

enoxaparine and fondaparinox and admitted to the high dependency ward.

### **DISCUSSION & CONCLUSION**

This is a case of hypertensive emergency affecting the myocardium but presenting atypically with high blood pressure and headache. Ensure ECG is always done especially for elderly patients despite no classic presentation of acute coronary syndrome. CT SCAN is essential to rule out intracranial event.

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#### **"THE FISTULA TWIST" CARDIAC ARREST DUE TO HYPERKALEMIA DESPITE COMPLIANCE TO DIALYSIS : A CASE OF DYSFUNCTIONAL FISTULA**

Christopher Sheng, Alzamani Idrose  
Emergency Department, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

### **INTRODUCTION**

A patient who is compliant to dialysis should not be having hyperkalemia. We describe a case at our centre who had suffered a cardiac arrest despite completing dialysis regularly.

### **CASE DESCRIPTION**

A 45 years old Malay female lady collapsed at a dialysis centre and was brought in to the resuscitation zone by prehospital care crew with ongoing cardiopulmonary resuscitation (CPR). She had underlying end stage renal failure with good compliance to dialysis regime via a left fistula. She also had diabetes mellitus, hypertension and 3 vessel coronary disease. 2 weeks earlier, patient was treated for pneumonia. At the dialysis centre, the patient collapsed after completion of dialysis. Patient was also defibrillated at the dialysis centre as she developed

ventricular fibrillation. Patient was intubated and after 3 cycles of CPR at our centre, patient had restoration of spontaneous circulation. Patient was given 10% calcium gluconate 10ml, iv sodium bicarbonate 50 cc and iv insulin 6 unit per hour during resuscitation. The ECG showed complete heart block. Our impression was that patient developed the VF and subsequent asystole due to hyperkalemia. Dopamine was started upon recovery as the BP was lowish (90/60 mmHg). The Arterial Blood Gas showed mild metabolic acidosis. The wcc count was raised (22). Hyperkalemia was confirmed as the renal profile showed potassium of 8 mmol/L. One more lytic cocktail was administered and upon completion, the complete heart block was reverted to normal sinus rhythm. Patient's fistula was reassessed found to be dysfunctional. Hence the cause of was hyperkalemia despite compliance to dialysis.

### **LESSONS LEARNT & CONCLUSION**

A patient may still get hyperkalemia despite being compliant to dialysis when the fistula is dysfunctional. Resuscitation of ESRF patients should include lytic cocktail as hyperkalemia is the most common cause of arrest.

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#### **'IT CREPT UNDER MY SKIN' SUBCUTANEOUS EMPHYSEMA FOLLOWING PENETRATING INJURY WITH DELAYED MEDICAL PRESENTATION**

Cyrus Lai Sin Nan, Alzamani Idrose  
Emergency Department, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

### **INTRODUCTION**

Penetrating injury should not be taken lightly and thorough investigation