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Anterior spinal cord syndrome: Mimicking as non-ST elevation MI

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Anterior spinal cord syndrome is a rare condition that can present with many different clinical signs and symptoms. This is a report of a 72 year old female who presented to the emergency department complaining of severe chest pain and bilateral shoulder pain. She had a history of hypertension and hypercholesterolaemia. Her examination was unremarkable and vital signs were within the normal range. A chest X-ray showed no mediastinal widening. ECG showed RBBB and high sensitivity TnT was raised at 42. She was treated as having a non-ST elevation MI with Aspirin, Clopidogrel and LMWH and admitted to the cardiology ward. Six hours after admission she had an episode of urinary incontinence and while attempting to get out of bed was unable to move her lower limbs. Examination revealed grade 0/5 power in lower limbs with numbness to pain and temperature, but vibration and fine touch were preserved. Knee reflexes were absent and anal tone reduced. Bedside echo and CT aortogram excluded an aortic dissection and an MRI showed signal change with a diffuse pattern within the spinal cord at T1-T5 and cord swelling. The patient was treated for neurogenic shock after developing hypotension unresponsive to fluid therapy and required admission to the intensive care unit for four days. Follow-up angiocardiology showed no evidence of obstructive coronary disease. The patient was transferred to the care of the stroke team for a prolonged period of rehabilitation. The early diagnosis of spinal stroke vs. a NSTEMI may be clinically challenging.

Biography

Matthew Grimes has completed his Medical degree from Queens University Belfast, Ireland. He has worked as a Cardiology Doctor before training in Anesthesia and Intensive Care Medicine. He is a Fellow of the Royal College of Anaesthetists (RCOA), UK and also a Fellow of the Faculty of Intensive Care Medicine (FFICM). His interest is in mechanical support of the failing circulation and medical education.

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