Case Title: Bradycardia And Acute Coronary Syndrome In Patient With Acute Pancreatitis

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Introduction:

Acute pancreatitis and acute coronary syndrome (ACS) association were merely seldom reported. Prognosis of acute pancreatitis was poor if the diagnosis is delayed with 1.6 death in 100000 person per year worldwide. 20 to 25% of patient with acute pancreatitis usually severe and need high dependency unit care. Here, we present a case of middle age gentleman came in to our casualty with severe acute pancreatitis masquerading atrioventricular bradycardia and acute coronary syndrome.

Case description:

A 49 years old gentleman with underlying ischemic heart disease presented to our casualty with complaint of chest and epigastric pain. His pulse rate was bradycardia down till 47 beat per minute and blood pressure was lowish. His abdomen was mildly tender over the epigastric region. Chest radiography revealed no widening of mediastinum. Point of care ultrasonography of gallbladder, liver and kidney showed no abnormality, pancreas unable to visualized. Electrocardiography showed sinus bradycardia with the rate of 45 without any significant ischemic changes. Cardiac enzymes and troponin were not raised. Further investigation of aspartate transaminase raised to 427U/L and amylase shoot up to 3110U/L. Ranson score was 1. Patient were given intravenous atropine, dual antiplatelet, antithrombotic agent, proton pump inhibitor and opioids for analgesia. Patient was admitted for further management.

Discussion:

Pancreatitis refers to a condition where the pancreas is inflamed. The pathophysiology that relate acute pancreatitis and acute coronary syndrome is remain poorly understood but a form of viscero-visceral reaction and the toxic effect of proteolytic enzymes of the pancreas during the inflammation might be the answer. Acute pancreatitis related to the atrioventricular bradycardia was seldomly reported. Although the pathogenesis was unclear, the awareness of this entity is important for clinicians in effort to avoid misdiagnosis and mistreatment.

Conclusion:

High index of suspicion need to be emphasized in managing patient with typically angina pain and epigastric pain however ironically having acute pancreatitis.

Keyword:

Acute pancreatitis, atrioventricular bradycardia, acute coronary syndrome (ACS)

306 words