PAN-AFRICAN SOCIETY OF CARDIOLOGY
– PASCAR –

AFRICA STEMI LIVE 2023

AFRICA STEMI *Live!*

26 - 29 APRIL 2023

Emara Convention Centre
Nairobi, Kenya

PROGRAMME

participant.heartteam@gmail.com

WORKSHOP ONE

WEDNESDAY APRIL 26TH 2023

Time	Activity	Presenter
0800	State-of-the-Art: Myocardial wall motion abnormality assessment	*Hasham Varwani* and *Derek Chin*
0930	State-of-the-Art: Critical assessment of RV failure to help direct management	*Sheila Klassen* (SK)
1000	Open discussion	
1030	TEA BREAK AND EXHIBITIONS	
1100	Ischemic Cardiomyopathy: A to Z	*Hasham Varwani*
1130	How to measure EF with dyskinesis, dyssynchrony and LV aneurysm	*Mzee Ngunga*
1200	Open discussion	
1215	Assessment of ischemic MR	*Mzee Ngunga*
1300	LUNCH BOX	
	Option one Echo contrast and its everyday uses: • Myocardial contrast perfusion to help assess LV viability and ischemia • LV thrombus assessment *Hassan Aden*	Option two DEBATE Africa needs MRI rather than advanced/ contrast echo to assess for CAD For (7min): *Anders Barasa* Against (7min): Kevin Ombati Vote (3min) Expert comment (10min): *Ntobeko Ntusi*
1400	It's not always the coronaries – Echo imaging for chest pain syndromes 1. Aortic valve disease 2. Aortic syndromes 3. Venous thromboembolism 4. Pericardial disease	*Fred Bukachi*
1430	How to image for complications of acute myocardial infarction 1. Contained rupture 2. Ventricular septal rupture 3. Papillary muscle rupture 4. LV outflow tract obstruction 5. LV aneurysms and pseudoaneurysms 6. LV thrombus	African cases: *Beverly Cheserem, Fazal Yakub, Larry Wachira, Emmanuel Benge, James Alok*
1545	Open discussion	
1600	TEA BREAK AND EXHIBITIONS	
1630	Intervention imaging crosstalk State of the Art: Imaging in mechanical circulatory support for acute and chronic coronary syndromes 1. Imaging for cardiac output 2. Impella device placement 3. LVAD assessment	*Sheila Klassen*
1700	Intervention imaging crosstalk. Case based discussions 1. What echo specialists need to know from interventionalists 2. What interventionalists should know from echo specialists 3. Emerging topics: TAVR and Mitra clip	*Mzee Ngunga*
1800	Meeting close	

WORKSHOP TWO

WEDNESDAY APRIL 26TH 2023

INTERVENTIONAL SUITE – STEMI 2023

Awad Mohamed, Habib Gamra, Zaid Almarzooq, Kevin Ombati, Yemi Johnson, Mohsen Gaballa, Jonathan Byrne, Robert Mvungi, Nashwa Ahmed, David Kettles, Jose Roberto dos Santos, Azeem Latib, Harun Otieno, Kamal Chitkara, Jonathan Byrne, Awad Mohamed, Sajidah Khan, Bernard Gitura, Khuzeima Khanbai, Martin Wanyoike, Etienne Amendeezo, Hasham Varwani, Ahmed Suliman, Peter Kisenge, Charles Kariuki, Swaleh Misfar, Anthony Gikonyo, Shingai Mutambirwa, Emmy Okello, James Kayima, George Longopa, Avinash Jewooh, Sunil Vijaysinh, Charanjit Rihal.		
0800	Drug management of Coronary Artery Disease. Fundamentals	*Charles Kariuki* (Kenya)
0900	Primary PCI fundamentals. From type A angioplasty to retrograde CTO intervention. Interventional techniques	*Dave Kettles* (South Africa)
0930	Imaging for coronary intervention. IVUS or OCT for African cathlabs?	*Harun Otieno* (USA)
0945	Updates in CT angiography and CT FFR	*Redempta Kimeu*
1000	Health risks among interventional cardiologists and their teams. A review	*Emmy Okello* (Uganda)
1100	TEA BREAK	
1130	Quickfire African Case Review (10 minutes per case with 5 minutes discussion)	Chair: *Hasham Varwani* (Kenya)
1230	Antiplatelets and anticoagulants in ACS management	*Habib Gamra*
1300	HF drugs/ Stents for ACS/ dyslipidemia	
1400	Debate – A late presentation. Stent or leave? Case presentation: 2 minutes For Stent: 7 minutes For Leave: 7 minutes Vote Expert opinion: 10 minutes Discussion: 3 minutes	F: *Ahmed Suliman* A: *Anthony Gikonyo* E: *Habib Gamra* Chair: *Awad Mohamed*
1430	Ischemic pre-conditioning in patients with STEMI, an African matter.	*Mpiko Ntsekhe*
1445	Spontaneous Coronary Artery Dissection (SCAD) masterclass – what we should do and why	*Ahmed Suliman*
1530	LIve-In-A-Box – Bifurcation masterclass by *Awad Mohamed*	*Awad Mohamed*
1600	TEA BREAK	
1630	Intervention imaging crosstalk State of the Art: Imaging in mechanical circulatory support for acute and chronic coronary syndromes • Imaging for cardiac output • Impella device placement • LVAD assessment	*David Kettles*
1700	Intervention imaging crosstalk. Case based discussions. • What echo specialists need to know from interventionalists. • What interventionalists should know from echo specialists. • Emerging topics: TAVR and Mitra clip	*John Byrne*
1800	Meeting Close	

WORKSHOP THREE
WEDNESDAY APRIL 26TH 2023

Acute Cardiac Care Symposium

Acute cardiac emergencies taught through case scenarios, enhanced by hands on simulation training.

Emphasized by utilization of point-of-care ultrasound.

For each case-based scenario there will be a presenter (fellow or resident) as well as a moderator for the session.

TOPICS:
- Acute Congestive Heart Failure
- Acute Coronary Syndrome
- Tachyarrhythmia
- Bradyarrhythmia
- Cardiac Tamponade
- Acute Pulmonary Embolism
- Acute Hypertensive Urgency and Emergencies

DAY 1

Chairperson: Parag Patel
Moderator: Ettiene Amendezo

Introduction to Course at 0800H

1. ACUTE HEART FAILURE (2 hours)

Case 1
Acute HF exacerbation secondary to ischemic cardiomyopathy in patient with recent MI. Clinical and diagnostic pathway. Treatment. Approach to cardiogenic shock.

Objectives:
- History taking and recognizing/suspecting acute CHF in patients with ischemic cardiomyopathy in emergency department (presentation, symptoms, vital signs).
- Build the differential diagnosis in emergency settings.
- Point of care ultrasound (POCUS) as a valuable diagnostic tool of ventricular function and diagnosis of wall motions abnormalities (include videos of TTE).
- Utilization and interpretation of blood test and imaging (NT-proBNP, CXR).
- Initial treatment of acute CHF exacerbation in emergency settings.
- Recognize and diagnose cardiogenic shock and develop treatment strategy.
- Treatment of cardiogenic shock in ICU. Best practice where resources are available: Mechanical support for treatment of cardiogenic shock.

Suggested Case: Patient is 67 years old male with past medical history of hypertension, hyperlipidemia, CAD, recent myocardial infarction, COPD who presented to emergency department for shortness of breath and lower extremity edema.

Case 2:
Heart failure secondary to myocarditis.

Objectives:
- History taking and recognizing/suspecting acute CHF in patients with nonischemic cardiomyopathy due to myocarditis in emergency department (presentation, symptoms, vital signs).
- Build the differential diagnosis in emergency settings.
- POCUS as a valuable diagnostic tool of ventricular function and global dysfunction of myocardium.
- Utilization and interpretation of blood test and imaging (NT-proBNP, CXR).
- Initial treatment of acute CHF exacerbation in emergency settings
- Develop treatment strategy for nonischemic cardiomyopathy.
- Recognizing acute decompensation and developing pathway for the patient.
- Guideline of HF treatment will be presented to participant and can be discussed by the end of the case.

Suggested Case: Patient is 38 y.o. male who presented to the emergency department with chest discomfort, cough and insomnia. He has no past medical history. He recently recovered from COVID-19. Patient refused COVID vaccine in the past.

Case 3
Arrythmia induced cardiomyopathy.

Objectives:

- History taking and recognizing arrythmia and suspecting tachycardia/arrythmia induced cardiomyopathy.
- History taking and recognizing/suspecting tachycardia induced cardiomyopathy in patients with arrythmia and tachycardia in emergency department (presentation, symptoms, vital signs).
- Build the differential diagnosis in emergency settings.
- POCUS as a valuable diagnostic tool of ventricular function and global dysfunction of myocardium/ hypokinesis.
- Utilization and interpretation of blood test and imaging (NT-proBNP, CXR).
- Initial treatment of tachycardia induced cardiomyopathy in emergency settings.
- Develop treatment strategy for tachycardia induced cardiomyopathy.
- Recognizing acute decompensation and developing pathway for the patient.

Suggested Case: Patient is 57-year-old female who presented to emergency department with palpitations and shortness of breath. She has no medical history. She is under a significant amount of stress due to a new project at work and has been drinking more coffee lately. You checked the vital signs: BP 104/66. HR 156, RR 27, SpO2 – 91% on RA. You ordered ECG that demonstrated (show ECG with A. fib with RVR).

2. ACUTE CORONARY SYNDROME (90 mins)

Case 1
Unstable angina (MRN 4815757)

Objectives:

- History taking
- Physical exam
- Reading EKG
- When to suspect ACS
- Chest pain/anginal equiv vs atypical vs non-cardiac CP
- Pt risk factors
- Clinical story
- Diagnosing UA
- Treatment options
- Timing of treatment and intervention

Suggested Case: 65 y.o F PMH HTN, HLD, DM2, active smoker presents to PCP office for L shoulder and chest pain x6 mo. Sometimes exertional, other times non-exertional (difficult to know if typical, atypical, or noncardiac). Pain can occur randomly and last for hours then spontaneously resolve. Lexiscan showed:
Large mod-severe reversible perfusion defect in apical-mid anterior and apical walls
Large, mod-severe reversible perfusion defect in entire inferior wall
Medium, mild reversible perfusion defect in apical-mid inferolateral and lateral walls.

Case 2
Typical NSTEMI (MRN 12468551)

Objectives:

- History taking
- Physical exam
- Reading EKG
- Diagnosing NSTEMI
- Treatment options
- Timing of treatment and intervention

Suggested Case: 62 y.o M PMH active smoker presents for right-sided, nonexertional, nonreproducible, nonradiating chest pain. Initial EKG showed sinus rhythm with T wave inversion in aVL, which later normalized on repeat EKG. Initial high-sensitivity troponin 122. Cardiology consulted. Patient noted to have bilateral medial upper eyelid xanthomas.

Case 3
High risk NSTEMI (MRN 13004626)

Objectives:

- History taking
- Physical exam
- Reading EKG
- Diagnosing NSTEMI
- Define and recognize high risk patients
- GRACE score >140
- TIMI score 5-7
- Recent PCI (<6 months ago) or previous CABG
- Established systolic heart failure (EF<40%)
- Define and recognize high risk clinical features
- Dynamic ECG changes
- Sustained ventricular tachycardia
- Hemodynamic instability
- Recurrent ischemic chest pain despite med therapy
- New heart failure - pulm edema, new MR
- Recent PCI (less than 6 months) or previous CABG
- Established systolic heart failure (EF<40%)
- Treatment options
- Timing of treatment and intervention

Suggested Case: 59 yo F no PMH presents for substernal, non-exertional, non-reproducible, chest pain for 10 hours. EKG shows anteroseptal Q waves and diffuse ST depression. Bedside TTE shows severe anterior and anteroseptal hypokinesis. Stable vitals. Taken urgently to cath.

Case 4
STEMI (MRN 11342009)

Objectives:

- Focused history taking
- Focused physical exam
- Reading EKG
- Bedside TTE
- Diagnosing STEMI
- Treatment options

Suggested Case: 71 yo M PMH active smoker presents for nonexertional, nonreproducible, bilateral arm radiating chest pain. EKG showed inferior STEMI. Cath alert was called.

3. TACHYARRYMTHMIA (45 mins)

- History taking and recognizing/suspecting arrythmias based on provided information and building initial differential diagnosis.
- Analyze initial vinal signs on presentation.
- Performing physical exam. (On physical exam patient is not in acute distress, HEENT normal, PEARL. Upon examination of the heart: Rhythm irregular, S1 S2 normal. Lung, abdomen exam normal. There +2 LE pitting edema.)
- Analyze and interpret findings of physical exam.
- After physical exam you performed ECG (demonstrate ECG with irregular-irregular rhythm). HR 142
- POCUS as a valuable diagnostic tool of ventricular function and diagnosis of wall motions abnormalities (include videos of TTE).
- Demonstrated ejection fraction of 42%. No wall motion abnormalities.

- Utilization and interpretation of blood test and imaging (NT-proBNP, CXR)
- **What other questions can you ask patient to decide what additional blood to order? (TSH)**
- Initial treatment of atrial fibrillation in emergency settings
- Develop treatment strategy for atrial fibrillation in outpatient setting
- Recognizing signs of heart failure that was induced by atrial fibrillation

Suggested Case: Patient 76 y.o female with PMH of hypertension, hyperlipidemia, DM type 2 presented to emergency department with feeling of palpitation and lightheadedness for the last 10 days. VS BP 156/77, HR 127, RR 22, SpO2 – 99%

4. BRADYARRYTHMIA (45 mins)

Case 1
Complete heart block

Objectives:
- History taking (sudden onset, medications, travel history)
- Physical exam/ Vitals (bradycardia, rashes, possible murmur, possible associated decompensated HF signs)
- EKG findings (consistent P-P and R-R, lack of relation between P and QRS, more Ps than QRS)
- Management (Pulse unresponsive to atropine and exercise. Epi or dopamine. Transcutaneous/transvenous pacing. Ultimately tx with pacemaker)

Suggested Case: 57-year-old male with pmhx of HTN presents with syncope. Vitals: HR 32, BP 103/87, SpO2 100%.

Case 2
Mobitz type 1

Objectives:
- History taking (asymptomatic or fatigue with exertion)
- Physical exam/vitals (benign exam)
- EKG findings: (progressively prolong PR with eventual drop of QRS)
- Causes (medications (BB, CCB, dig or amio), increased vagal tone, inferior MI, myocarditis, following cardiac surgery)
- Treatment (atropine for symptomatic patients)

Suggested Case: 64-year-old female with pmhx of T2DM, HTN, HLD presents for pre op eval. Vitals: HR 60, BP 136/82, Spo2 100%.

5. CARDIAC TAMPONADE (20 mins)

Case 1
Cardiac tamponade (MRN 12609954) (How many cases do we need)

Objectives:
- History taking
- Physical exam
- Reading EKG
- Performing bedside TTE
- TTE signs of pericardial effusion and tamponade
- Diagnosing UA
- Treatment
- Pericardiocentesis
- Anti-inflammatory + colchicine

Suggested Case: 59-year-old male PMH former smoker presented to LGH ED on 9/5/2022 for SOB, LE edema, and substernal, nonexertional, nonreproducible, positional chest pressure x2 wk. Reports chest pressure worse with laying down, improved with sitting up.

WORKSHOP FOUR
WEDNESDAY APRIL 26TH 2023

Echocardiography

Chairperson: Sheila Klasse
Moderator: Mzee Ngunga

Objectives:
- How to perform bedside TTE
- How to diagnose pericardial effusion
- How to diagnose tamponade

Objectives:
- How to perform – subxiphoid vs parasternal vs apical
- Ways to confirm pericardial position

1. ACUTE PULMONARY EMBOLISM (45 mins)

Case 1
Acute pulmonary embolism with right heart strain

Objectives:
- History taking to reveal VTE risk factors (travel, fam hx, oncological hx)
- Vital signs associated with PE and atypical signs/symptoms
- EKG/ CXR findings concerning for PE
- Labs/diagnostic imaging modalities
- Categorizing PE using POCUS
- Management/Therapies
- Discuss/Review causes of PE

Suggested Case: 62-year-old female with pmhx of metastatic breast cancer who presents to PCPs office with left calf pain and shortness of breath.

Case 2
Acute Pulmonary Embolism with Right Ventricular Dilatation

Objectives:
- Massive PE Criteria
- POCUS to classify PE
- PEA arrest -> ACLS
- Management/Therapy

Suggested Case: 53-year-old male who has not been seen by a doctor in several years presents to the emergency department with syncope.

ACUTE HYPERTENSIVE URGENCY AND EMERGENCIES (40 mins)

Case 3
HTN urgency

Objectives:
- Recognizing Hypertensive Emergency vs Hypertensive Urgency
- Target Organ Damage (AKI, Myocardial Ischemia, Pulmonary Edema, Hypertensive Encephalopathy)
- Causes of hypertensive urgency (primary vs secondary) Most common medication noncompliance
- Work up including diagnostics (CBC, CMP, Troponin, NTpro)
- Physical Exam findings (S4, Fundoscopic, Lung Exam)
- Recognizing EKG patterns seen in elevated BP
- POCUS for LV function, Volume Status, R/O dissection can't miss
- Treatment of Hypertensive Emergency (Blood pressure goal in first 1-2 hours, Next 2-6 hours)

- Stabilize patient (ABCs)
- Medications IV & Oral (CCBs, BB, Nitro (esp if pulm edema)
- When to transition from IV to Oral
- Reference 2017 ACC/AHA Guidelines of High Blood Pressure

Suggested Case: 35-year-old male with no significant past medical history presents to emergency room with shortness of breath and chest pain for past 3 hours.

THURSDAY APRIL 27TH 2023

DAY 2

HANDS ON SIMULATION TRAINING

(60-70 people total, split into 5 groups)

Session 1:	10:30 AM- 11:30AM
Session 2:	1:00PM–2:00PM
Session 3:	2:05PM-3:05PM
Session 4:	3:10 PM-4:10PM
Session 5:	4:15PM-5:15PM
Station 1:	CPR Fundamentals and Basic Airway
Station 2:	FAST exam (Cardiac and Lung) • B lines • Pneumothorax • Pleural effusion
Station 3:	12-Lead STEMI Recognition
Station 4:	Advanced Airway Training
Station 5:	Tachy and Brady Arrythmia Training (Defibrillation and Pacing) • Recognize pre-arrest • Progress to cardiac arrest

AFRICA STEMI LIVE

FRIDAY APRIL 28TH 2023

Time	Activity	Presenter
0800 - 1030	**INNOVATION IN CVD**	*David Kettles/ Mohamed Jeilan*
0800	**Humans versus ChatGPT in Cardiovascular medicine - State of the Art and Live challenge**	*David Jankelow*
0820	An overview of Artificial Intelligence in Cardiovascular medicine	*Paul Friedman*
0840	Q&A	Moderator
0850	**Telemedicine from diagnostics to intervention**	*David Kettles*
0900	Telemedicine and ECG	TBC - *Rachel Mbuthia*
0915	Telemedicine and Echo	*Charit Bograj*
0930	The TIM HF-2 trial	TBC - *Thomas Luescher*
0945	Q&A	Moderator
1000	STATE OF THE ART: The future of Imaging. Where we have come from and where we are going.	*Mark Monaghan* and *Joseph Kisslo*
1030	Open Discussion	Moderator
1100	**Tea Break**	
1130 - 1300	**RISK MANAGEMENT**	*Shaheen Sameh/ Harun Otieno*
1130	**Risk stratification and decision making - case based**	TBC - *Shaheen Sameh*
	Case of asymptomatic hypertensive patient (low risk).	*Harun Otieno*
	Case of asymptomatic hypertensive smoker with intermediate risk scoring /risk enhancers. CT coronary calcium scoring	*Harun Otieno*
	Assessing CV risk in patients with type 2 diabetes: lessons learned from imaging	*Harun Otieno*
	Assessing CV risk in patients with type 2 diabetes: SCORE-2 diabetes	*Barbara Karau*
	Prediabetes – why is it relevant for cardiovascular risk?	*Willy Mucyo*
1215	**LDL with residual risk not addressed by statins, the role of non-statin therapy**	Chairs comment
1220	Ezetimibe in seven minutes	*Chebet*
1227	PCSK9 inhibitors. An update in seven minutes	*Harun Otieno*

Time	Activity	Presenter
1235	Bempedoic acid. The latest kid on the block.	*Kausik Ray*
1250	Inclisiran: how widely and when should we use it?	*Ahmed Kamau*
1305	Beyond LDL: Newer approaches	*David Silverstein*
1315	Triglycerides: lessons from the omega-3 fatty acid trials / ICOSAPENT according to the REDUCE IT TRIAL	*Thomas Luscher*
1322	High density lipoproteins in seven minutes	*Ahmed Suliman*
1330	Lipoprotein(a) in seven minutes	*Hasham Varwani*
1340	**Open Discussion**	
1400	**Lunch**	
1500 - 1800	**CARDIAC ARREST**	
1500	High profile cases that taught us what to do	*Sanjay Sharma*
1520	Key evidence in ACLS guidelines. What must not be ignored in the guideline documents	*Chris Granger*
1540	What's needed for CPR training in Africa	*Ben Wachira*
1600	Recruiting the public to help with CPR - Lessons from Canada	*Carolina Malta Hansen*
1620	**Unusual CPR scenarios**	Chairs comment
	Cardiac arrest affecting the athlete	*Sanjay Sharma*
	Cardiac arrest affecting the covid 'survivor'. Myocarditis in cardiac arrest	*Bernard Gersh*
1700	**State of the Art - Resuscitation in Africa**	*Sanjay Sharma*
1720	**Do ACLS guidelines cover cardiac arrest in the cathlab?**	*Chet*
1740	Q&A	Moderator

AFRICA STEMI LIVE

SATURDAY APRIL 29TH 2023

Time	Activity	Presenter
0800 - 1030	**STEMI Live!**	
0800	Looks like an MI but not an MI. Misleading troponin and misleading ECG patterns.	*Hassan Aden*
0820	Complications of MI - managing thrombosis in MI patients. LV clot, AF post PCI, DVT post PCI	*Martin Wanyoike*
0840	Myocardial Infarction - From Eisenhower to present day	*Thomas Luscher*
0900	What's new in cardiac biomarkers	*Anoop Shah*
1015	Choosing the correct DOAC for your patient.	*Mohamed Salim*
0915	Q&A	
0930	**STEMI LIve! Transmissions**	
	Live STEMI from a high volume centre. From ER to reperfusion OR	*Jon Byrnes/ Kings College*
	Pharmacoinvasive/ bystander disease	*Khuzeima Khanbai/ JKCI*
	SubQ ICD implant OR	*Parag Patel/ Chicago*
	LBBB pacing in HF in a post MI patient OR	*Brian Vezi/ Aga Khan Nairobi*
	CardioMIMS for HF	*Parag Patel/ Aga Khan Nairobi*
1030	**Tea Break**	
1100 to 1400	**HEART FAILURE**	
1100	Lumping and splitting: The road to modern heart failure management	*Thomas Luscher*
1120	Do we need LVEF to manage HF? (SGLT2 inhibitors)	*Scott Solomon*
1140	Slow or fast, high or low? How to start and get to the fantastic four in ischemic heart failure patients	*Mahmood Sani/ Selma Mohammed*
1155	Acute heart failure: Decongesting patients after decompensation	*Mahmood Sani/ Selma Mohammed/ Wilfried Mullens*
1210	Q&A	
1225	ICD or/CRT in ischemic heart failure. Are SGLT2i and ARNIs making them redundant?	*Selma Mohammed/ Emmy Okello*
1240	Revascularization in Ischaemic Heart Failure: Is it necessary, does it work?	*Bernard Gersh. Divaka Pereira* to discuss
1300	Letter from America: Cardio-renal syndromes	*Selma Mohammed*
1320	Novel therapy. Whats on the horizon in heart failure?	*Thomas Luescher*
1340	Q&A	*Swaleh Misfar*

Time	Activity	Presenter
1400	**Lunch**	
1500 to 1600	**KEYNOTE LECTURE**	
1500	Barriers to management of Hypertension in Africa and the Epidemic of CAD	*George Mensah*
1520	Renal denervation: rise, fall and rise again	*Bernard Gersh*
1540	Q&A	*Elijah Ogola*
1600 to 1730	**THE (HE)ART OF MEDICINE**	
1600	Running a cathlab in the midst of a conflict. Impossible task?	*Abraha Hailu*
1615	African Medical Schools. Do the curricula cover management of ASCVD sufficiently?	*Laura Nyiha*
1630	Health risks among cardiologists.	*Harun Otieno*
1645	African women in cardiology	*Selma Mohammed*
1700	Addressing the shortage of African cardiologists in the region. Exit visas vs. regional advocacy and mentorship	*Dan Gikonyo*
1730	Q&A	
	ARRHYTHMIA, STROKE AND CAD	
1800	The PVC: When should we worry	*Bernard Gersh*
1820	Management of A Fib in patients with LV dysfunction	*Mohamed Shaush*
1840	An important and misunderstood cause of syncope	*Bernard Gersh*
1900	Can atrial fibrillation be prevented? Upstream therapy	*Bernard Gersh*

AFRICA STEMI LIVE 2023

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