poorly responds to conventional allergy treatment, discontinuation of ACE inhibitor is the key of resolution.

CONCLUSION

A justifiable working diagnosis on the basis of comprehensive medical history and adequate awareness of adverse drug reaction are the keys to put a halt to this potentially life-threatening yet preventable complication.

PP 29

EDOC: THE NERVE IN A DISASTER EXERCISE

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INTRODUCTION:

Hospital Serdang is the coordinating hospital for airport disaster in KLIA. Exercise is often held to prepare hospital and state response to any event.

CASE REPORT

The call came through to MECC to announce KLIA RED ALERT, KLIA RED ALERT, KLIA RED ALERT. The emergency physicians present in the emergency department responded by first choosing a clinical commander and a Medical Incident Cordinator (MIC). An Emergency Department Cordinating Centre (EDOC) was opened. A staff of 4 persons consisting of an ED assistant medical officer supervisor, the hospital sister on call and 2 clerks assisted the Medical Incident Cordinator (MIC). Reports were made to Air Disaster Unit(ADU) and Hospital Operations Room (HOR) that EDOC was opened. Then, coordination of ambulance response from all hospitals in the state was done, together with coordinating request for more ambulance back up from ADU. Almost as soon as this ambulance response was being coordinated, real patients were reported. By this time a Hospital Red Alert was announced, and coordination was also underway to prepare the ED for surge in patient load. Request for more staff, equipment, food was forwarded to Operations Room. Reports of casualties was collected from ADU and forwarded to operations room together with the destinations of dispatched ambulances. Cases coming to Serdang

Hospital was communicated to Clinical Cordinator. With 4 walkie talkies and 4 phone lines (with 2 phone lines down), communication was abuzz. All communications was documented by the 2 clerks. Finally final data was tallied from ADU of cases, diagnosis and disposition and forwarded to Operation Room.

DISCUSSION AND CONCLUSION

EDOC is the nerve of activity during a disaster. The personnel involved must know their job well, be patient, and have good communication and coordination skills. Team work is the key to a successful disaster exercise.

PP 30

BROKEN HEART SYNDROME OR MYOCARDIAL INFARCT?

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INTRODUCTION

Takotsubo cardiomyopathy (TCM) may mimic acute myocardial infarct by virtue of ECG changes and raised cardiac enzyme but with negative cardiac angiogram finding as well as left ventricular apical ballooning on echocardiogram. I am presenting a case of lady presented with what

appears to be an entity of cardiac failure known as "broken heart syndrome".

CASE HISTORY

A 25 year old Myanmarese lady presented initially to our ED and treated as hyperventilation syndrome following an emotionally stressful event, and ECG at that time was sinus rhythm. On her second visit to our ED she was complaining of chest discomfort and shortness of breath. During her second visit her ECG changed from initial RBBB to ST elevation in leads I, AvL, V2 to V5 few hours later. Trop T was positive. Her echo initially shows showed right ventricular and atrial dilation but later developed akinetik mid and apical segment with normal right ventricular function and ejection fraction of 15%. In the intervening period she developed recurrent paroxysmal ventricular tachycardia with shock. PCI reveals pristine coronary vessels. She was ventilated in the coronary unit and died 24 hours later. All her septic work up was negative. Postmortem finding revealed infarcted left ventricular wall. She was treated as cardiogenic shock secondary to acute myocardial infarct.

DISCUSSION

While the preceding history is not clear it is likely that the hyperventilation syndrome was due to acute emotional stress which later leads her to develop TCM with cardiogenic shock and eventual death. Whether the changes in echo finding first done in ED and later by cardiologist as well serial changes in ECG suggest different phase myocardium in TCM need to be studied further. It is opinion of author in view of patent coronary vessels this could be Takotsubo cardiomyopathy.

PP 31
LITTLE THINGS THAT MATTER: PAEDIATRIC TRAUMA INJURIES

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INTRODUCTION

Traumatic injuries and death are considered a major health issue with a quarter of the deaths occurred in children younger than 15years. Majority of the cases happen after school hours. We describe a case of predicted poor outcome with conservative treatment and successful discharge home.

CASE REPORT

A 7 year old girl was hit by car and thrown forward. She was brought in unconscious with multiple petechial over the head, neck cutaneous emphysema, unequal chest rise and deformed left shoulder. FAST showed free fluid in Morrison Pouch. Child was asystole and CPR was performed for 5mins then revived. Injury Severity Score (ISS) 33; Revised Trauma Score (RTS) 4.3; Paediatric Trauma Score (PTS) 3 CT scan showed left temporal bone, left clavicle, multiple left ribs fracture, bilateral lungs contusions with large hemopneumothorax, extensive neck emphysema and parapharygeal region with minimal pneumomediastinum, free fluid in pelvis. Child was admitted to ICU and treated conservatively, discharged home after 19days without neurological deficits.

DISCUSSION AND CONCLUSION

Children whose PTS is between 0 and 8 had an increasing mortality related to their decreasing PTS, and those below 0 has 100% mortality. Hence there is a direct linear