PP157 MISDIAGNOSIS PROLONGED QT SYNDROME AS EPILEPSY - A CASE REPORT

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INTRODUCTION:

Long QT syndrome (LQTS) is a genetic ion channel disorder associated with recurrent syncope or seizures secondary to cerebral hypoxia during the arrhythmia. It affects 1 in 2000 people. LQTS accompanied by seizure can masquerade convincingly as epilepsy, leading to delay in both diagnosis and treatment, therefore exposing the patient to a high risk of sudden cardiac death.

CASE REPORT:

We report a case of a 2-year-old boy who presented with 3 days history of fever, cough, coryza, vomiting and diarrhoea. There was a sudden onset of generalized rashes consisting of mixed petechial, purpuric and ecchymosis over the trunk and bilateral lower limbs. Clinically, he was septic looking with poor perfusion. There was no evidence of meningism. Venous blood gas showed compensated metabolic acidosis, thrombocytopenia and deranged coagulation profile. Blood culture showed Neisseria meningitidis. He was treated with intravenous ceftriaxone and subsequently changed to amikacin and meropenam. He developed purpura fulminant over his upper and lower limbs. Unfortunately, he had undergone amputation of his fingers and bilateral foot. He was discharged after 10 weeks. Contact tracing was done and antibiotic prophylaxis was given to contacts.

DISCUSSION:

Misdiagnosis of LQTS presenting with seizures are common and often attributed to epilepsy ECGs were frequently requested in patients with seizures, but interpretation errors were common as the changes might be subtle and the prolongation can be easily overlooked. A high index of suspicion in the emergency department for alternate diagnosis in patients presenting with seizures not responding to antiepileptics despite on therapeutic levels is important. For these patients, continuous cardiac monitoring, careful ECG interpretation and examination of the arterial pulse is recommended. Appropriate intervention can significantly reduce mortality and morbidity, making prompt diagnosis essential.