Acute Pericarditis: Mimicking Acute Myocardial Infarction

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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 a 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 vasküler pathology. His ecocardiography was 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