



**Wockhardt Hospitals Surat**

**Opp .Chowpati, Athwalines , Surat - 395001**

**Appointment no: 0261-6694444**

**Case Study-Repairing of Free LV Rupture Wall In  
Case Of Post MI Rupture Of LV With CR Arrest  
Situation.**



**Name of Patient:** - Mr. Kiran K. Shah.

**Age/Sex:** - 63 Yrs. /MALE

**Date of Admission:** - 18/02/2017.

**Date of Operation:** - 19/02/2017.

**Date of discharge:** - 28/02/2017.

**Team of treating patient:-**

**Surgeon Name:-**Dr. Jagdish Mange.

**Cardiologist Name:** - Dr. Manik Chopra.

**Anesthetist Name:-** Dr. Vikesh Revdiwala.

**Critical Care Specialist:** - Dr. Arool Shukla.

**Other staff:-** Medical officers, Nursing staffs, Physiotherapist and House keeping staff.

Case History :-

- This is a case of 63 yrs. old male presented with Chest pain with mild physical exertion with perspiration with giddiness at 7:30 PM on 18<sup>th</sup> February, 2017. Patient shifted to private hospital and primary treatment was given and shifted to here further management. Echo by Dr. Manik Chopra revealed Pericardial Collection with suspected free wall rupture.
- Critical monitoring with repeated watch with Echo was done for increase pericardial collection and any event. But on 19<sup>th</sup> February, 2017 patient had suddenly become drowsy followed by CR arrest at early morning around 4 AM. 2D Echo show free wall rupture of LV with pericardial collection. So that after taking high consent patient immediately shifted with continuous CPR as per ACLS guideline.
- On opening of chest it is seen that there is large 5 to 6 CM tear in posterolateral wall of MI. Large collection of blood and clot in pericardial cavity.

**DETAILS OF OPERATION:-**

- Emergency a midline median sternotomy incision and put on Emergency CPB.
- Rupture was repaired with Dacron patch and Teflon using 2 -0 centibond interrupted mutters sutures followed by 3 – 0 prolene continuous suture as a 2<sup>nd</sup> layer. After proper hemostasis, chest closing was done and shifted to ICCU in stable condition.

Post operative management in ICU.

1. Continuous critical monitoring inside ICCU for 4 day with blood transfusion.
2. Critical monitoring by cardiologist and review of cardiac by 2D Echo.
3. Even after CR arrest, No any neurological problem was found and patient was shifted to ward.

**Post ICCU Management:-**

1. Proper Rehabilitation was done.
2. No any complaint related to Cardiac.
3. No any neurological defect was seen.

**Discharge:-** patient was discharge with stable hemodynamically on 28<sup>th</sup> February, 2017 with increase EF.

**Unique of Case:-**

1. Post MI ruptures known complication. Most of time managed with conservative way by medical management as difficult to repairing due to fragile tissue.
2. More mortality rate but this case survived without any complication.
3. Chances of brain damaged during CR Arrest but this patient had no any neurological defect.
4. Chances for re exploration in case of more oozing. But in this case no requirement of Re exploration.

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