PAPER DETAILS

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Syndrome

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A forgotten cause of myocardial infarction in an octogenarian patient: Type 1 Kounis Syndrome

Yaşlı hastada miyokart infarktüsünün nadir bir nedeni: Tip 1 Kounis sendromu

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Oz

81 yaş erkek hastaya, aile hekimi tarafından, diz ağrısı nedeni ile, nonsteroid antiinflamatuar bir ilaç olan dikolefanak sodium başlanmış. 100 mg diklofenak sodium intramuskuler verildikten 30 dakika sonar giddetli göğüs ağrısı ve jeneralize eritem başlayan hasta ambulansla acil servise getirildi. Göğüsağrı nedeniyle çekilen EKG'de, D2, D3 aVF leadlerinde 2-3 mm ST elevasyonu diğer leadlerde resiprokal değişiklikler saptandı (Figure 1). Acil olarak katater labaratuarına alınan hastaya yapılan koroner anjiografide koroner arterlerin normal olduğu tespit edildi (Figure 2,3). Sonrasında Tip 1 Kounis tansı konulup intravenöz antihistaminik ve 40 mg prednizolon uygulandı. Hasta 2. gün taburcu edildi. Yaşlı hastalarda da tip 1 Kounis sendromu olabileceğini akılda tutmamız gerekir.

Anahtar Kelimeler: Kounis sendromu, diklofenak,

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Abstract

A non-steroidal antiinflammatory drug, diclofenac sodium, was initiated to 81 year-old male patient for his knee pain by a general practitioner. After 30 minutes of ingestion of 100 mg diclofenac sodium, severe chest pain and generalized erythema had started and he was brought to our emergency department by the ambulance staff. Owing to the chest pain, an ECG was performed and it revealed 2-3 mm ST segment elevation in DII-DIII and aVF leads and reciprocal changes in other leads (Figure 1A). Immediately the patient underwent to catheter laboratory and the coronary angiogram showed normal coronary arteries without any obstruction (Figure 2,3). Then Kounis Type 1 was diagnosed and intravenous antihistaminic and 40 mg of prednisolone was administered. The patient was discharged on the second day. Our case is an example of type 1 Kounis syndrome in an octogenarian patient which we should keep in mind.

Keywords: Kounis syndrome, diclofenac,

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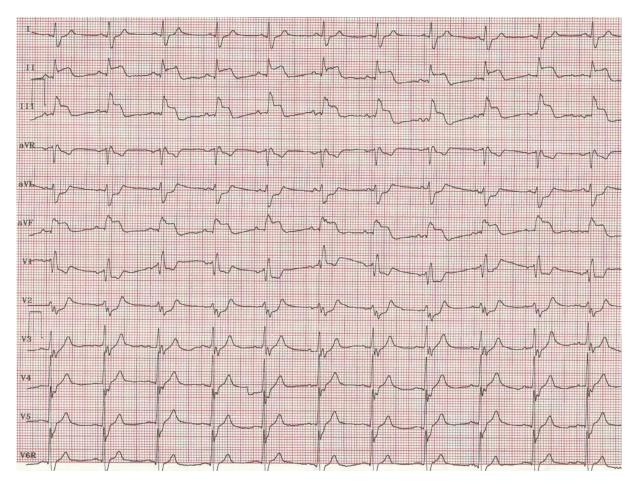


Figure 1. ST segment elevation in leads D2, D3 and aVF



Figure 2.Anteroposterior caudal projection of circumflex and left anterior desendan artery

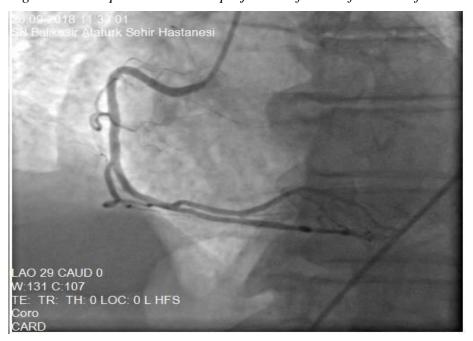


Figure 3. Left anterior oblique projection of Right coronary artery

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