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FIT Clinical Decision Making

UNUSUAL CAUSE OF CHEST PAIN, THINK OUTSIDE THE BOX!

Poster Contributions

Poster Hall B1

Sunday, March 15, 2015, 9:45 a.m.-10:30 a.m.

Session Title: FIT Clinical Decision Making: Ischemic Heart Disease

Abstract Category: Acute Coronary Syndromes

Presentation Number: 1180-149

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Background: Kawasaki disease is predominately a vasculitis disease of childhood. However, there is few reported cases of adult onset which could have catastrophic presentation.

Case: 44-year-old, male presents to hospital with acute onset of substernal chest pressure of one-hour duration with diaphoresis. He has history of hypertension. Physical examination was unremarkable and EKG showed normal sinus rhythm with no ST or T wave changes. Cardiac enzymes were elevated (troponin 0.98 ng/ml)

Decision Making: Due the abnormal cardiac enzymes, age and presentation, the patient underwent coronary angiogram which showed diffuse severe aneurysmal ectasia, without calcification or obstructive stenosis. Chest pain and rise in troponin was due to aneurysmal coronary changes with in situ thrombosis and embolization. He was started on aspirin, clopidogrel, metoprolol and warfarin. He had negative work up for connective tissue disease with negative rheumatologic work up. Cardiac MRI did not show evidence of vasculitis.

Conclusion: Adults with chest pain and rise in troponin usually a trigger for coronary artery event especially in the setting of elevated cardiac markers. However, although rare, Kawasaki disease can present later in life in the absence of risk factor for vasculitis. The diagnosis mainly based on findings of diffuse coronary artery ectasia. Long-term treatment of coronary artery ectasia is challenging but should be directed to prevent thrombus formation and embolization.

