# 25. THE CORRECT EARLY DIAGNOSIS ESTABLISHED BY THE MULTIDISCIPLINARY TEAM IS THE KEY TO SUCCESS IN THE TREATMENT OF THE POST-MYOCARDIAL INFARCTION PATIENT, COMPLICATED WITH RENAL INFARCTION AND PNEUMONIA-INFARCTION

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**Introduction.** According to the ESC guideline for the management of Acute Coronary Syndrome (ACS) it meets a spectrum of conditions, from symptoms and signs, with or without 12-lead ECG changes and with or without positive troponins. ACS is the cause of death in 1.9 million male patients and 2.2 million female patients annually.

**Case statement.** In the given article I present the clinical case of a 66-year-old male patient, diagnosed in an outpatient setting with arrhythmia and aggravated pectoral angina. The given case was studied through the lens of the ACS guideline of the ESC (2023), articles on the subject of ACS, AMI, renal infarction and infarction-pneumonia.

**Discussions.** From the patient's laboratory analyses: complete blood count – thrombocytopenia (142-167 x 10^9/l), blood biochemistry – no changes, Troponins – negative (0.07 ng/ml). On ECG: tachysystolic atrial fibrillation-flutter and signs of left bundle branch block of His fascicle. On echocardiography: mild dilatation of the left atrium, right atrium, hypertrophy of the left ventricular myocardium, multiple regions with akinesia and dyskinesia and apical parietal thrombus with dimensions of 28x18 mm, fixed, ejection fraction – 45%. The patient's clinic is complicated by discomfort and dull pain in the right meso-hypogastrium. Computed tomography of the internal organs shows signs of renal infarction, thrombosis of the hepatic veins and inferior vena cava, infarction-pneumonia on the right. At coronary angiography, subocclusive LAD stenosis was detected, at renal arteriography - no pathological changes.

**Conclusion.** Due to early established multidisciplinary diagnosis, high-performance investigative methods and effective targeted therapy, the patient was treated and discharged with improvement and curative ambulatory measures.