Acute Pericarditis: Mimicking Acute Myocardial Infarction

Cihan Bedel	extsuperscript{1}, Önder Tomruk	extsuperscript{1}, Nesrin Gökben Beceren	extsuperscript{1}, Erkan Duman	extsuperscript{1}, Makpere Özer Delikanlı	extsuperscript{1}, Özcan Yıldız	extsuperscript{1}, İsa Gökhan Yalçın	extsuperscript{1}, Aslı Hatice Bedel	extsuperscript{2}

	extsuperscript{1}Suleyman Demirel University Faculty of Medicine, Emergency Department, Isparta, Turkey

	extsuperscript{2}Akdeniz University Faculty of Medicine, Department of Pharmacology, Antalya, Turkey

OBJECTIVES: Acute pericarditis is the most common pathologic process involving the pericardium. Chest pain, pericardial friction rap, electrocardiographic changes, and pericardial effusion are cardiac manifestations of many forms of this disease. In acute pericarditis pericardial effusion, especially important clinically when it develops within relatively short time, since it may lead to cardiac tamponade. In this case we aimed to present pericarditis case which looks like myocardial infarction.

CASE: A 17 years old male patient was admitted to the emergency department with complaints of severe, sharp, retrosternal chest pain which run since one hour. He was smoker but denied any drug abuse. In his story he hasn't got any disease. He hasn't use dany medication. He didn't have any medical family history. Physical examination was unremarkable, the general condition was good. Blood pressure 120/80 mmHg, body temperature 36.4, heart rate 98/min, respiratory rate 12, GCS 15. His electrocardiography showed ST elevation on D2-D3-AVF and ST depression on V1-3. Urine analyses for drugs was negative. Laboratory tests AST: 45 u/l ALT: 14 u/l CPK 535 u/l CK-MB 59 u/l Troponin: 0.612 (0-0.02) ASO: 117 RF: 10.6. Arter blood gases is normal. Chest radiography is normal. He had consulted to cardiologist and admitted to angiography unit for coronary angiography. His coronary angiography didn't show any vasküller pathology. His ecocardiography was consistent with pericarditis EF: %60. We started to treat patient with 800 mg of ibuprofen 2 * 1 and after 1 day treatment ECG returned to normal. In the following days the patient was discharged.

CONCLUSION: ECG findings that occur with acute pericarditis may resemble an acute myocardial infarction. The patient with ST-segment elevation, pericarditis should be considered in the differential diagnosis.

Keywords: Myocardial infarction, acute pericarditis, emergency medicine