

PP139 KOUNIS SYNDROME: A RARE EXPERIENCE

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INTRODUCTION:

Kounis syndrome (KS) was first described by Kounis and Zavras in 1991 as “syndrome of allergic angina”, has been established as a condition associated with mast cell activation including allergic, hypersensitivity, anaphylactic and anaphylactoid reactions that lead to concurrence of Acute Coronary Syndrome. KS has been linked with various conditions, drugs, environmental exposures, foods, and coronary stents. We report a case of Kounis syndrome induced by food ingestion.

CASE REPORT:

A 53 years old woman with underlying hypertension and ischemic heart disease was brought to emergency department (ED) with a complaint of near-syncopal attack, difficulty in breathing, preceded by unexplained generalized body rashes and itchiness after taken her breakfast. Further history revealed that she ate mackerel-tuna fish for her breakfast. Physical examination on arrival at ED showed initial blood pressure of 72/43 mmHg, pulse rate of 71 beats/min regular, afebrile with oxygen saturation of 100%. ECG revealed elevation of ST-segment in lead II, III, aVF, compatible with acute inferior myocardial infarction. She was immediately administered 200mg Hydrocortisone, 10mg Chlorpheniramine, 10mg Ranitidine, 0.01mg/kg Epinephrine intravenously. She was also started on intravenous Epinephrine infusion. Her symptoms improved after medications were given and serial ECG showed normal sinus rhythm without ischemic changes.

DISCUSSIONS:

Cases of KS often encountered in clinical practice than anticipated. The mechanism of KS involves the release of inflammatory mediators through mast cell activation which induces coronary artery spasm and/or atheromatous plaque erosion or rupture. ECG findings and associate signs/symptoms may improve after anaphylactic medications given. Thrombolytic therapy was not indicated in treating this case.

CONCLUSION:

Kounis syndrome is a rare phenomenon, mostly due to the lack of awareness of it's signs/symptoms that may lead to underdiagnosed and delay of an appropriate treatment. Therefore, awareness of this syndrome can help physician in making prompt diagnosis and initial treatment.