

中文題目：蜘蛛膜下腔出血併心室頻脈模擬像急性心肌梗塞

英文題目：Subarachnoid Hemorrhage with ventricular tachycardia and mimic acute ST elevation myocardial infarction

作者：呂家名<sup>1</sup>，葉同成<sup>2</sup>，梁興禮<sup>2</sup>，鄭佩玟<sup>3</sup>，曾清俊<sup>3</sup>，馬光遠<sup>2</sup>，劉俊鵬<sup>4</sup>

服務單位：高雄榮民總醫院內科<sup>1</sup>，高雄榮民總醫院心臟內科<sup>2</sup>，高雄榮民總醫院教研部<sup>3</sup>，高雄榮民總醫院院本部<sup>4</sup>

#### Introduction:

Electrocardiography(ECG) is a good differential tool for acute myocardial infarction but some disease with ST elevation ECG is mimic acute myocardial infarction like hyperkalemia, intracerebral hemorrhage etc. Intracerebral hemorrhage with ST-T change, precise mechanism is unclear, but some CNS endocrine, like catecholamine will play a important role due to catecholamine will influence blood pressure and myocardial contractility. Although, emergency room is a very busy and complex site but we will be careful attention of neurologic symptom and sign can enable better diagnosis.

#### Case:

A 72-year-old female had collapsed suddenly while cooking. Her son call Emergency Medical Technician (EMT) for help. No pulse was noted by EMT staff and Cardiopulmonary-cerebral resuscitation (CPCR) was performed for 15 minutes. She presented initial vital sign blood pressure: 249/171mm Hg, PR:98 beats/minutes, body temperature:35.9 °C and GCS, Glasgow Coma Scale revealed E1V1T1 at First Aid. Electrocardiography (ECG) showed ventricular tachycardia and cardioversion 100J was performed. After CPCR and cardioversion, ECG revealed ST elevation over V1-V3, I and aVL with reciprocal change over II, III,aVF. Acute anterolateral wall myocardial infarction was highly suspected. Primary percutaneous coronary intervention (PCI) was performed and showed coronary artery disease (CAD) with triple vessels disease (TVD) and infarct-related coronary artery was highly suspected left anterior descending (LAD) coronary artery large diagonal branch but failed to

open. After PCI, patient's GCS with E1V1M1 and pupil with mild dilatation. Brain CT was performed and revealed diffuse subarachnoid hemorrhage. No surgical indication was suggested by neurology surgeon.

#### Discussion:

Subarachnoid hemorrhage with ventricular tachycardia and mimic acute ST elevation myocardial infarction is a very rare case. In the emergency room, many patients with acute myocardial infarction with ventricular tachycardia or ventricular fibrillation was management but subarachnoid hemorrhage with ventricular tachycardia and ECG with acute ST elevation is a very rare. Some case report, intracerebral hemorrhage with acute ST elevation had been report and the cause was highly suspected neurogenic induced myocardial dysfunction. One case report, subdural hematoma induced neurogenic stunned myocardium with acute ST elevation. Now we want to achieve to door to balloon time for hospital evaluation. Some times, we will misdiagnose intracerebral hemorrhage to acute ST elevation myocardial infarction and harm for intracerebral hemorrhage patient. We will discuss like this case with emergent staff. In the further, we want to decrease misdiagnose some disease with acute ST elevation mimic acute ST elevation myocardial infarction. We will setup the guideline for consciousness change with acute ST elevation for further survey.

#### References:

1. Heo W. J., Kang J.H. et.al. Subarachnoid Hemorrhage Misdiagnosed as an Acute ST Elevation Myocardial Infarction. Korean Circulation Journal. 2012;42,3, 216-219
2. IAC Van der Bilt, Visser FC. Neurogenic induced myocardial dysfunction. Heart Metab 2004;24:27-30.
3. Ohtsuka T, Hamada M, Kodama K, et al. Neurogenic stunned myocardium. Circulation. 2000;101:2122– 2124.