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A SPONTANEOUS CORONARY
ARTERY DISSECTION:
ACUTE MYOCARDIAL
INFARCTION IN FEMALE
WITH
NO CARDIOVASCULAR RISK
FACTORS

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INTRODUCTION

Spontaneous Coronary Artery Dissection (SCAD) is a rare cardiac emergency condition that occur due to spontaneous separation of the coronary arterial walls with or without intramural hematoma, causing acute coronary syndrome.

CASE STUDY

A 42 year-old Malay female who just delivered her fourth baby 6 weeks ago, with no risk factors of cardiovascular disease presented to emergency department with acute onset of central chest pain. Vital signs and physical examination was otherwise unremarkable. An electrocardiography showed dynamic ischemic changes in antero-lateral lead. Cardiac marker showed raise troponin T level. She was treated as NSTEMI. Angiography and intravascular ultrasound confirmed the present of spontaneous dissection + intramural haematoma in the mid left anterior descending coronary artery causing 90% coronary stenosis. Drug eluting stent was placed successfully at the lesion with no residual stenosis.

DISCUSSION

The prevalence of SCAD has been reported to be as high as 1% to 4% of ACS overall 3 and up to 80% of the cases happened in female⁴. SCAD patients are typically in young women who do not have risk factors for atherosclerosis. Although the pathophysiology of SCAD is not clearly understood, few related conditions has been identified such as pregnancy and postpartum period, fibromuscular dysplasia, extreme physical exertion or emotional stress, coronary vasospasm, hypertensive crisis, connective tissue disorders, and cocaine used.

CONCLUSION

Acute myocardial infarction is not solely due to ruptured atherosclerosis plaque. Consider SCAD in young female who presented with angina without cardiovascular risk factors.

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DRUG INDUCED ARDS

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The number of drugs which adversely affect the respiratory system continues to increase and their effects pose a great challenge to all physicians. The range of reactions is wide, from familial simple pharmacological effects through less well understood reactions to the infective complications of immunosuppressants.

A 28-years old male with no significant medical history presented to ED with acute respiratory distress. He was intubated and placed on broad