Histopathology showed gestational trophoblastic tissue, establishing a diagnosis of an undetected chronic ectopic ovarian pregnancy.

DISCUSSION

Unlike 'acute' ectopic pregnancy which clinicians are more acquainted to, chronic ectopic pregnancy is a diagnostic challenge due to high incidence of negative pregnancy tests as a consequence of the very small amount of live villi, subtle symptoms and poor specificity on sonography. It may mimic other surgical or medical conditons. A CT or TVS with Doppler may be helpful but often than not is found during surgery. The treatment involves either conservative surgery or methotrexate therapy.

CONCLUSION

Diagnosis of chronic ectopic pregnancy requires high index of suspicion. Although rare its importance should never be understated.

PP 14
PULMONARY EMBOLISM MIMICKING ACS

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INTRODUCTION

Acute pulmonary embolism is a disease which is fatal and often easily missed as it may mimic cardiac diseases.

CASE REPORT

We report two cases of acute PE presenting with ACS. The first case was a 64-year-old female with underlying diabetes mellitus and hypertension. She presented with sudden onset of shortness of breath associated with left sided chest pain, diaphoresis, nausea and vomiting. On examination, she was tachycardic and tachypneic with low oxygen saturation. Chest X-ray revealed blunting of costophremic angle bilaterally. ECG showed ST-elevation at inferior leads with reciprocal changes. Bedside ECHO was normal. In view of a recent major gynaecological surgery of this patient, D-dimer was done and tested positive. CTPA revealed PE. The second case involved an 81-year-old female with underlying hypertension and history of right hip fracture 3 years ago. She presented with sudden onset of shortness of breath with chest discomfort. Clinically, patient was tachypneic with low oxygen saturation. Respiratory examinations were unremarkable. ECG showed T-inversion in inferior and anterior leads. Cardiac enzymes were not raised. Bedside ECHO revealed dilated right ventricle with hypokinesia. CTPA showed an extensive PE with right lung infarction.

DISCUSSION

Several ECG changes in PE have been reported with sinus tachycardia being the most common. Even the 'classic' S1Q3T3 pattern is found in 20% of patients only. This finding is not specific and not sensitive. We would like to highlight other ECG changes suggestive of myocardial ischemia mimicking PE. ST elevation in the inferior leads are seen in PE have been reported but is extremely rare. Furthermore, simultaneous T-wave inversions in anterior and inferior leads are also found in only 4 – 11% cases of PE.

CONCLUSION

A high index of suspicion of PE should always be raised in patients with ECG changes suggestive of a myocardial ischemia whom the clinical presentation does not tally with a possible cardiac event.

PP 15
SPONGEBOB HEART

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INTRODUCTION

Cardiomyopathy can go undetected with grave consequences, especially in young active adults. Non-compacted ventricular myocardium (NVM) is a unique disease where there is incomplete compaction of the ventricular wall during intrauterine life. As a result, the heart becomes sponge like, thickened, with poor reserve. Complications include arrhythmia, heart failure and systemic embolic event.

CASE REPORT

21 years old, collapsed after playing futsal. There was no bystander CPR. He was brought to nearby private hospital and was resuscitated for 50 minutes, during which he had persistent VF. ROSC achieved. He was then transferred to our facility 2 hours later. He had a history of syncope one week prior after playing futsal, but did not seek medical attention. On arrival to our centre, the patient was ventilated, supported with double inotropes. There was a severe acidosis, with pH 6.4, pCO2 104, HCO3 11.6, lactate 7. He arrested shortly after arrival and had 4 cardiac arrest events. Bedside echo showed thickened ventricles bilaterally with trabeculation, poor contractility and enlarged right ventricle. He succumbed 2 hours later despite maximum resuscitation. Post mortem findings showed myocardial infarction secondary to noncompacted biventricular cardiomyopathy.

DISCUSSION & CONCLUSION

Syncope in young patients should warrant further investigation to rule out several important diagnosis such as aortic insufficiency and cardiomyopathies. Therefore, we recommend bedside echocardiography by emergency physician. The management of collapsed patient with NVM is even more challenging. The non compaction of the heart with thickened ventricular wall lead to ineffective contraction. The numerous trabeculation can lead to both abnormal relaxation and restrictive filling, hence diastolic dysfunction. This patient most likely has both systolic and diastolic dysfunction. Fluid, inotropic and vasopressor management is difficult. Physician requires multidisciplinary input as well as other adjuncts including bedside echo and cardiac output monitoring.

PP 16
HEAT STROKE FATALITY DURING EL-NINO: EXPERIENCE IN HOSPITAL SEGAMAT

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INTRODUCTION

Heat stroke is a life threatening illness characterized by hyperthermia and altered mental status after