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## Recurrent Tachyarrythmia after primary percutaneus coronary intervention

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Case Presentation: A 49 year-old female was admitted with 7-hours resting typical angina with excessive sweating and palpitation which begun a few weeks previously. She had no history of hypertension, dyslipidemia, diabetes mellitus and no family history of cardiac disease and sudden death. On admission, she had blood pressure 140/90 mmHg, heart rate 110 - 125 bpm, and regular. The first and second heart sound was regular without any audible murmur, rubs or gallops. Her chest was clear to auscultation. Her routine blood test, renal function and electrolyte value is normal, elevated troponin T and elevated blood glucose. Her ECG shown ST elevation in the inferior lead. She was diagnosed with inferior acute myocardial infarction; she received anti-platelet, anti-lipid, anti-ischemic, anticoagulant and insulin. His coronary angiogram performed through right radial artery revealed total occlusion in proximal RCA, tubular 75% lesion in proximal LAD, tubular 85% lession in middle circumflex. It was planned to perform primary PCI to proximal RCA. After primary PCI, the patient transferred to intensive care unit and she became increasingly palpitation. At bedside ECG monitoring revealed multiple VES and recurrent supraventricular tachycardia with unstable hemodynamic. If she had supraventricular tachycardia with unstable hemodynamic, then she had had cardio version. Due to recurrent tachyarrhythmia, repeated electrolyte value and thyroid hormone (FT4 and TSHs) was tested, the results was normal electrolyte value with elevated FT4 and TSHs. Therefore, she received antihyperthyroid. It returned sinus after 12 hours administration of anti-hyperthyroid. Echocardiography result mildly dilated left ventricle, ejection fraction 46.8%, hypokinetic posterior ventricle wall. After 15 days medical treatment, she was discharged on oral anti-platelet, anti-lipid, anti-hyperthyroid and close follow-up with cardiologist.

**Conclusion:** Tachyarrhythmia is a common adverse cardiac events caused by hyperthyroid. Signs and symptoms related to the tachyarrhythmia may include shock, hypotension and heart failure, shortness of breath, chest pain, acute myocardial infarction, palpitations, and decreased level of consciousness. Hyperthyroidism generally increases heart rate, myocardial contractility, cardiac output, and left ventricular mass, while it predisposes to supraventricular and ventricular arrhythmias. The spectrum of hemodynamic changes and cardiovascular complications that accompany hyperthyroidism reinforces the importance of thyroid hormones in the physiology of the cardiovascular system. In their treatment priority should be given to controlling the hyperthyroidism.

## Biography

High Performance, low profile"are words of his basic live, it quoted from his Professor. Edy Chandera, was born Januari 28, 1986. He has finished his general practitioner since 7 years ago, now he is a resident of 4th years of cardiology and cardiovascular at Samratulangi University, Manado, Indonesia. He has already sent his research at National Conference in Indonesia.

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