

“ THE HEART’S UNEXPECTED STING”: A CASE OF KOUNIS SYNDROME

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Introduction

Kounis Syndrome arises from hypersensitivity reactions, resulting in coronary vasospasm, plaque instability, or stent thrombosis. Typically, patients will present with chest pain, and electrocardiogram findings often indicate changes suggestive of a possible myocardial infarction. However, the key distinction is that this condition is triggered by exposure to allergens such as medications, foods, or insect bites.



Case Description

A 39-year-old gentleman, active smoker presented to our centre, Hospital Lahad Datu, with complaint of breathlessness, palpitation, chest pain, profuse sweating and vomiting. Patient had alleged bee sting one hour prior to arrival to our centre. Upon arrival, his GCS was E1V1M1 and hypotensive. He was tachypneic with oxygen saturation of 93% under room air. On auscultation noted reduced air entry bilateral lower zone of lung, Electrocardiogram revealed ST- segment elevation at Lead III, AVF, ST-segment depression over I, AVL, V5-V6. Bedside echocardiogram was unremarkable.

With the provisional diagnosis of Kounis Syndrome, he was started on oxygen supplement, resuscitated with intravenous fluid and given intravenous steroid. Apart from that, he was also administered with antihistamine, intramuscular and subsequently, continuous infusion of adrenaline. His blood parameters were unremarkable with normal Troponin I and other cardiac biomarkers. With watchful waiting, we noted gradual improvement of patient's condition. Approximately 2 hours later, patient returned to full GCS, not tachypneic and we were able to wean off inotropic support. Repeated electrocardiogram showed sinus rhythm with resolution of ST-segment elevation and depression. In view of financial constraint, however, patient opted for discharge against medical advice.

Discussion

Although Kounis Syndrome shares similarities with Acute Coronary Syndrome (ACS), it is crucial to manage it as a distinct condition. Furthermore, in cases of diagnostic uncertainty, having access to a catheterization laboratory offers a significant advantage, something district hospitals are lacking.

Conclusion

Kounis Syndrome is a rare and frequently underdiagnosed condition. Prompt recognition of Kounis Syndrome in emergency settings is crucial to avoid delays in diagnosis and to ensure the delivery of appropriate care.

Reference:

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