PP041 A CATASTROPHE IN DISGUISE: A CASE OF SUBTLE ANTERIOR STEMI

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ABSTRACT

Reaching a rapid and accurate clinical diagnosis of acute ST-segment elevation myocardial infarction (STEMI) is critical for a timely reperfusion therapy (1). Distinguishing STEMI from "pseudoinfarction patterns" is frequently challenging for physicians especially those with subtle ECG abnormalities (2, 3). We report the case of an acute anterior STEMI, in a previously well 27-year-old man who presented to the Emergency Department with severe left sided chest pain 1 hour prior to arrival and finally reperfused successfully. Initial 12-lead ECG revealed hyperacute T-wave and subtle concave ST segment elevation morphology as early sign of coronary occlusion. The ECG 1-hour post-thrombolysis revealed improvement of ST-elevation and smaller T waves. The bedside echocardiography showed apical septal and lateral wall hypokinesia. The echocardiography findings and rapid rise of the troponin establishes the diagnosis of STEMI, not "pseudoinfarction patterns", despite the patient ultimately made an informed refusal of coronary angiography. The classic and obvious ECG changes are ingrained in the emergency physician's mind, however sometimes other lesser known patterns may initially overlook. Therefore, expertise in detecting subtle abnormalities is crucial. In patient who has a high likelihood for ischemia, always interpret ST segment abnormalities within larger context of overall ECG morphology and clinical presentation