ST elevation myocardial infarction with atypical main complaint

Florin Croitoru, Denisa Bala, Mihai Salcianu, Sorin Alexandru, Raluca Bock
Emergency Department, Clinical Emergency Hospital, Craiova, Romania

Background:

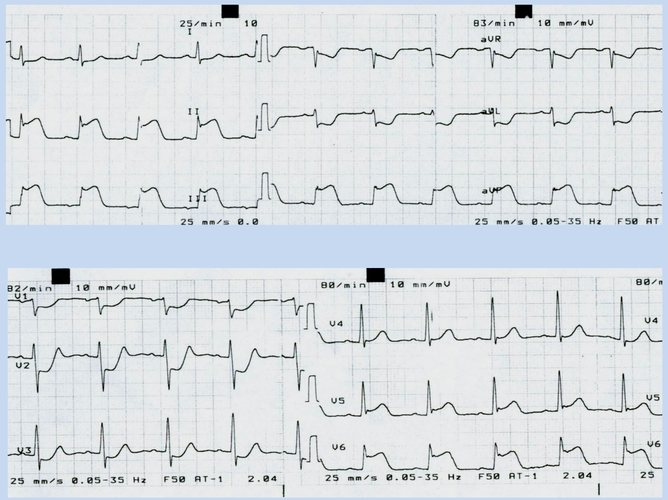
STEMI is a common diagnosis in emergency department but the main complaints are not always typical.

Case Report :

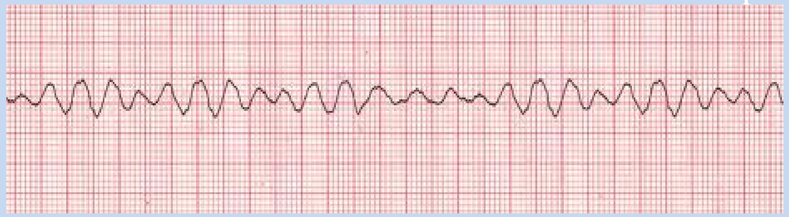
O.V., male, 56 years old, has brought by ambulance in emergency department for seizures 30 minutes ago wich caused a minor head trauma. At the admission : sleepy, appear alcohol intoxicated, recent bruising and abrasions on the face. RR=18/min, HR=82/min, BP=110/70 mmHg, SaO2=97%.

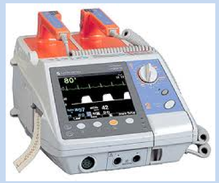
But surprise, ECG reveal STEMI. CK-MB=5 ng/ml, Troponin I=0.3 ng/ml, WBC=14.300/mcL.

The patient that was believed an alcoholic with seizures is now seen “with other eyes”.



The treatment was : O2 6L/min by face mask, Aspirin 320 mp p.o, Nitroglycerine o.5 mg s.l., Fentanyl 50 mcg i.v. A cardiologist examination is request. In the next 5 minutes the patient becomes unconscious and the heart rhythm is ventricular fibrillation.





He receives 150 J and he is converted to sinus rhythm. After heart sonographic examination, the diagnosis was : STEMI. Posterior MI of the right ventricle. The decision was to initiate trombolysis and transfer to another clinic for invasive procedure.

Resuming history, we have a smoker, alcoholic patient, with not treated high blood pressure, with mild chest pain for about 2 weeks and onset of severe chest pain 2 hours ago during 30 minutes.

Has trombolysis become not recommended?

There are no absolute contraindication for trombolyses except a possible stroke simultaneously with coronary event.

CT scan result was : cortical atrophy, no signs of cerebral hemorrhage or cerebral ischemia.

The patient receives Clopidogrel 300 mg p.o., Clexane 60 mg i.v. and Metalyse 6000 u. i.v..

In a few minutes the blood pressure decrease until 76/51 mmHg and the patient receives Normal Saline 500 ml and Dopamine 7 mcg/Kg/min with good results.

ECG recordings performed every 15-30’ does not show elements of reperfusion but the hemodynamic status of the patient until the helicopter transfer was improving.

The final step of the management was the medical transport by helicopter to a higher level hospital in order to make coronary angiography and balloon dilation or stent placement.

Conclusion :

Sometimes STEMI patients are presented to emergency department with atypical symptoms, but this situation should not delay the diagnosis and the proper application of the treatment.