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IMAGES IN INTENSIVE MEDICINE

Post-myocardial infarction ventricular septal defect

Comunicación interventricular post infarto

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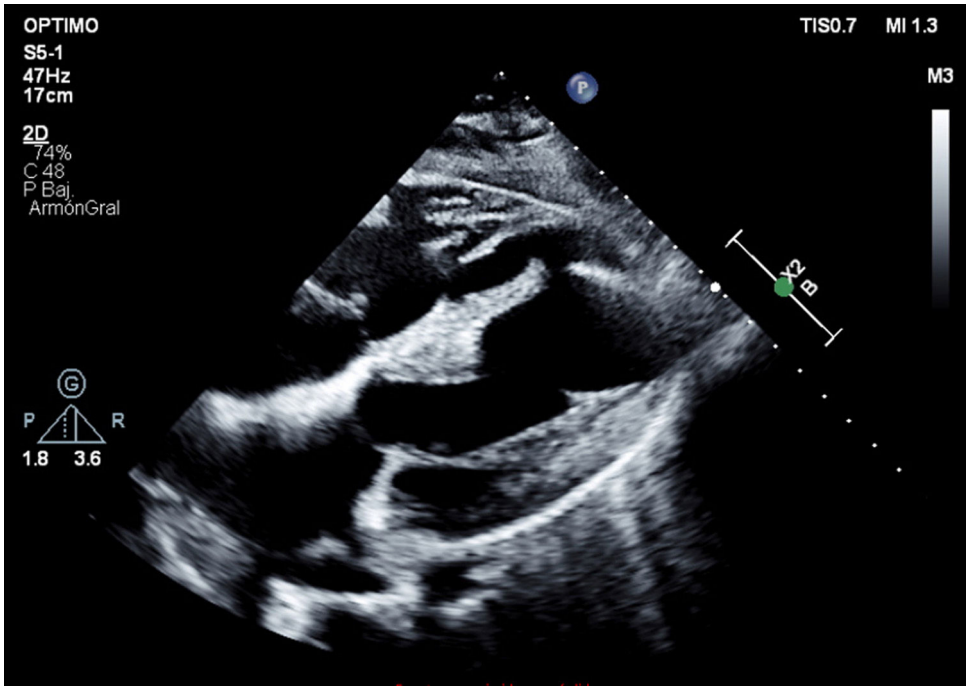

Figure 1

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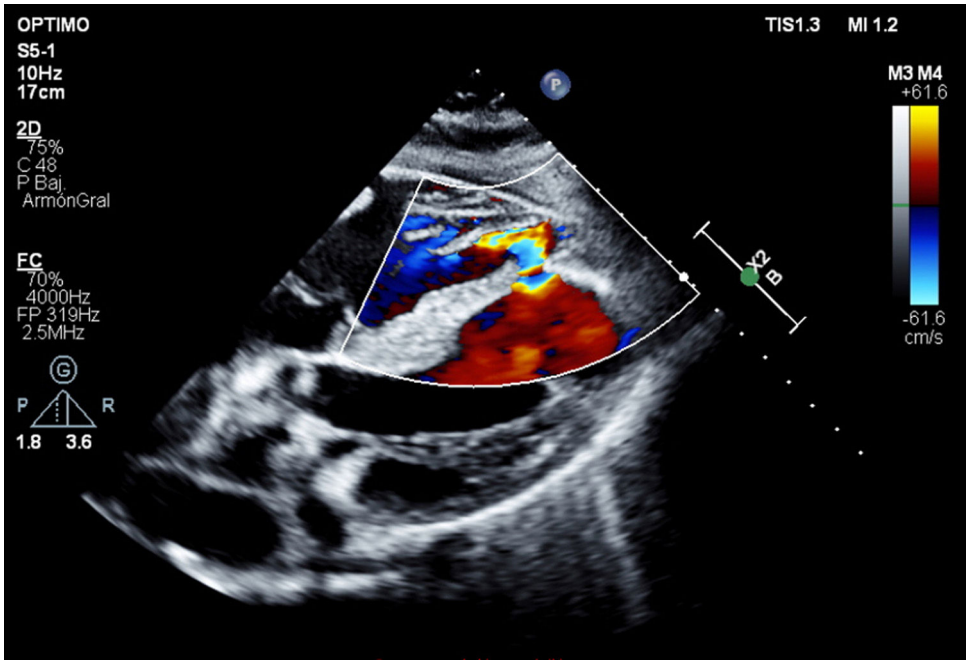

Figure 2

A 73-year-old diabetic patient was admitted to the ICU after an evolved infarction due to the occlusion of a recently percutaneously revascularized anterior descending artery. In the ICU he presented hemodynamic instability, and echocardiography was performed (Figs. 1 and 2). Emergent surgery to correct the ventricular septal defect was decided, and the patient was finally placed on V-A ECMO due to cardiogenic shock SCAI-E. This complication has decreased from 2% to 0.2% since the era of fibrinolysis, but mortality remains high (50–100%) in patients requiring emergent surgery. The series in which patients underwent late surgery 2–3 weeks later report lower mortality (8%); this actually reflects patient self-selection, as those who can be stabilized with medical treatment during this time have a greater chance of survival. Management is multidisciplinary: medical, surgical, and with percutaneous closure.

Declaration of Generative AI and AI-assisted technologies in the writing process

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Declaration of competing interest

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