

PP035 'THE CHICKEN OR THE EGG' IN TRAUMATIC ACUTE MYOCARDIAL INFARCTION WITH BLUNT CHEST TRAUMA

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INTRODUCTION

Myocardial infarction secondary to blunt chest trauma is a rare complication, but potentially fatal. It becomes a big challenge to distinguish between a genuine myocardial infarction secondary to coronary culprit or is it a myocardial contusion in this situation, which frequently complicates the treatment decision and subject them to risk of morbidity and mortality.

CASE REPORT

We report the case of a 48-year-old man who presented to our emergency department with a significant polytrauma following a motor vehicle accident. He sustained an extensive pneumomediastinum, pneumopericardium, subcutaneous emphysema, right pneumothorax, right lung contusion as well as right scapula and multiple right ribs fractures. There was no aortic dissection, aneurysm, pericardial hemorrhage, haemothorax or intra-abdominal bleeding. Further workup showed an ST segment elevation myocardial infarction involving the inferior leads of electrocardiography. Coronary angiography which was performed six days later revealed a three vessels disease with 80% occlusion on left circumflex artery, diffuse disease on left anterior descending artery and 100% stenosis on right coronary artery. Patient was discharged few days later

with an urgent plan of coronary artery bypass grafting.

DISCUSSION AND CONCLUSION

We would like to discuss the importance of the trauma team in recognizing the similarity and different findings between these two pathophysiology conditions and to highlight the needs in weighing all the risks and benefits of available interventions as well as the multidisciplinary approach to these kinds of patients.