Unmasking of the idiopathic Brugada electrocardiogram pattern in a febrile patient with pneumonia

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Here, we present the case report of a 44-year-old man who presented with continuous chest pain and fever with pneumonia and also had idiopathic Brugada ECG pattern. The patient’s initial electrocardiogram showed ST-segment elevation at the right precordial and lateral leads. An emergency coronary angiography showed that there was no significant stenosis or thrombus at the coronary arteries. The ECG findings showed Brugada ECG pattern which was exaggerated by high fever. The diagnosis was confirmed with a flecainide provocation test that allowed us to document ECG changes consistent with the type 1 Brugada ECG pattern. This case report reveals how dynamic ST-segment elevations may look similar in cases of acute coronary syndrome and Brugada syndrome, also showed the Brugada ECG pattern could be exaggerated by fever.

Very late paclitaxel-eluting stent thrombosis despite 27 months of clopidogrel treatment after percutaneous coronary intervention

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Background: Stent thrombosis after drug eluting stents (DES) implantation has been reported to occur a few hours to over several months after percutaneous coronary intervention (PCI). Current guidelines recommend that clopidogrel should be given for at least 12 months after implantation of DES. However, the optimal duration of dual antiplatelet therapy remain uncertain for patients receiving DES. We describe a case of very late paclitaxel-eluting stent thrombosis despite 27 months of clopidogrel treatment, which occurred 1 month after its withdrawal. Case: A 33 year-old male underwent successful primary PCI (Paclitaxel-eluting stent) in proximal left anterior descending (LAD) due to ST elevation myocardial infarction. He had been out of symptom with dual antiplatelet therapy. At 27 months after PCI, he stopped clopidogrel. After 1 month, he had experienced severe chest pain and was rushed to the emergency room. The initial electrocardiography (ECG) showed ST segment elevation in lead V2-5. The emergent coronary angiography showed total occlusion in proximal LAD stent due to stent thrombosis, which was previously implanted. We performed thrombus aspiration in proximal LAD stent and newly stent implantation (Zotarolimus-eluting stent). Conclusion: In our experience, paclitaxel-eluting stent thrombosis can occur several months after stent implantation despite prolonged clopidogrel treatment. This case underlines the possible need for long term dual antiplatelet therapy among patients receiving paclitaxel-eluting stents.