MAKASSAR CARDIOVASCULAR UPDATE XIV 2015

12 - 14 Juni 2015, Hotel Grand Clarion Makassar

PENANGANAN PENYAKIT JANTUNG DAN PEMBULUH DARAH : A - Z
<table>
<thead>
<tr>
<th>No</th>
<th>Judul</th>
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<td>1</td>
<td>Sambutan Ketua Panitia</td>
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<td>Daftar Isi</td>
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<td>Skema Acara MCVU XIV</td>
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<td>07.00 - 07.30</td>
<td>Coronary (CB)</td>
<td>High Risk Group (IRG)</td>
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<td>Tes Pagi</td>
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<td>Resi Pagi</td>
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<td>Rehat Kopi &amp;</td>
<td>S - IV (Pengobatan High</td>
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<td>8 (Hipertensi</td>
<td>Risk Group Cardiovascular)</td>
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<td>Pendaftaran</td>
<td>S - V (Pekananekisme HKG)</td>
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<td>SMS - I</td>
<td>S - VI (Manajemen HKG)</td>
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<td>SMS - II</td>
<td>S - VII (Kompilasi ACS)</td>
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<td>Makan Siang</td>
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<td>dan Launching Home Care</td>
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<td>Lucky Draw</td>
<td>S - VII (IRG Kelup)</td>
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Keterangan:
- S: Simposium Tunggal
- SMS: Simposium Makan Siang
- TnT: Tips dan Trik
- WS: Workshop
ACARA ILMIAH

SIMPOSILUM

I. Simposium I
Panitia
Diagnostik Coronary
Moderator: dr. Pendri Tandean, SpPD-KKV
- Diagnosis Penyakit Jantung Koroner di Rumah Sakit
  (dr. Almudai, SpPD, SpJP)
- Diagnosis PJK di Tingkat Layanan Primer
  (dr. Imarnayani Sudirman, SpJP)

II. Simposium II
Panitia
Patomekanisme Coronary
Moderator: Dr. dr. Rina Masadah, SpPA, MPhil
1. Patomekanisme Aterosklerosis
   (Dr. dr. Gatot S. Lawrence, MSc, SpPA, DFM)
2. Penanganan Penyakit Jantung Koroner Sehari-hari
   (Prof. Dr. dr. Ali Aspar Mappahya, SpPD, SpJP)

III. Simposium III
Panitia
Komplikasi Coronary
Moderator: dr. Irmalita, SpJP(K)
- Penanganan Klinis Syok Kardiogenik.
  (dr. Siska Suridanda Danny, SpJP(K))
- Penanganan Klinis Aritmia Lethal
  (Dr. dr. Starry H. Rampengan, SpJP(K))
- Nutrisi pada Penderita Penyakit Jantung Koroner
  Sehari-hari
  (Dr. dr. Haerani Rasyid, MKes, SpPD-KGH, SpGK)
1. Diagnosa Gagal Jantung di Tingkat Layanan Primer (dr. Janry Antonius Pangemanan, SpJP(K))
2. Deteksi dan Penangangan Gagal Jantung Sistolik (dr. Siti Elkana Nauli, SpJP)

**ACARA ILMIAH**

**XI. Simposium Paralel VIII**
PT. Boehringer Ingelheim
The Three Dimensions of Modern Blood Pressure Management
Moderator: Prof. Dr. dr. Ali Aspar Mappahya, SpPD, SpJP

1. The Importance of 24-Hour BP Control For Managing CV Risk
   (Prof. Dr. dr. Syakib Bakri, SpPD-KGH)
2. Blood Pressure Variability Over 24-Hour: Implications And Treatment With Single Pill Combination
   (Dr. dr. Muzakkir Amir, SpJP)

**XII. Simposium IX**
Panitia
Patomekanisme Heart Failure
Moderator: dr. Muhammad Nuralim Mallapasi, SpB, SpBTKV

1. Penanganan Umum Gagal Jantung
   (dr. Siti Elkana Nauli, SpJP)
2. Patomekanisme dan Perubahan Hemodinamik Gagal Jantung
   (Dr. dr. Starry H. Rampengan, SpJP(K))

**XIII. Simposium Paralel IX**
PT. Pfizer Indonesia
Moderator: dr. Abdul Hakim Alkatiri, SpJP

1. Managing Blood Pressure Variability & Morning Hypertension with 24 Hours Amlodipine from Target Organ Damage
   (dr. Pendrik Tandean, SpPD-KKV)
2. Tindakan Awal Sesak Napas pada Anak dengan Penyakit Jantung Bawaan
   (dr. Julius Patimang, SpA, SpJP)

Sabtu, 13 Juni 2015
1. Cara Praktis Diagnosa dan Penanganan Gagal Jantung
   (Dr. dr. Starry H. Rampengan, SpJP(K))
2. Tindakan Awal Sesak Napas pada Anak dengan Penyakit Jantung Bawaan
   (dr. Burhanuddin Iskandar, SpA(K))

ACARA ILMIAH

TIPS DAN TRIK

2. Nyeri Dada Tiba-tiba
   Jumat, 12 Juni 2015
   1. Mengenal Nyeri Dada Cardiac Non Penyakit Jantung Koroner
      (dr. Abubakar S. Zubeidi, SpJP)
   2. Penanganan Nyeri Dada Cardiac Non Penyakit Jantung Koroner
      (dr. Abubakar S. Zubeidi, SpJP)

Sabtu, 13 Juni 2015
1. Mengenal Nyeri Dada Selain Penyakit Jantung Koroner
   (dr. Firman S. Dullah, SpJP)
2. Penanganan Nyeri Dada Emergency Selain Penyakit Jantung Koroner
   (dr. Bimo Bintoro, SpJP)

3. Obat Kardiovaskular
   Jumat, 12 Juni 2015
   1. Tips Rasional Pemilihan Obat Kardiovaskular
      (Prof. dr. Peter Kabo, PhD, SpFK, SpJP)
   2. Tips Penanganan Efek Samping Obat Kardiovaskular
CLINICAL MANAGEMENT OF LETHAL ARRHYTHMIAS

Starry H. Rampengan
Bagian Ilmu Penyakit Jantung dan Pembuluh Darah
Fakultas Kedokteran Universitas Sam Ratulangi Manado
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Abstract

Cardiac arrhythmias routinely manifest during or following an acute coronary syndrome (ACS). Although the incidence of arrhythmia is directly related to the type of ACS the patient is experiencing, the clinician needs to be cautious with all patients in these categories. As an example, nearly 90% of patients who experience acute myocardial infarction (AMI) develop some cardiac rhythm abnormality and 25% have a cardiac conduction disturbance within 24 hours of infarct onset. In this patient population, the incidence of serious arrhythmias, such as ventricular fibrillation (4.5%), is greatest in the first hour of an AMI and declines rapidly thereafter. It is known that myocardial ischaemia and infarction leads to severe metabolic and electrophysiological changes that induce silent or symptomatic life-threatening arrhythmias.

Sudden cardiac death is most often attributed to this pathophysiology, but many patients survive the early stage of an acute coronary syndrome (ACS) reaching a medical facility where the management of ischaemia and infarction must include continuous electrocardiographic (ECG) and hemo-dynamic monitoring, and a prompt therapeutic response to incident sustained arrhythmias. During the last decade, the hospital locations in which arrhythmias are most relevant have changed to include the cardiac catheterization laboratory, since the preferred management of early acute ACS is generally interventional in nature. However, a large proportion of patients are still managed medically.
Both atrial and ventricular arrhythmias may occur in the setting of ACS and sustained ventricular tachyarrhythmias (VAs) may be associated with circulatory collapse and require immediate treatment. Atrial fibrillation (AF) may also warrant urgent treatment when a fast ventricular rate is associated with hemodynamic deterioration. The management of other arrhythmias is also based largely on symptoms rather than to avert progression to more serious arrhythmias. Prophylactic antiarrhythmic management strategies have largely been discouraged.

The treatment of lethal arrhythmias consists of pharmacologic, non-pharmacologic therapy and combination of both. Current meta-analysis have showed the efficacy of K channel blockers as an anti-arrhythmic drug for lethal tachyarrhythmias. Pacemaker therapy for brady-arrhythmia has been established as non-pharmacologic therapy. Additionally, radiofrequency catheter ablation is useful for some lethal arrhythmias but most case should be considered for implantation of ICD. Therapy for acute coronary syndrome and arrhythmia management are now based increasingly on invasive approaches.

This presentation addresses the identification and treatment of arrhythmias and conduction disturbances that complicate the course of patients who have ACS, particularly AMI and thrombolysis. Emphasis is placed on mechanisms and therapeutic strategies.

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