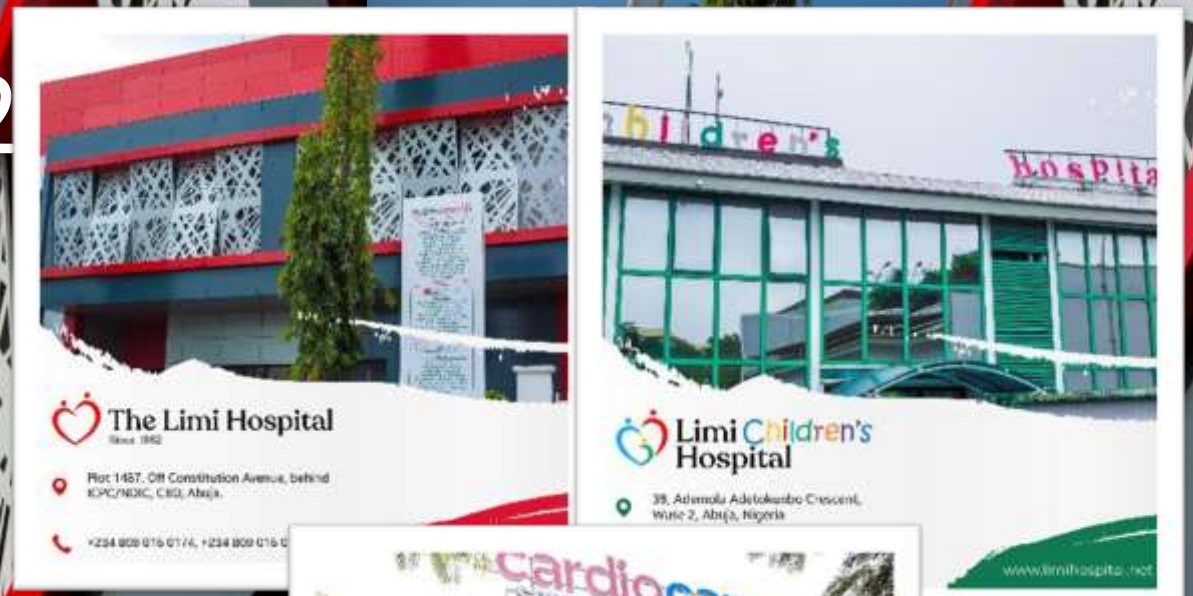
Definition

- Also known as “heart attacks”
- Comprises unstable angina and myocardial infarction
- Caused by fissuring or rupture of an atheromatous plaque on the coronary arterial wall.
- Most commonly as Chest Pain, Ulcer Pain but sometimes silent

Pathophysiology of ACS

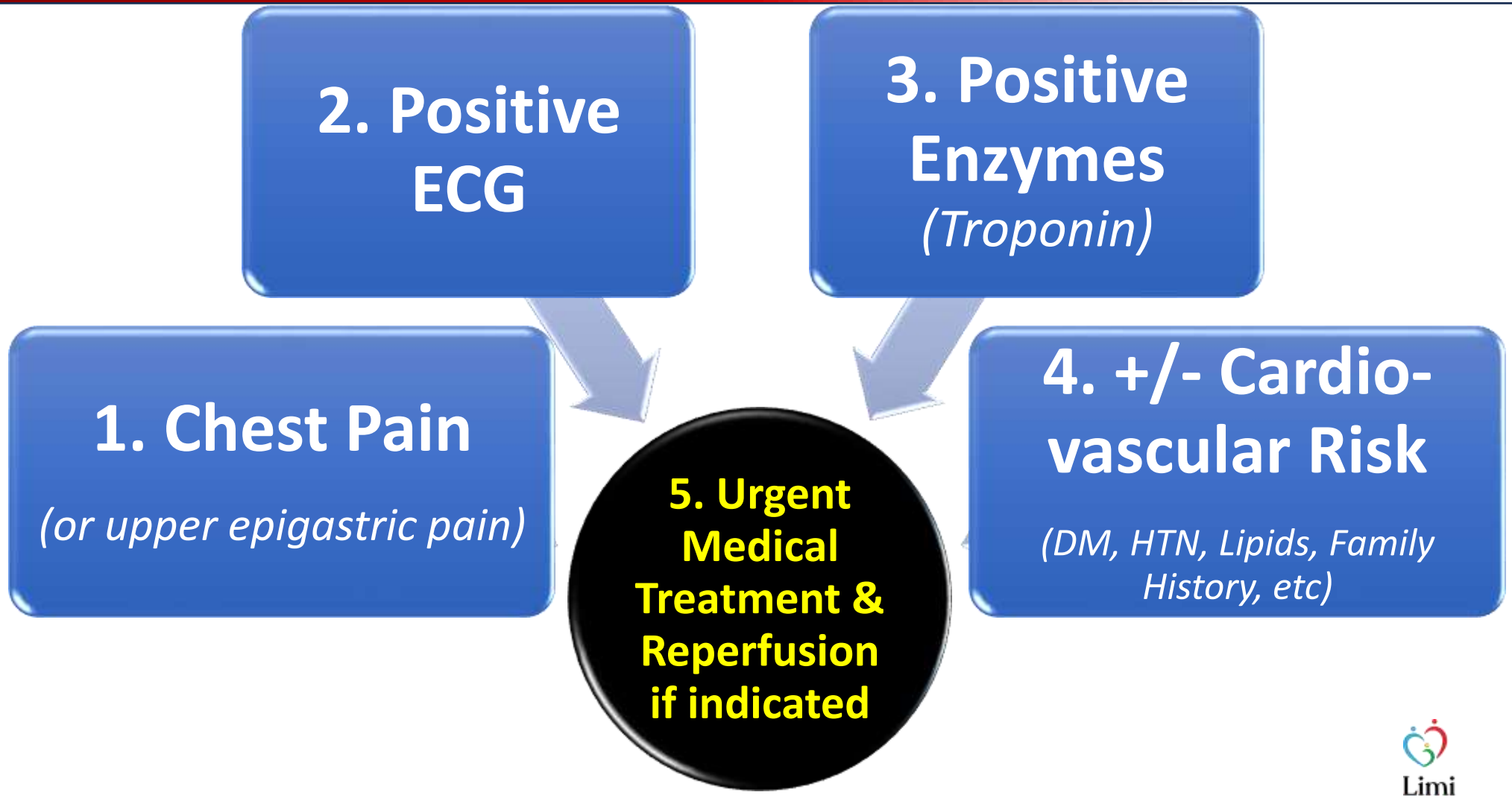


FOUNDED SINCE 1982



TO SUPPORT & SERVE

The Diagnostic Framework



Approach to ACS management - 1

Quick clinical history and physical exam to confirm typical symptoms of cardiac ischaemia and assess haemodynamic status.

The ECG is key to diagnosis.

It must be done within 5-10min of first clinical contact with anyone presenting with acute chest pain

An initial cardiac troponin (cnI or cnT) assay should be done at presentation, and if needed at 3 to 6hrs (to detect a rise and/or fall)

Acute Coronary Syndromes

	NEGATIVE ENZYMES	POSITIVE ENZYMES
"NEGATIVE" ECG	**UNSTABLE ANGINA*1** ***(OR NORMAL)***	**NSTEMI*2**
POSITIVE ECG	**?STEMI ?Pericarditis** (Repeat Enzymes in 6-12hrs or Exclude Ventricular Aneurysm complicating recent MI >2weeks)	**STEMI**

1** - ***IN THE SETTING OF CLINICAL SUSPICION OF ACUTE MYOCARDIAL INFARCTION

2** – ***ECG IN NSTEMI TYPICALLY SHOWS OTHER SIGNS OF MYOCARDIAL ISCHEMIA

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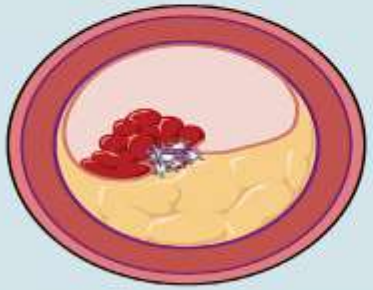
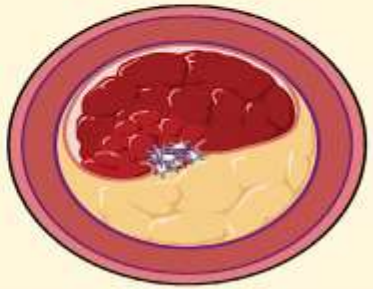
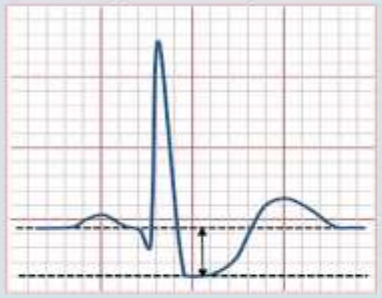
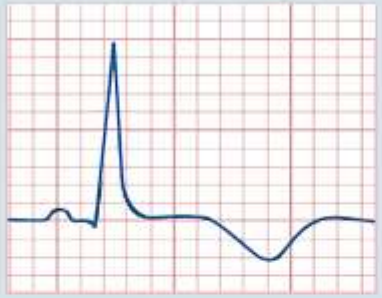
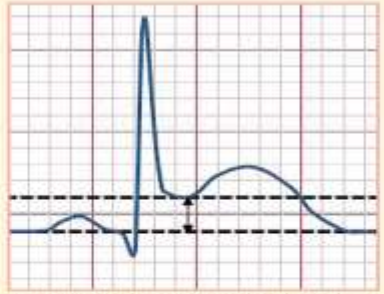
Acute Coronary Syndromes

1. **Unstable angina: NEGATIVE ECG + NEGATIVE ENZYMES**
   - *An unprovoked or prolonged episode of chest pain raising suspicion of acute myocardial infarction (AMI)*
   - *Without definite ECG or laboratory evidence*
2. **Non-ST Elevation Myocardial Infarction-: NEGATIVE ECG + POSITIVE ENZYMES**
   - *Chest pain suggestive of AMI*
   - *Non-specific ECG changes (ST depression/T inversion/normal)*
   - *Laboratory tests showing release of troponins*
3. **ST Elevation Myocardial Infarction: POSITIVE ECG + POSITIVE ENZYMES**
   - *Sustained chest pain suggestive of AMI*
   - *Acute ST elevation or new LBBB*
   - *Laboratory tests showing release of troponins*

Acute Coronary Syndromes

	NSTEMI	STEMI
Angiographic Findings	 Partially occlusive thrombus	 Completely occlusive thrombus
Electrocardiographic Changes	ST-segment depression  T-wave inversion  Nonspecific or no electrocardiographic changes may instead be seen	ST-segment elevation  ST-elevation in ≥2 contiguous leads on standard 12-lead ECG (or ST-elevation on posterior lead ECG)
Biomarker Changes (cardiac troponin)	Unstable angina: – ; NSTEMI: +	+ (Might be – if short time from symptom onset)

CASE PRESENTATION

RETROSTERNAL CHEST PAIN		RUSHED INTO CARDIOCARE ER. BY AMBULANCE
A **52 year-old-male**		PR **102** beats/min, regular, good volume
Severe retrosternal chest discomfort X 5hrs duration,		BP 140/76 mmHg
Associated sweating and an episode of vomiting		**Raised JVP**
Had a fainting episode		Heart sounds, Normal S1 S2 only
Radiating to the left arm and necks		
Diagnosed hypertensive a month earlier, not yet on medications. Not diabetic. Never checked his lipid profile		Resp rate **30 cycles/min**
Does not smoke nor take alcohol		**O2 Sat 89% in room air**
Referred from another facility where he was given o ASA 300mg PO stat, Clopidogrel 300mg PO stat.		**Fine crepitations** heard in lung bases posteriorly **Troponin I done at the referring hospital was reported as normal (0.16ng/ml)**

What is the first step in the management of this guest

1. Take sample for a serum troponin level
2. Send for emergency echocardiography
3. Do a 12-lead ECG
4. Do an urgent chest xray

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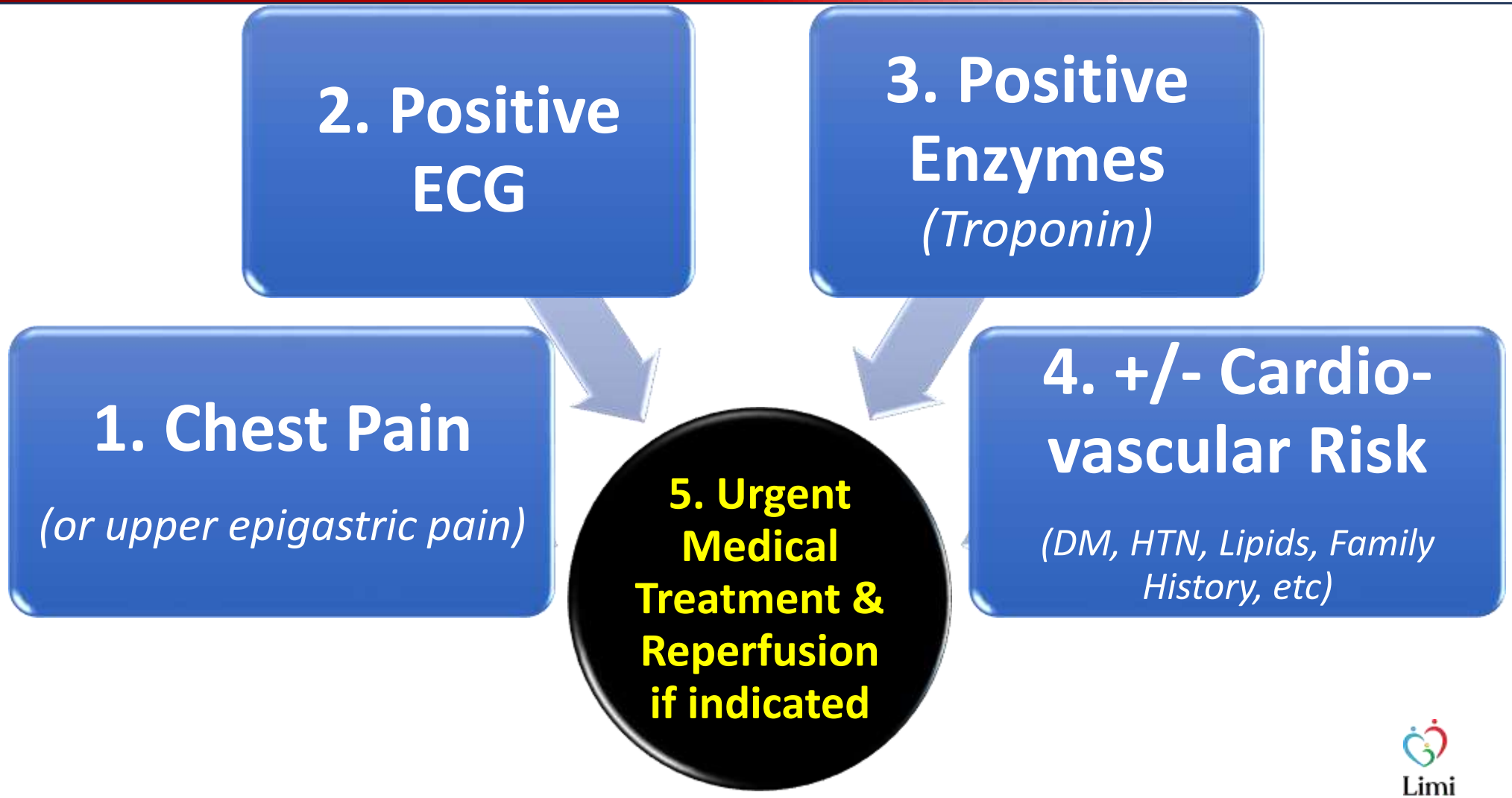
The Diagnostic Framework



What is the first step in the management of this guest

1. Take sample for a serum troponin level
2. Send for emergency echocardiography
3. **Do a 12-lead ECG**
4. Do an urgent chest xray

ACS NUGGET #1

- "Everyone with Ongoing Acute Chest Pains (or *"ulcer"* **MUST** have an ECG within 5-10minutes of arrival to the emergency room."

ACS NUGGET #2

- "Not every severe abdominal/epigastric pain is peptic ulcer. **You may miss an ACS**"
- "Don't forget the *angina equivalents"

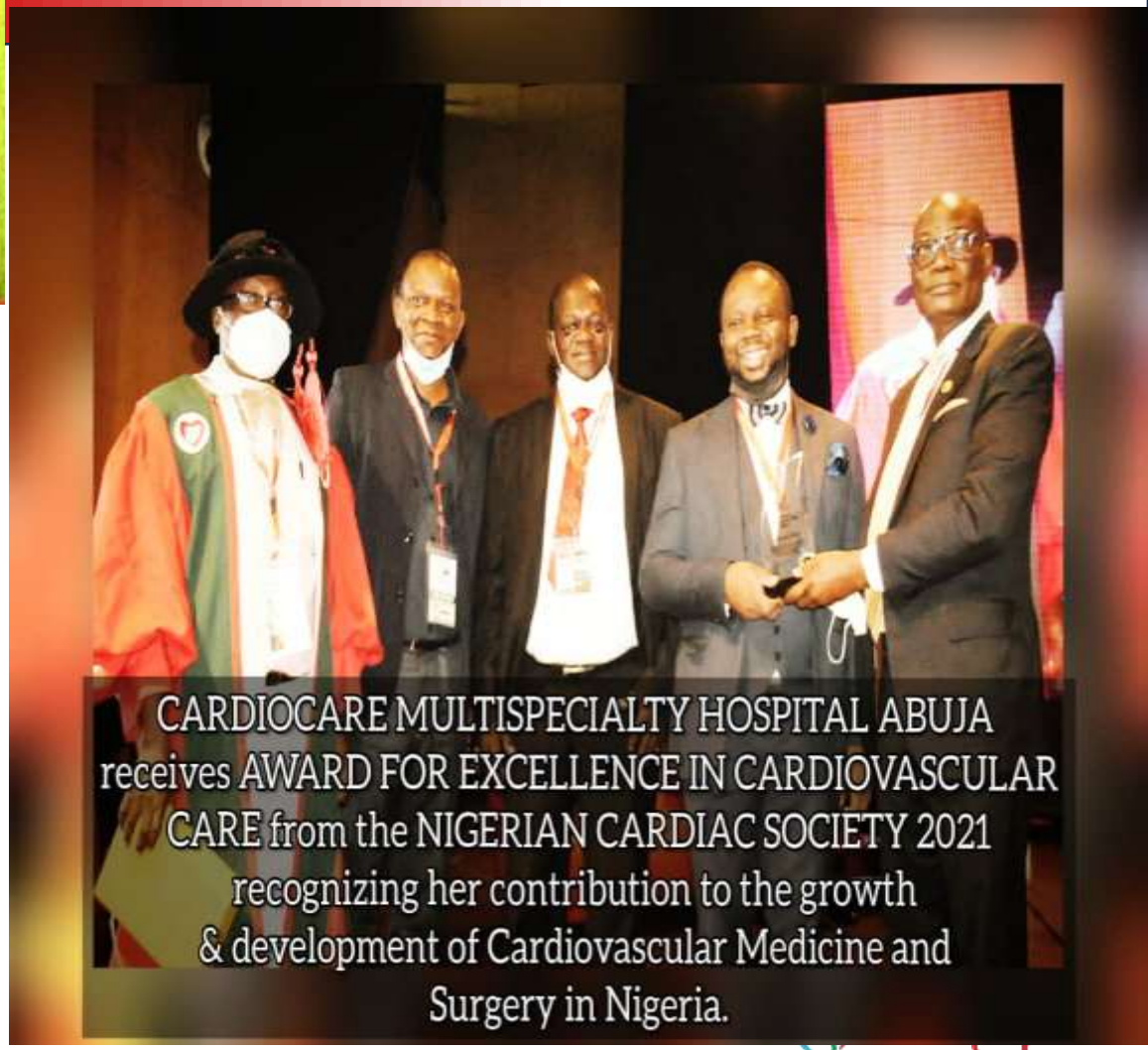
*Epigastric pain, dyspnea, exercise intolerance

Who is Cardiocare Multispecialty Hospital?_

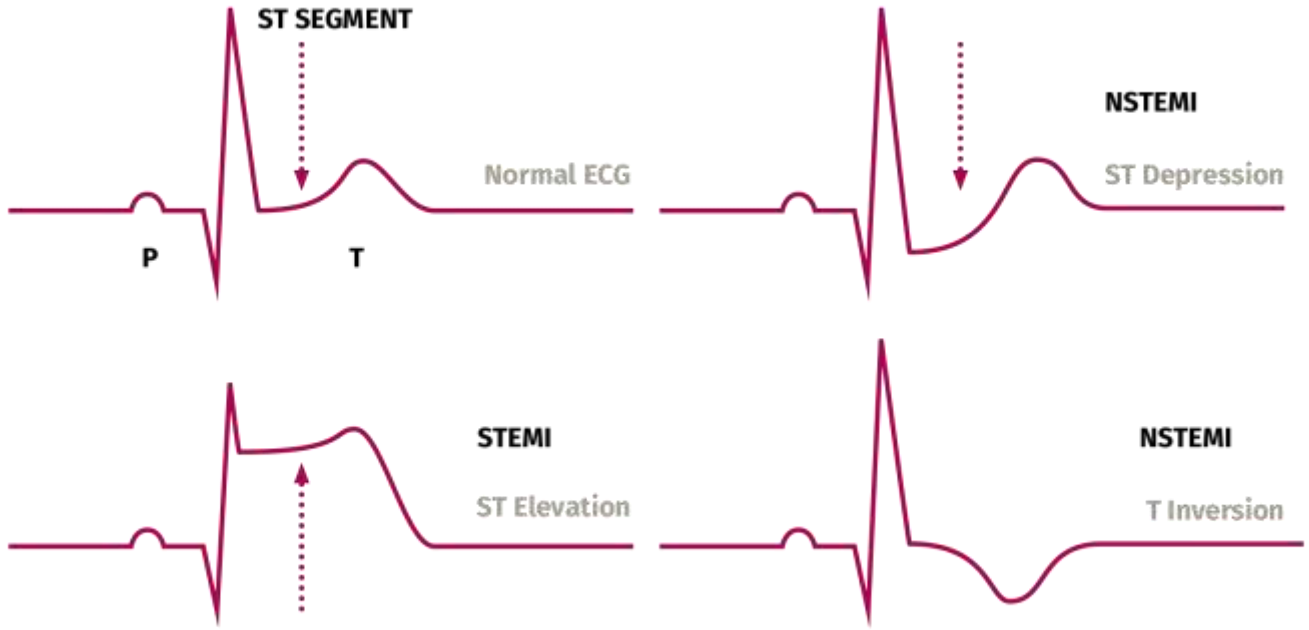
Northern Nigeria's **pioneer standalone Institution** wholly dedicated to comprehensive **Cardiovascular and Internal Medicine**.

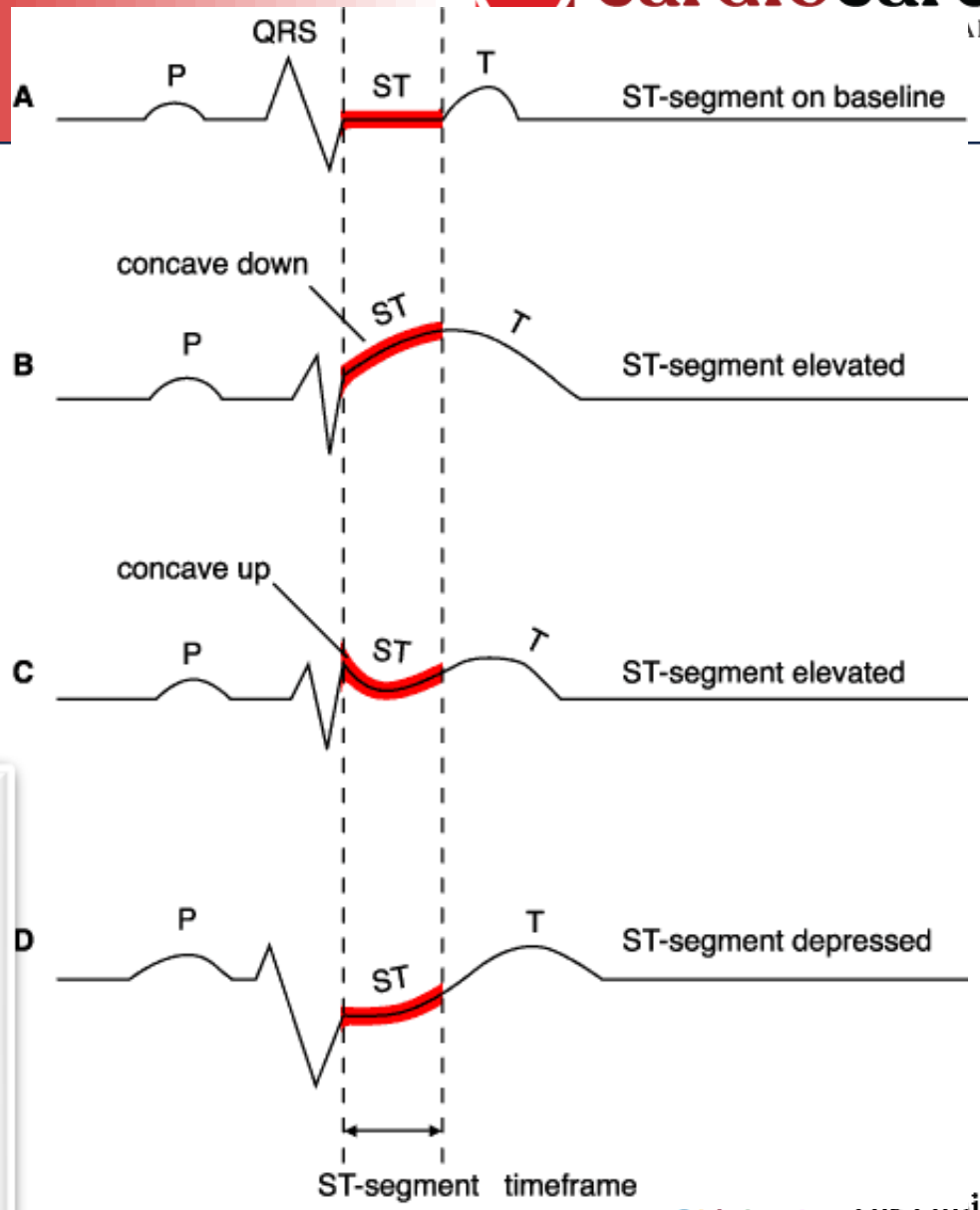
Received Multiple **Awards for Excellence in Service.**

We are a **Support Hospital** for your practice in Nigeria through our **specialized services, training, and research in collaboration with you**.



Significant ST Elevation

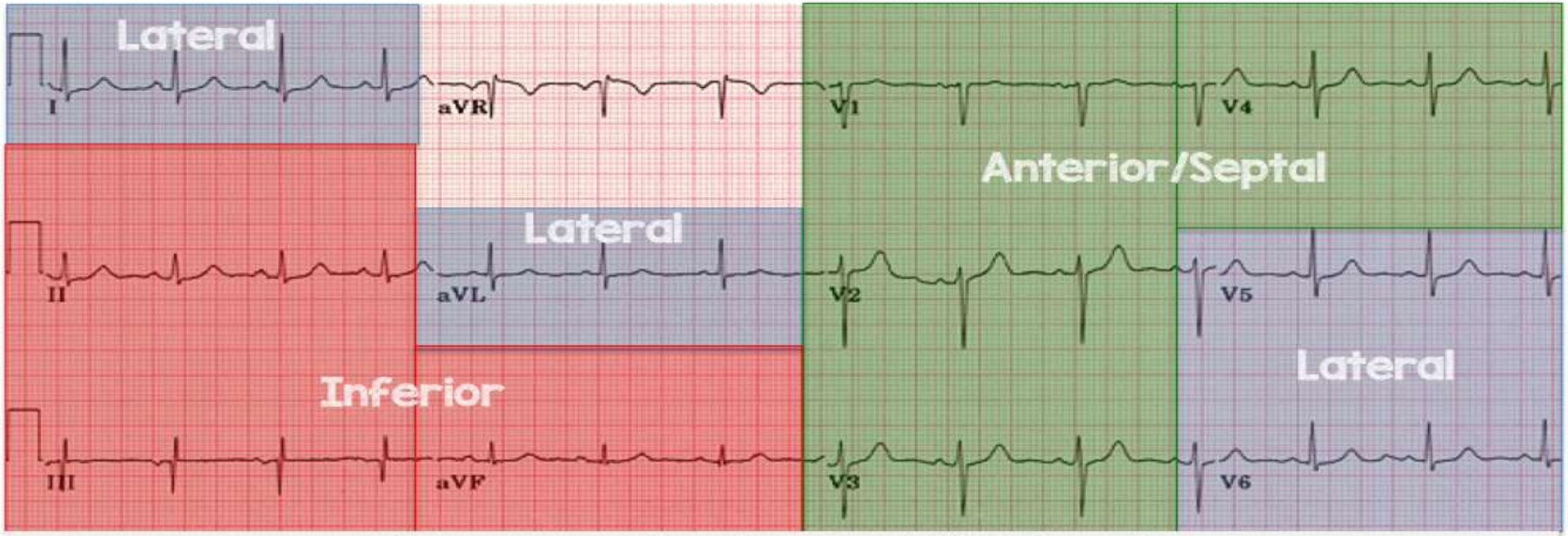




CRITERIA FOR ST ELEVATION

1. Present in 3 Consecutive Beats
2. ST elevation 1mm (small box) above baseline in limb leads
3. ST elevation 2mm (small boxes) above baseline in chest leads
4. Must be present in at least 2 contiguous leads
   1. I, aVL, V5, V6
   2. II, III, aVF
   3. V1, V2
   4. V3, V4

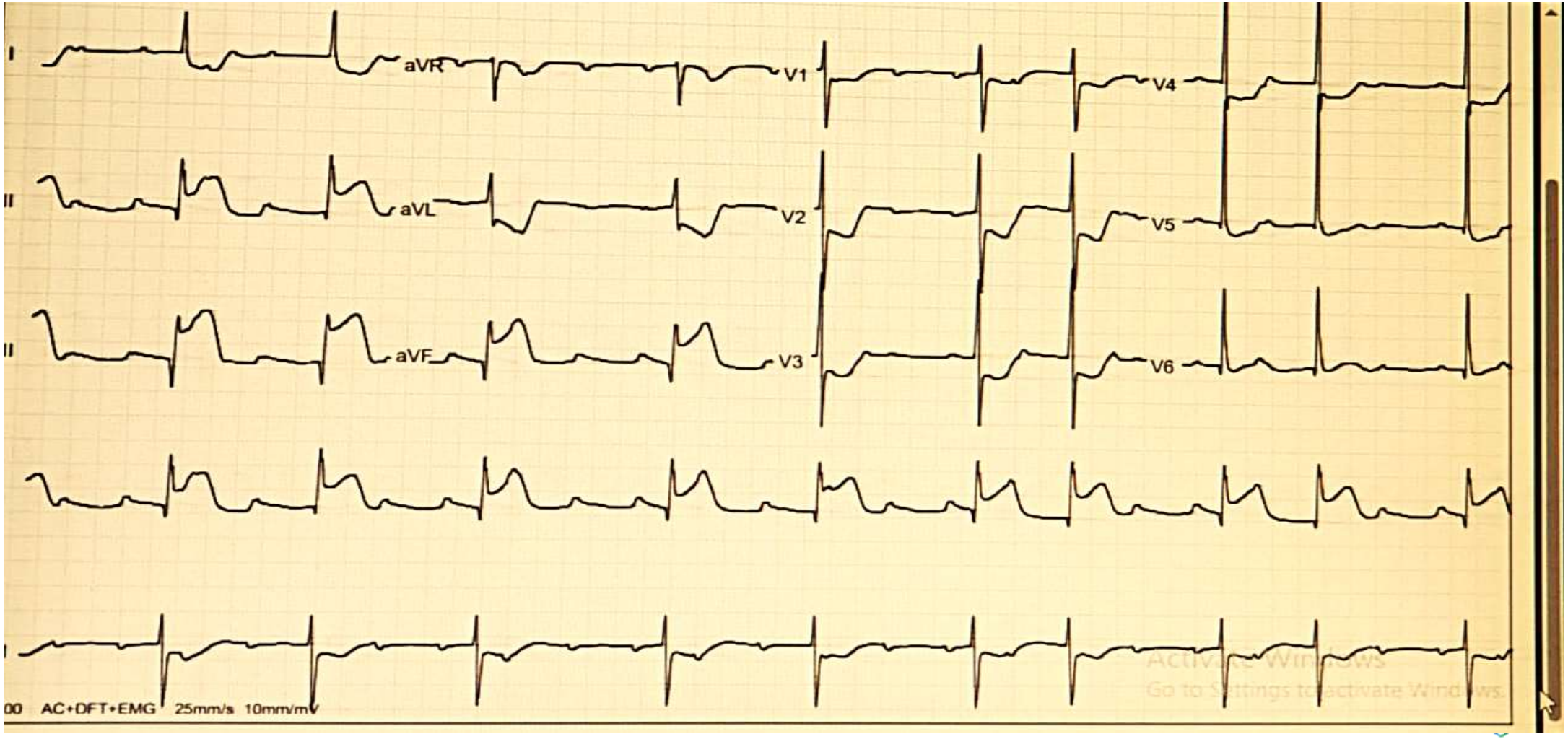
How to localized site of myocardial infarction



Coronary Anatomy & ECG Leads

Lateral Leads	I, aVL, V5 - V6	LCx or Diagonal of LAD
Inferior Leads	II, III, aVF	RCA and/or LCx
Anterior/Septal Leads	V1 - V4	LAD

His ECG



What are the Cardiocare Multispecialty Hospital's services?

We provide **24/7 world-class healthcare solutions** for patients, hospitals, and their doctors in:

- ✓ Interventional Cardiology (Cathlab)
- ✓ Endocrinology, Diabetology & Metabolic Medicine
- ✓ Cardiology
- ✓ Nephrology, Transplant & Dialysis
- ✓ Neurology
- ✓ Rheumatology
- ✓ Pulmonology
- ✓ Critical Care
- ✓ Cardiothoracic Surgery
- ✓ General Internal Medicine
- ✓ Comprehensive Medical Checkups

What is the cause of chest pain based on his ECG

1. Inferior NSTEMI
2. Anteroseptal NSTEMI
3. Inferior STEMI
4. Acute pericarditis

How to refer patients to Consider Cardiocare Multispecialty Hospital?

1. Give a standard referral letter & preferably attach any available results
2. **Call:** 0908-331-7777, 0817 444 0888
3. **WhatsApp**: 0908-331-7777, 0806-530-1797
4. **Email**: frontdesk@cardiocare.ng
5. **Visit**: 5, Giza Close Area 11, Garki (off Dunukofia Str- near FCDA) Abuja-FCT.
6. Kindly indicate Doctor's name, & email/phone number especially if you wish to receive a medical report afterwards.

What is the cause of chest pain based from the ECG

1. Inferior NSTEMI
2. Anteroseptal NSTEMI
3. **Inferior STEMI**
4. Acute pericarditis

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•Clinical & Interventional Cardiology •Endocrinology & Diabetology •Neurology •Nephrology and Dialysis •Hepatology •Critical and Intensive Care •Internal Medicine

5 Giza Close, Area 11 Garki, Abuja-Nigeria.

0817 444 0888, 0817 444 5544, 0908 331 7777

frontdesk@cardiocare.ng

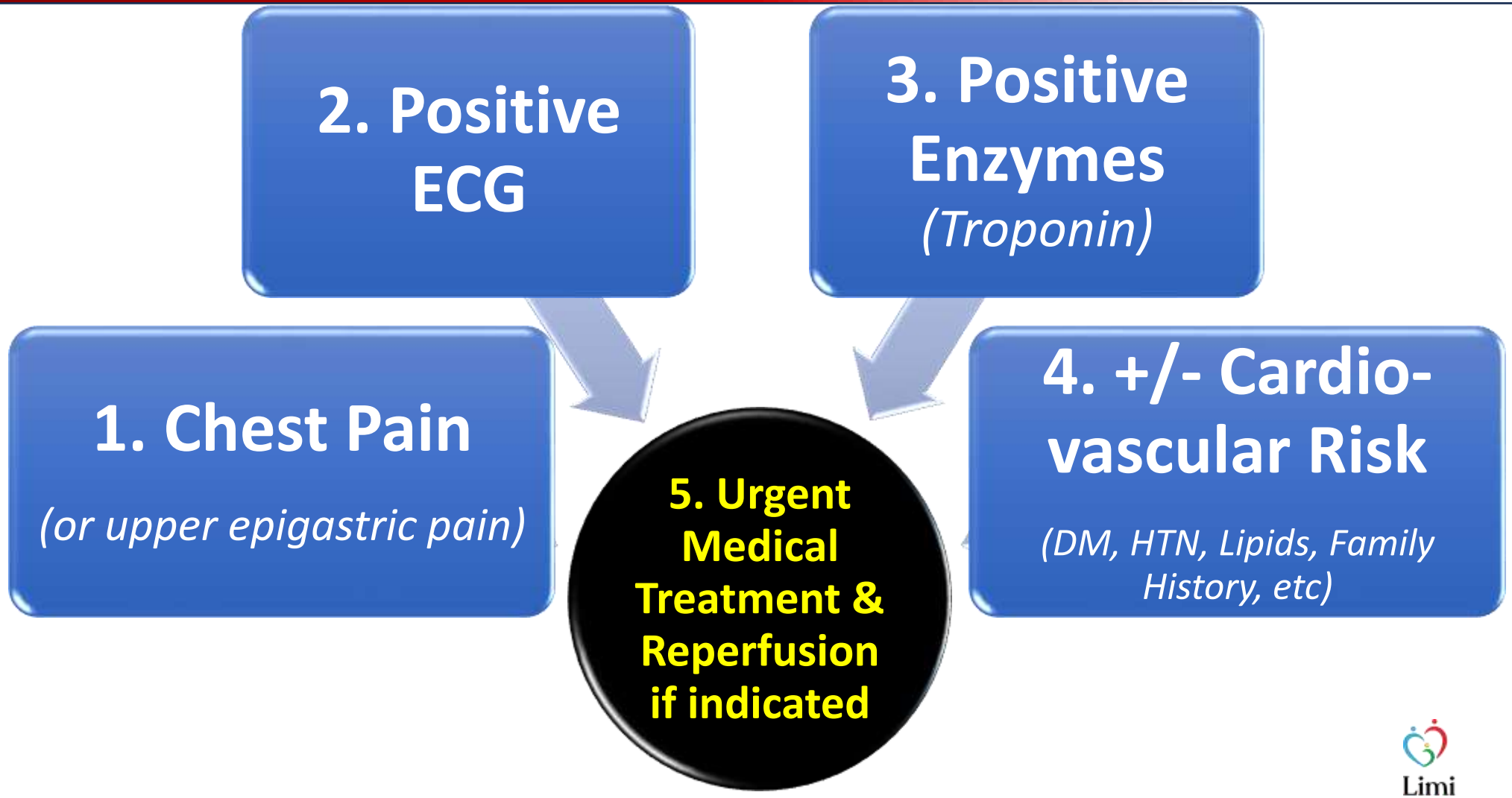
What is the most important blood test you want to send to the lab immediately

1. Lipid profile
2. Urgent PCV
3. Serum creatinine
4. Troponin I

What is the most important blood test you want to send to the lab immediately

1. Lipid profile
2. Urgent PCV
3. Serum creatinine
4. **Troponin I**

The Diagnostic Framework



ACS Nugget #3

- "Cardiac Enzymes (Troponin I or T) are invaluable in the evaluation of Chest Pains.

- A negative troponin in the appropriate patient should be repeated in 3-6hrs to be sure"

OUR FOCUS

❖ We aim to provide the best possible care with respect to

- ❑ **SAFETY**
- ❑ **EFFECTIVENESS**
- ❑ **PATIENT CENTEREDNESS**
- ❑ **INTERNATIONAL STANDARDS**

ACS Nugget #4

- "Cardiac Enzymes (Troponin I or T) elevation is not equivalent to ACS.

- Clinical history and ECG findings should guide interpretation"

Some other causes of elevated troponin

- Pericarditis, endocarditis, myocarditis
- Heart failure/cardiomyopathies
- Pulmonary embolism, ARDS
- Stroke
- Chronic kidney disease
- Severe GI bleeding
- Burns
- Sepsis

ADVANCED CARE

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1 **CORONARY ANGIOGRAPHY & INTERVENTIONS-** For patients presenting with chest pains, acute coronary syndrome

2 **PERIPHERAL ANGIOGRAPHY & INTERVENTIONS-** For patients presenting with Peripheral vascular diseases causing tissue loss or gangrene

3 **CARDIAC DEVICE IMPLANTATION & PROGRAMMING** such as Pacemakers, ICDs,CRTs for patients presenting with heart failure & Cardiac rhythm abnormalities

4 **STRUCTURAL HEART INTERVENTIONS –** for patients presenting with ASD, VSD, PDA etc..

5 **THROMBOEMBOLIC THERAPIES such as IVC Filters,** for VTE (Venous Thrombo-embolic) treatment and management

6 **CARDIAC SURGERY –** Open Heart Surgery

7 **KIDNEY TRANSPLANT & DIALYSIS**

8 **CRITICAL CARE**

9 **ADVANCED CARDIAC INVESTIGATIONS**

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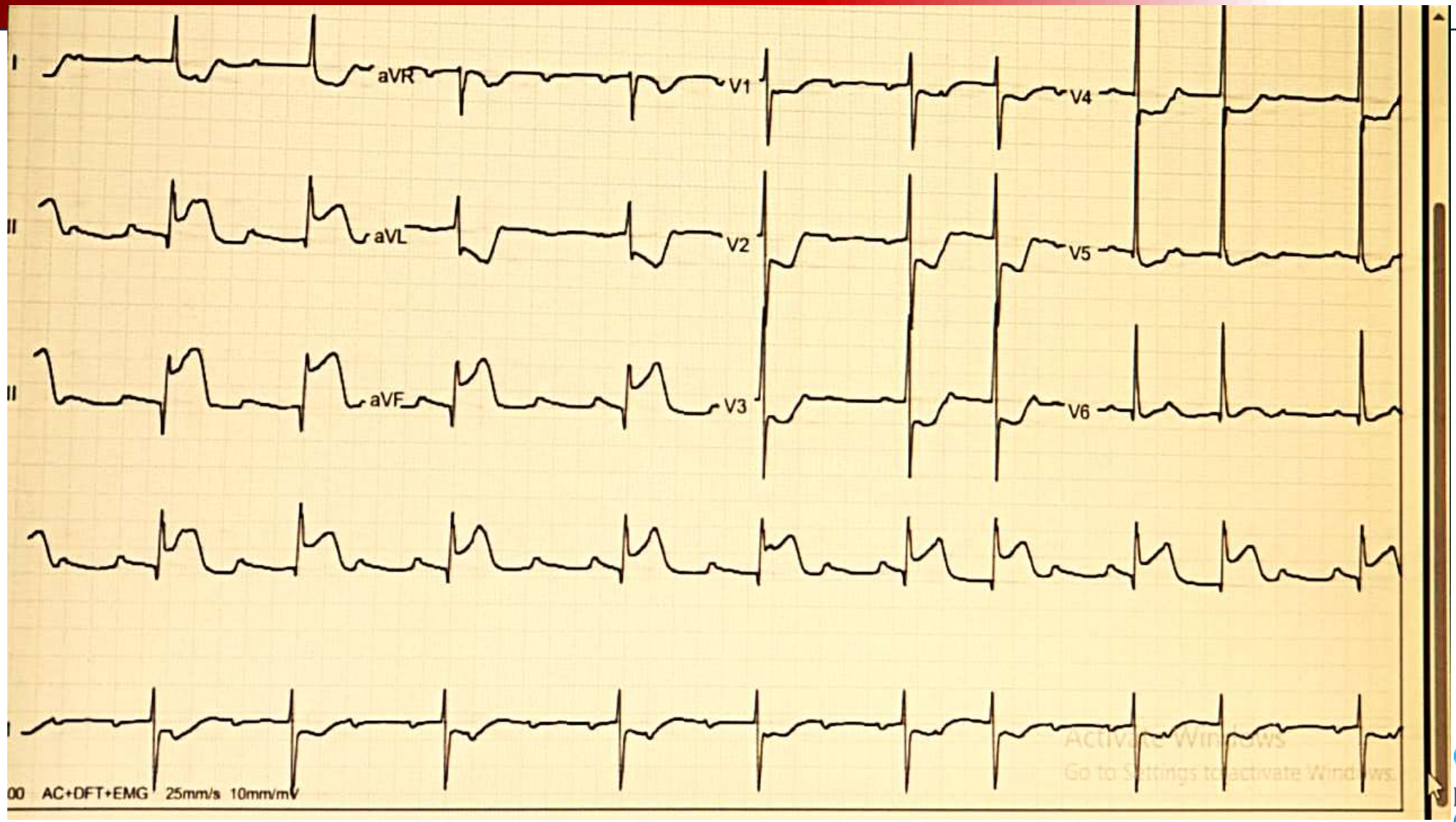
ST elevation myocardial infarction (STEMI)

- Defined as presentation with clinical symptoms consistent with ACS (generally of ≥ 20 minutes duration) **PLUS**
    - persistent (> 20 minutes) ECG features in ≥ 2 contiguous leads of significant ST elevation OR new LBBB (LBBB should be considered new unless there is evidence otherwise) **PLUS**
        - Elevated cardiac biomarker (troponin)

Inferior STEMI



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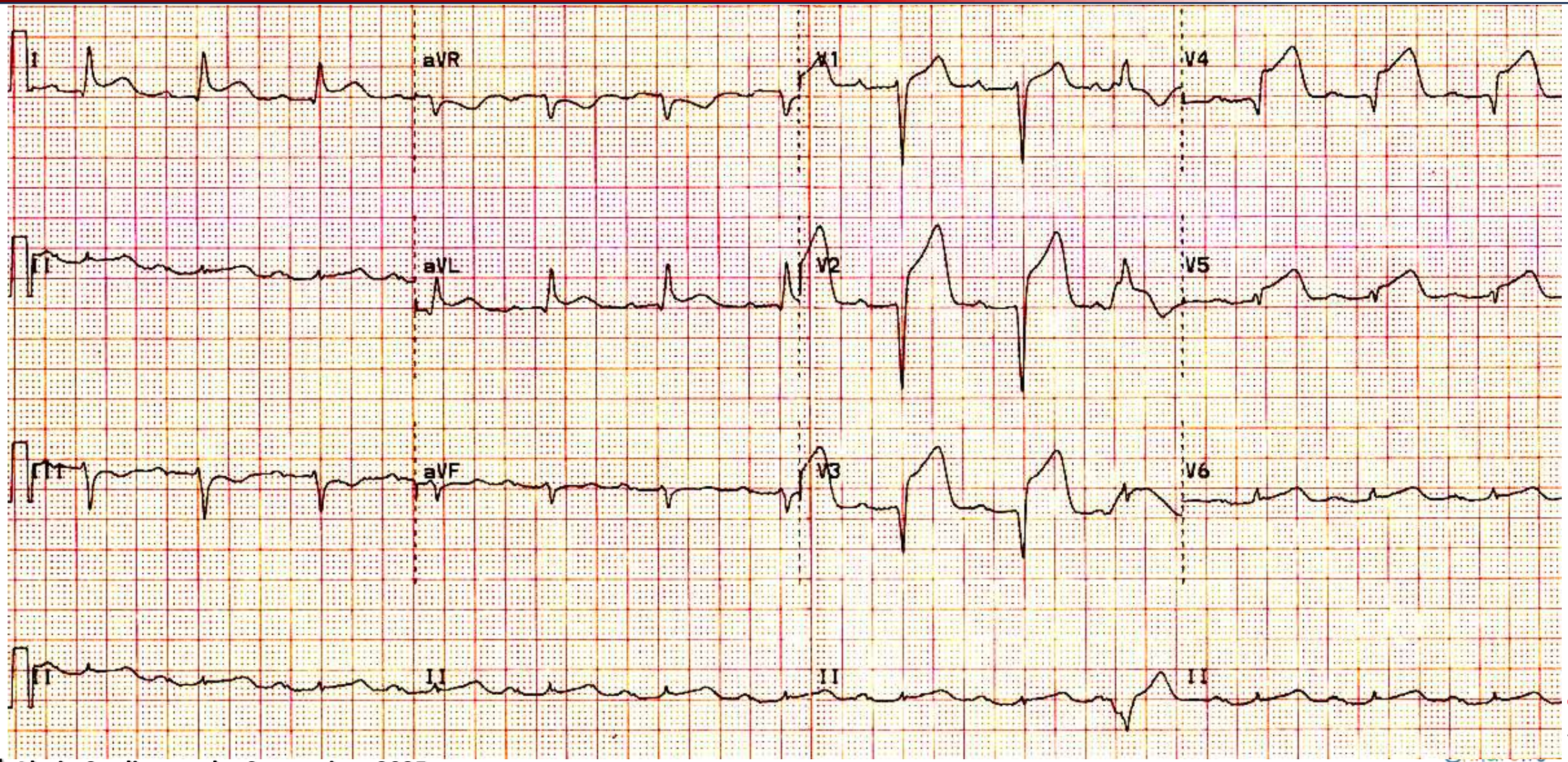
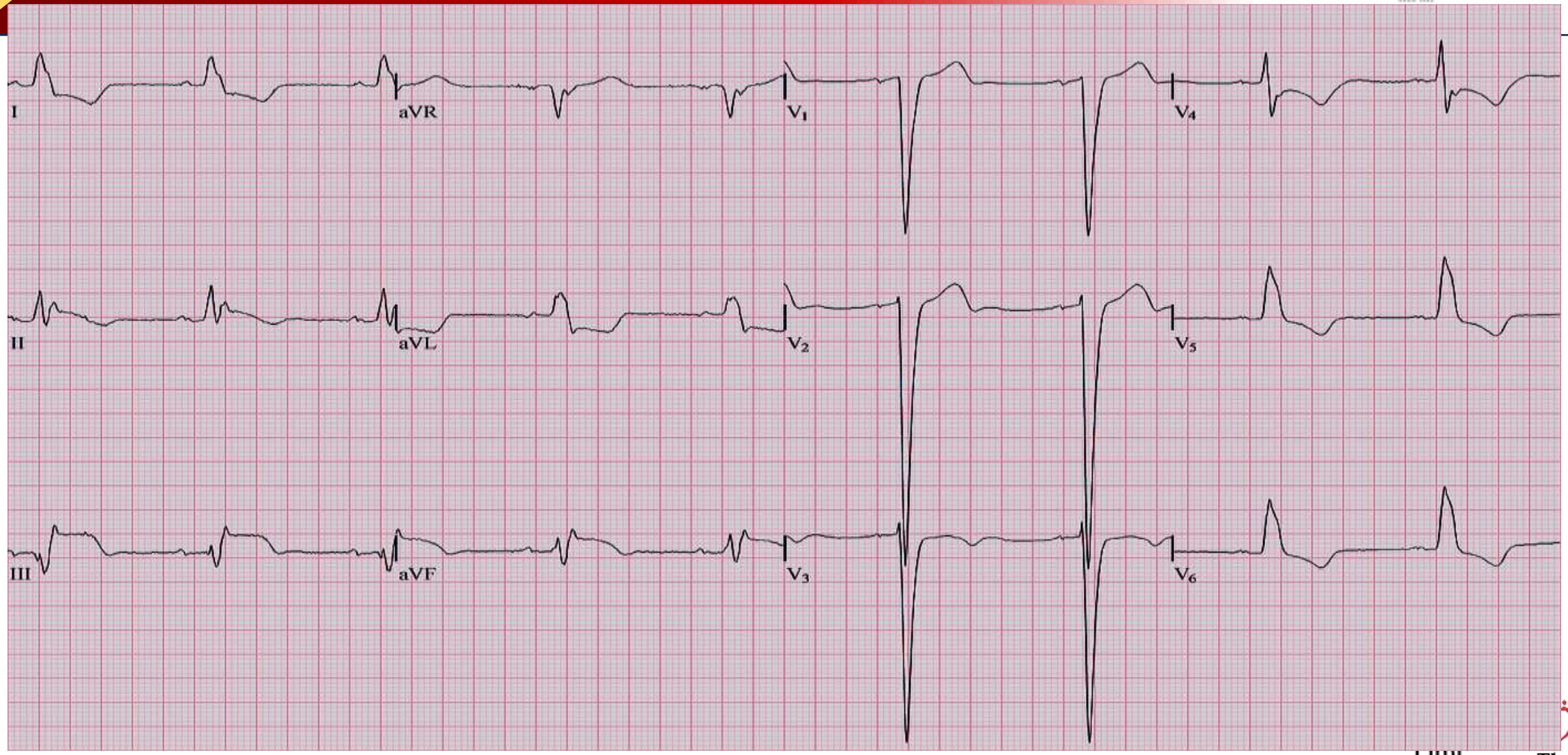
Our Non-Invasive Assessment services

- ❑ HOTLERS
- ❑ SPIROMETRY
- ❑ STRESS
- ❑ EEG
- ❑ ECG

Anterior STEMI



LBBB



OUR FACILITIES

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24

BED SPACE

VIP SUITES,

PRIVATE SUITES,

GENERAL SUITES etc

2

INTENSIVE CARE UNIT

HDU&ICU

3

THEATERS

ULTRAMORDEN CATHLAB, CARDIAC OPERATION THEATER

1

DIALYSIS SUITE

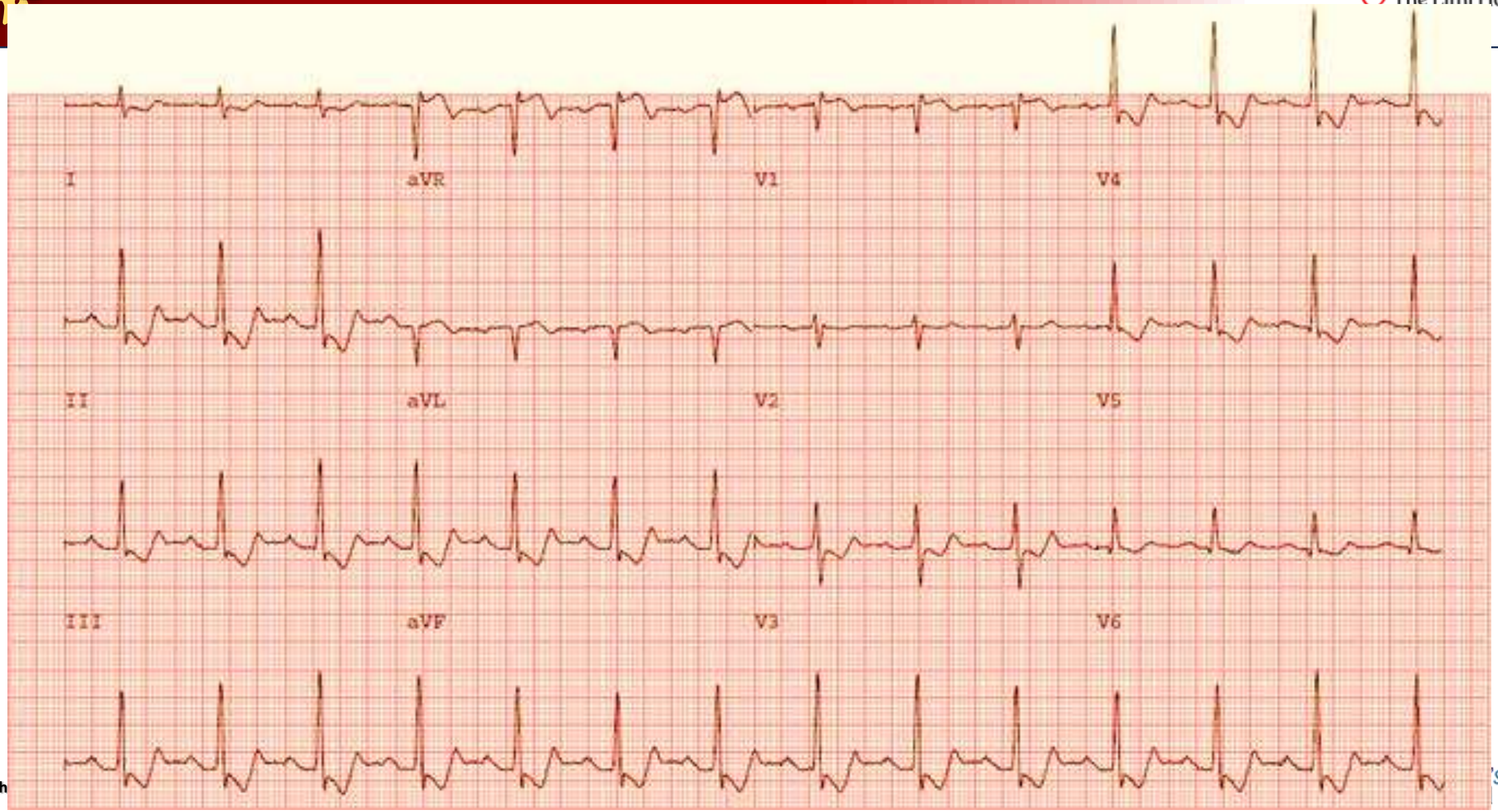
PHYSIOLOGY LAB

RADIOLOGY SIUTE

Non-ST elevation myocardial infarction (NSTEMI)

- Defined as presentation with clinical symptoms consistent with ACS (generally of ≥ 20 minutes duration) PLUS
    - persistent (> 20 minutes) ECG features in ≥ 2 contiguous leads of downsloping or horizontal ST depression and/or T wave inversions PLUS
        - Elevated cardiac biomarker (troponin)

NSTEMI



Unstable angina

- Unstable angina (UA) is defined as myocardial ischemia at rest or on minimal exertion in the absence of acute cardiomyocyte necrosis (no ST elevation on ECG, normal troponin).

- It is characterized by specific clinical findings such as
  - prolonged (>20 minutes) angina at rest;
  - new onset of severe angina;
  - angina that is increasing in frequency, longer in duration, or lower in threshold; or
  - angina that occurs after a recent episode of myocardial infarction.

CASE PRESENTATION cont'd

Some Important Investigations
Troponin I – 0.2ng/ml at referring hospital. On presentation, 2.3ng/ml (NR – 0 – 0.3ng/ml)
LDL-C – 160mg/dl, Total cholesterol – 230mg/dl, Triglyceride – 157mg/dl, HDL-C – 50mg/dl
NTproBNP – 2,000 pg/ml (NR 0-300pg/ml)
Serum creatinine – 1.0mg/dl

Further care
He was nursed in cardiac position
On supplemental oxygen, IV morphine 10mg stat, IV metoclopramide 10mg stat
Tabs ASA 75mg OD, Tabs Clopidogrel 75mg OD

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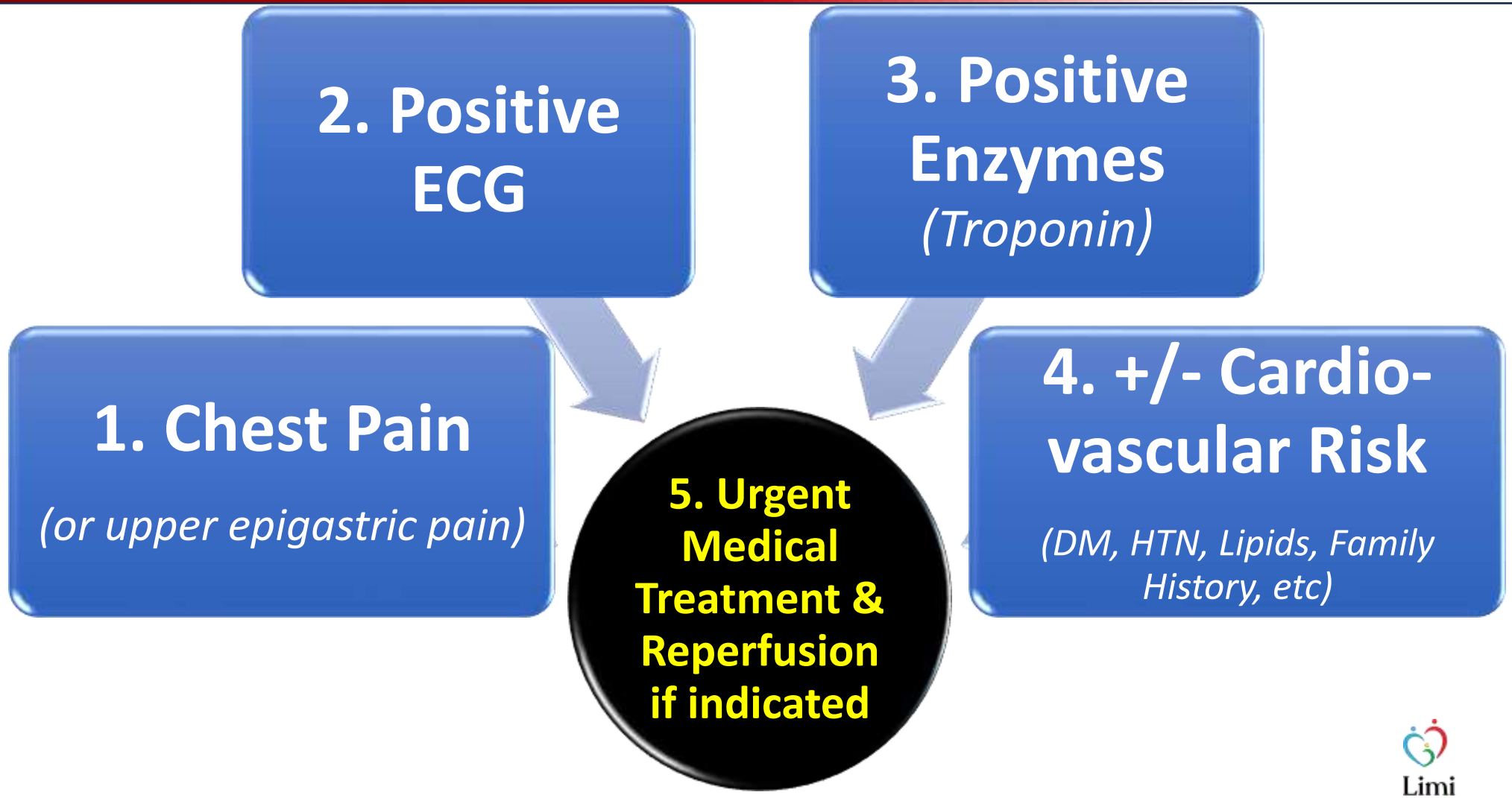

What other medications will you give this guest in the emergency room

1. Bisoprolol, sublingual nitroglycerin, IV frusemide, atorvastatin
2. IV frusemide, captopril, SC enoxaparin, rosuvastatin
3. IV frusemide, captopril, atorvastatin
4. Bisoprolol, captopril, IV frusemide, rosuvastatin

Approach to ACS management – 2
Initial medical treatment (think "MONASH")

M- Morphine and or Analgesics, with opioids (morphine, fentanyl) + antiemetics

O- Oxygen therapy (only if hypoxemic <92%)

N- Nitrates- Glyceryl trinitrate infusion or sublingual

A- Antiplatelets – ASA (300mg load, 75mg OD), ADP antagonists such as clopidogrel (300-600mg load, 75mg OD)

S-High Intensity Statins

H- Heparin or Anticoagulation- UFH 5000U stat, Enoxaparin 1mg/kg/dose q12h

Our Milestones

OVER 600 CATHLAB PROCEDURES

CARDIOCARE HAS PERFORMED OVER 500 CARDIAC PROCEDURES FOR NIGERIANS AND FOREIGN NATIONALS SUCCESSFULLY AND RELIABLY OVER THE YEARS

AWARDS & RECORGNITION

WE ARE HAPPY TO HAVE RECEIVED AWARD OF EXCELLENCE IN CARDIOVASCULAR CARE FROM THE NIGERIAN CARDIAC SOCIETY

RESEARCH & COLLABOTRATIONS

CARDIOCARE HAS PROVIDED AVENUES FOR LOCAL RESEARCH & TRAINING.
COLLABORATED WITH FOREGN AND LOCAL ORGANIZATIONS TO HOST CARDIAC OUTREACHES THAT OFFERED LIFE SAVING INTERVENTIONAL PROCEDURES TO INDIGENT NIGERIANS

TRAINING & SYMPOSIUM

TRAINING OVER 600 HEALTHCARE PROFESSIONALS VIA MONTHLY WEBINARS AND ANNUAL CARDIOVASCULAR SYMPOSIUM NOW IN ITS 8TH EDITION.
PG RESIDENCY ROTATION TRAINING MOUS WITH (UPTH, OAUTH)

What other medications will you give this guest in the emergency room

1. Bisoprolol, sublingual nitroglycerin, IV frusemide, atorvastatin
2. **IV frusemide, captopril, SC enoxaparin, rosuvastatin**
3. IV frusemide, captopril, atorvastatin
4. Bisoprolol, captopril, IV frusemide, rosuvastatin

ACS Nugget #5

- "Avoid nitrates and beta blockers in inferior Myocardial infarction"

- Avoid beta blockers in cocaine-induced Myocardial Infarction

ACS Nugget #5

TIME IS MUSCLE!!!

- **Every minute or second with a blocked artery increases the heart muscle death and the heart failure/death risk!!!**

HOW TO REFER TO CARDIOCARE

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The Limi Hospitals

1	**REFERRAL LETTER:** Give a standard referral letter & preferably attach any available results of previous investigations
2	**ON-SITE REFERRAL:** Visit no 5 Giza Close, Area 11 Garki off Dunukofia Str- near FCDA) Abuja-FCT.
3	**EMAIL:** Send an email to frontdesk@cardiocare.ng or o.solomon@limihospital.org or e.james@limihospital.org
4	**WHATSAPP:** Send a Whatsapp message to 0908-331-7777 0806-530-1797
5	**CALL:** 0908-331-7777, 0817 444 0888
6	**IDENTIFICATION:** Kindly indicate Doctor's name, & email/phone number especially if you wish to receive a medical report afterwards.

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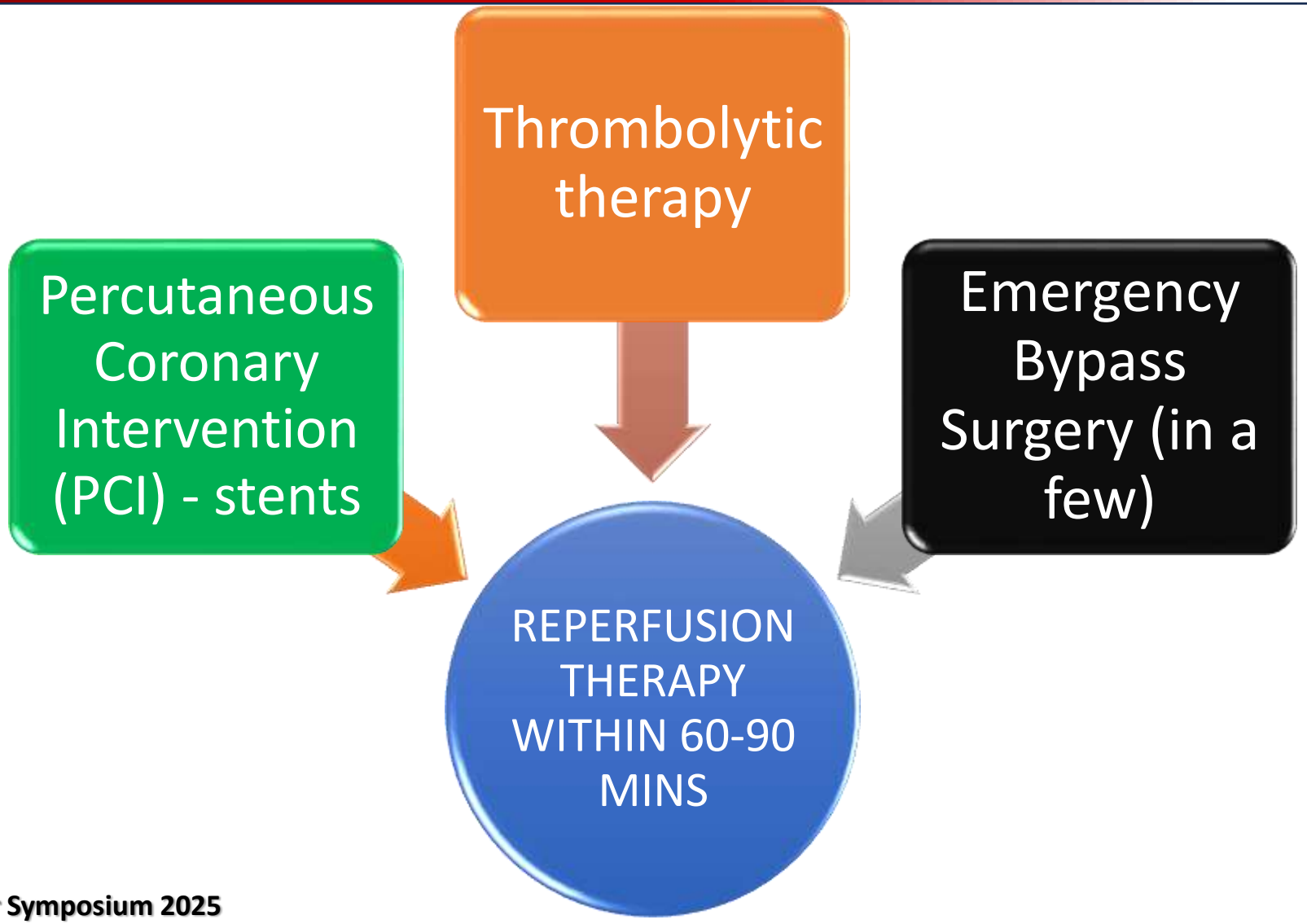
Reperfusion Therapy ASAP!!!



Approach to ACS management – 3
Reperfusion strategies

- Thrombolytic therapy
  - Alteplase
  - Tenecteplase
  - Streptokinase
- Percutaneous coronary intervention (PCI) – first line
- Coronary artery bypass grafting (CABG) - for selected patients e.g. failed PCI, multivessel disease

LETS SUPPORT YOUR PATIENTS WITH WORLD CLASS CARDIAC SOLUTIONS

Management of STEMI - 1

Emergent reperfusion is the immediate priority

There is an association between prompt reperfusion (<90min from first medical contact) and more favorable long-term clinical outcomes

Management of STEMI – 2
PCI-capable hospital

- Goal is immediate coronary angiography with door-to-balloon time <60min

Management of STEMI – 3
Non-PCI centre

If anticipated time to transfer to a PCI-capable centre is <120min (2hrs), **TRANSFER**

If anticipated time to transfer is >120min, a **pharmaco-invasive approach** should be considered

Pharmaco-invasive approach is initial thrombolytic therapy **followed by** invasive angiography **within 24hrs**

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Management of NST-ACS

Initial medical treatment ("MONASH")

Risk stratification

Reperfusion strategy if very-high risk or high risk

- This is usually **PCI or CABG**
- **NO ROLE for thrombolytic therapy in NSTE-ACS**

Risk stratification for NSTE-ACS

- It is used for timing of invasive therapy in NSTE-ACS
- Based on clinical presentation and ECG changes

LETS SUPPORT YOUR PATIENTS WITH WORLD CLASS CARDIAC SOLUTIONS

Very high-risk NSTE-ACS

- Needs immediate invasive treatment (<2hrs)
  - Hemodynamic instability (shock, cardiac arrest)
  - Ventricular arrhythmias
  - Acute heart failure due to ACS
  - Medically refractory angina or angina equivalent

High clinical risk

- Early invasive strategy (<24hrs)
  - No very high-risk features
  - TIMI Risk Score >4
  - GRACE Score >140
  - Dynamic ECG changes

Secondary prevention- life-style modification

- Dietary guidance
- Exercise
- Advice smoking cessation, limit alcohol use

Our Milestones

OVER 600 CATHLAB PROCEDURES

CARDIOCARE HAS PERFORMED OVER 500 CARDIAC PROCEDURES FOR NIGERIANS AND FOREIGN NATIONALS SUCCESSFULLY AND RELIABLY OVER THE YEARS

AWARDS & RECORGNITION

WE ARE HAPPY TO HAVE RECEIVED AWARD OF EXCELLENCE IN CARDIOVASCULAR CARE FROM THE NIGERIAN CARDIAC SOCIETY

RESEARCH & COLLABOTRATIONS

CARDIOCARE HAS PROVIDED AVENUES FOR LOCAL RESEARCH & TRAINING.
COLLABORATED WITH FOREGN AND LOCAL ORGANIZATIONS TO HOST CARDIAC OUTREACHES THAT OFFERED LIFE SAVING INTERVENTIONAL PROCEDURES TO INDIGENT NIGERIANS

TRAINING & SYMPOSIUM

TRAINING OVER 600 HEALTHCARE PROFESSIONALS VIA MONTHLY WEBINARS AND ANNUAL CARDIOVASCULAR SYMPOSIUM NOW IN ITS 8TH EDITION.
PG RESIDENCY ROTATION TRAINING MOUS WITH (UPTH, OAUTH)

Secondary prevention Simple as ABCDE

- A = Aspirin and antianginals
- B = Beta blockers and blood pressure (BP)
- C = Cholesterol and cigarettes
- D = Diet and diabetes
- E = Exercise and education

Secondary prevention medications - 1

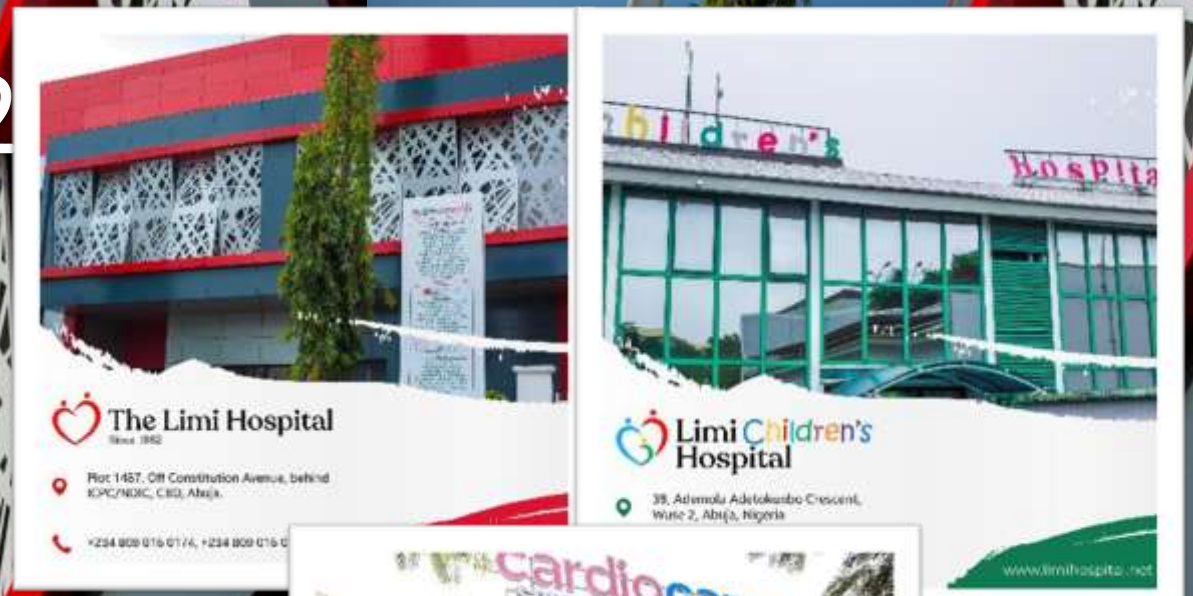
- **Lipid lowering medications**
  - **High intensity statins (in all patients)**
  - If LDL-C below target at 4-6weeks, add ezetimibe and then a PCSK9 inhibitors (such as Inclisiran) as needed
  - Bempedoic acid is an option as add-on where available
  - LDL-C target for **most <55mg/dl (1.4mmol/L)**

- **Glycemic control** – **HbA1c target <7%.** Consider GLP-1 agonist or SGLT2 inhibitors for their cardiovascular benefits

Secondary prevention- medications - 2

- **Antithrombotic therapy**
  - generally **dual antiplatelet (DAPT) for at least 12 months** in most patients
  - May extend DAPT, if tolerated, in high ischaemic risk patients (e.g., recurrent MI)
  - In patients with high bleeding risk, consider early aspirin cessation
  - 8-10% of patients have concomitant atrial fibrillation. Generally, avoid triple therapy (DAPT + anticoagulant)

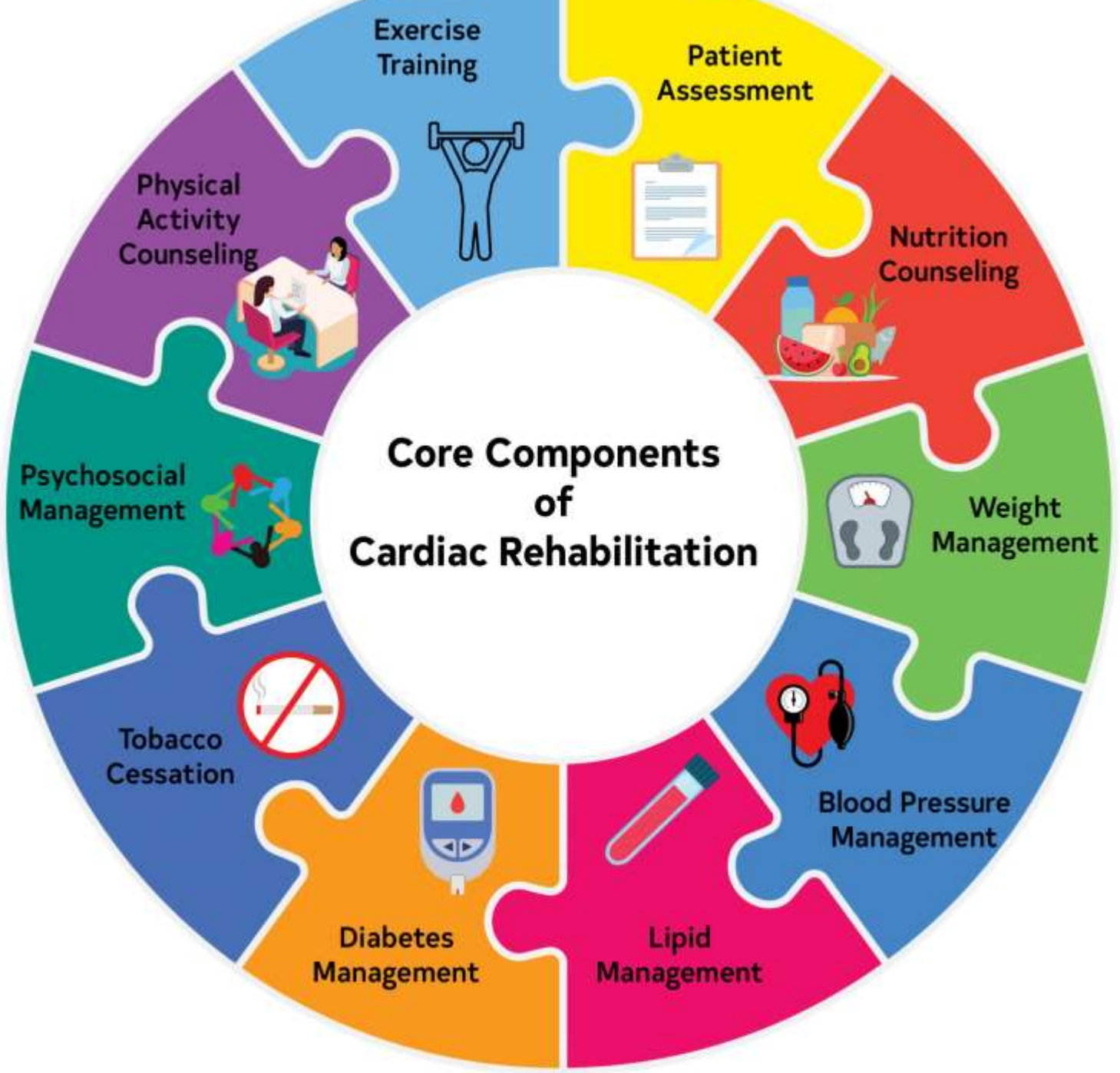
FOUNDED SINCE 1982



TO SUPPORT & SERVE

Secondary prevention- medications - 3

- **Neuro-hormonal blockade**
  - **β blockers** should be initiated within 24hrs if no contraindications
  - **ACEi/ARB** especially on those with heart failure with reduced EF (<40%)
  - **Mineralocorticoid Receptor Antagonists** (eplerenone, spironolactone) in those with reduced EF (<40%)


Exercise Training
Patient Assessment
Nutrition Counseling
Weight Management
Blood Pressure Management
Lipid Management
Diabetes Management
Tobacco Cessation
Psychosocial Management
Physical Activity Counseling
Core Components of Cardiac Rehabilitation

Remember .....

- The diagnostic framework **(5 steps)**
- Initial medical management **(MONASH)**
- **TIME is MUSCLE**
- Secondary prevention is as simple as **ABCDE**

Founded since 1982 to Support and Serve

Limi Children's Hospital
The Limi Hospitals

TAKE HOME MESSAGE

ACS is the leading of cause of deaths globally

Prompt recognition and initial of guideline treatment, particularly revascularization therapy saves lives

Secondary prevention (ABCDE) is essential for preventing recurrence and improving long-term outcomes

- Thank you for listening

THANK YOU

Our vision to curb medical tourism
Is incomplete without your collaborations

Lets do it together!

Lets support your practice for better patients outcomes.

Lets partner with you…

Cardiocare Hospital Abuja appreciates you & the opportunity to be here!