PP089 MYOCARDIAL INFARCTION TYPE II

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INTRODUCTION

Myocardial infarction is major cause of disability and death worldwide. It is defined by pathology as myocardial death due to prolonged ischemia and further divided into 5 types. Type II Myocardial infarction is defined as MI secondary to imbalance between myocardial oxygen supply and demand. This could be due to coronary artery spasm, coronary embolism, anemia, arrhythmias, hypertension or hypotension and do not usually have atherosclerotic plaque rupture.

CASE REPORT

A 48-year-old gentleman with no significant past medical history, presented with sudden onset of shortness of breath and generalized body rashes. He had history of multiple bees' sting prior to the presentation. Triage vital signs showed BP of 88/61, PR 102, SPO2 99% on room air. Lungs has generalized rhonchi and ECG on arrival demonstrated sinus tachycardia, and no acute ST-T wave changes.

Patient was given nebulization, intravenous hydrocortisone and intramuscular adrenaline three times. Blood pressure persistently hypotensive and patient was started on IVI adrenaline and noradrenaline.

ECG reveals ST elevation in anteroseptal lateral leads. Cardiac enzymes not raised and other blood parameters are normal. Final diagnosis is made as Anaphylactic shock complicated with Type II Myocardial infarction.

DISCUSSION AND CONCLUSION

Type 2 MI has been subject of considerable clinical discussion and confusion. Identifying patients with type 2 MI can be straightforward in many patients but challenging at other times. In Type II Myocardial Infarction, ischemic chest discomfort may be absent and ECG changes are often minimal, non- specific or absent. Cardiac biochemical markers could be raised or normal. Treatment of type 2 MI is to treat the underlying condition and hence remove the cardiac insult. Patients with type 2 MI and myocardial injury were less likely to receive medical therapy for coronary artery disease than those with other type of MI.