

**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, pCO<sub>2</sub> 104, HCO<sub>3</sub> 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