**THEMES: MEDICAL EMERGENCIES**

**Acute Myocardial Infarction mimicking Spontaneous Pneumothorax**

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**ABSTRACT**

**Introduction:** Respiratory distress is a common presenting symptom that mandate patient visit to emergency department. There is extensive list of diagnosis that precipitate respiratory distress and emergency provider should rule out the life-threatening causes of dyspnea. Among the life-threatening causes presented with acute respiratory distress is pneumothorax and myocardial infarction.

**Clinical Presentation:** We present a case of elderly woman presented with complaint of shortness of breath with secondary spontaneous pneumothorax with and electrocardiogram changes of ST elevation suggesting of myocardial infarction. She was given thrombolysis and subsequently chest drain insertion. After chest drain insertion, there was resolution of ST segment elevation.

**Discussion:** . A number of pathology can produce ECG changes that can mimic acute myocardial infarction and there are many cases of initial wrong diagnosis of acute myocardial infarction. Pneumothorax, may precipitate an acute myocardial infarction.

**Conclusion:** We encountered a case of spontaneous secondary pneumothorax with end organ injury which was myocardial ischemia evidence by ECG changes. Both are life threatening diseases which need to manage urgently. Rarely but occasionally multiple life threatening diseases presenting with similar signs and symptoms. Emergency physician should be aware of this rare occasion when we encounter patient in daily practice.

**Keywords:** spontaneous pneumothorax, myocardial infarct, myocardial ischemia