

**PP107 TITLE: A DUET OF
ATRIAL FIBRILLATION WITH
RAPID VENTRICULAR
RESPONSE AND ACUTE ST
ELEVATION MYOCARDIAL
INFARCTION IN A
THYROTOXIC PATIENT**

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INTRODUCTION

Hyperthyroidism can present with various cardiovascular presentations. Most common being tachyarrhythmias such as Atrial fibrillation or congestive cardiac failure. One of the rare manifestation is acute myocardial infarction in which the pathophysiology is not fully understood. Here we present a case of a thyrotoxic patient who presented to us with Atrial Fibrillation with rapid ventricular response with Acute ST elevation myocardial infarction.

CASE REPORT

We present a 47-year-old gentleman with underlying hyperthyroidism who presented with chest pain. He did not comply with his medications and follow-up for the past 20 years and claimed has been well throughout till present. He complained of sudden onset of chest pain associated with difficulty breathing for 2 hours and 45 minutes prior to presentation. He denied other symptoms suggestive of thyroid storm. Upon arrival, systemic examination only showed irregular pulse with tachycardia, with no other signs of thyrotoxicosis. ECG was done which showed Atrial fibrillation with a rate of 138 beats per minute with acute lateral ST elevation myocardial infarction Killip I. His initial Burch-Wartofsky score was 30. Thus, decision for thrombolysis was made and subsequently treatment for thyroid storm was initiated. However, patient

deteriorated and subsequently succumbed 10 hours later.

DISCUSSION

This case highlights a rare presentation of thyroid storm and provides a management dilemma to the clinician whether to firstly treat the acute myocardial infarction or to rate control the atrial fibrillation. We will also discuss the drug of choice for rate control in such patients. Controversy regarding usage of amiodarone in hyperthyroidism will also be discussed.