**TRANSIENT STEMI: A STROKE OF LUCK OR A HIDDEN DANGER?**

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**INTRODUCTION**

In contemporary practice, ACS treatment involves immediate angiography for STEMI and delayed angiography for non-STEMI. However, this poses a dilemma for the 6% with "transient STEMI," where symptoms resolve before angiography.

**CASE DESCRIPTION**

A 68-year-old heavy smoker with no known comorbidities presented with 3 hours of back pain, dyspnoea, and diaphoresis without exertion. Upon pre-hospital arrival, he was hypotensive (99/75mmHg), with a 12-leads ECG showing ST elevation in II, III, aVF, and ST depression in I, aVL, V1-V3. Three hours later in Emergency Department, there was resolving ST elevation over inferior leads and new ST elevation in R4-R6 (1.5mm) were noted. After few minutes of rest, subsequent ECG showed spontaneous reperfusion, resolving symptoms without thrombolysis. Troponin I level at 3 hours post-symptom onset was 21. Following that, coronary angiogram revealed 40-50% RCA occlusion, manageable with medical therapy.

**DISCUSSION**

Transient MI underscores the significance of timely intervention. While patients experiencing transient STEMI may seem to fare better than those with persistent STEMI, caution is warranted. Studies like TRANSIENT suggest no difference in outcomes between immediate and delayed angiography yet concerns arise regarding delayed intervention. Trends toward larger infarct size and higher rates of major adverse cardiovascular events (MACE) in delayed angiography groups signal potential harm. Pitfalls in managing transient STEMI include incomplete symptom resolution, identification of transient STEMI but ongoing occlusion, and the possibility of re-occlusion post-reperfusion. Persistent ischemic symptoms necessitate immediate angiography, regardless of transient ST elevation. Similarly, transient STEMI but ongoing occlusion cases require prompt reperfusion, given their association with higher mortality. Additionally, close monitoring post-reperfusion is vital to detect signs of re-occlusion, emphasizing the dynamic nature of transient STEMI management. Early recognition and intervention remain paramount to optimize patient outcomes and mitigate risks associated with transient myocardial infarction.

**CONCLUSION**

This case highlights the complexity of managing transient STEMI, emphasizing the importance of timely intervention and close monitoring to optimize patient outcomes. Early recognition and prompt reperfusion remain crucial in mitigating risks and improving prognosis in transient myocardial infarction.

**KEYWORDS**

Transient myocardial infarction