

中文題目:快速致命性非 ST 段心肌梗塞合併感染性心內膜炎 - 病例報告

英文題目:Fatal of Acute Non-ST Segment Elevation Myocardial Infarction combind Infective Endocarditis - A case report

作者:趙惠君, 余文良

服務單位:奇美醫學中心 加護醫學部

Introduction:

Embolic events from infective endocarditis can cause acute coronary syndrome. Mortality rate is high and optimal management might be different from those chosen in setting of classic atherosclerotic coronary artery disease. We present a case of mitral valve endocarditis and developed acute non-ST segment elevation myocardial infarction.

Case Report:

This 88 y/o man had Diabetes, Hypertension, asthma, dyslipidemia and chronic kidney disease (CKD) was admitted via emergency room due to chest pain for one day. He suffered from progressive chest pain with compression sensation. The symptoms didn't relieve after resting. Laboratory revealed leukocytosis, anemia, thrombocytopenia, acute on CKD (Cre 4.23) with hyponatremia, hyperkalemia (K 5.51), elevated lactate, Troponin-I 10576.70 pg/mL, and BNP 647 pg/mL. Artery blood gas showed metabolic acidosis. Electrocardiogram showed probable posterior infarct. Chest x-ray showed increased infiltration in right low lobe. He refused intubation and BiPAP was used for respiratory distress. Empirical antibiotics, steroid, bronchodilators, antiplatelets, and heparin were given. On admission, he was treated with high flow nasal cannula, heparin, antiplatelets. Metabolic acidosis and hyperkalemia showed improvement after medications; however, echocardiography showed global hypokinesis, Akinesis at mid inf, mid inf-lat wall; Left Ventricular diastolic dysfunction and vegetation over anterior mitral valve was found. Besides, oliguria persisted and responded poorly to diuretics. Continuous venous venous hemofiltration (CVVH) was planned after cardiac catheterization (cath) for highly suspected Non-ST segment elevation myocardial infarction. However, aggravated dyspnea and unstable hemodynamics developed while waiting for cardiac cath. He received intubation and vasopressor use. Intraaortic balloon pumping was attempted but failed due to suspected abnormality or obstruction of infra-renal aorta. Cardiac cath could not be performed. His family refused surgery, and requested for medications only. Unstable hemodynamics persisted, and cardiac arrest occurred on

September 23.

Discussion:

Patient was managed with balloon angioplasty and placement of intracoronary stent. However due to multiple comorbidities he had to be intubated and placed on dialysis.