How would you treat: glucagon-like peptide 1 receptor analogue or sodium-glucose cotransporter 2 inhibitor in chronic coronary syndrome and heart failure in type 2 diabetes?

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Background. The most common cause of early death in acute myocardial infarction with ST elevation are malignant heart rhythm disorders, generally occurring in the first four hours of myocardial infarction. The incidence of ventricular fibrillation is greatest in the early stage of the myocardial infarction, and sudden cardiac deaths occur most often in outpatient conditions.

Case reports. This paper presents a patient whose first manifestation of coronary artery disease was myocardial infarction with ST elevation complicated by early ventricular fibrillation. Rapid measures of cardiopulmonal resuscitation enabled quick establishment of normal sinus rhythm. Primary percutaneous intervention was performed, with revascularization of artery responsible for acute myocardial infarction. In order to reduce ischemic brain damage, therapeutic hypothermia was applied since the patient was presented in post-reanimation coma.

Conclusion. Better treatment of patients with cardiac arrest in outpatient conditions and faster revascularization of the infarct artery are crucial for a reduction of mortality in acute myocardial infarction.

Key words: acute myocardial infarction, cardiac arrest, modern treatment