



Case Report

An unusual case of unstable angina - The timely intervention !!!

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ABSTRACT

Myocardial infarction is a crucial and commonly seen in the Indian population. The disease is prevalent in both rural and urban area. Timely detection, awareness of the myocardial infarction among the population especially rural Indians should be taken seriously. Here we discuss an unusual case of myocardial infarction.

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1. Introduction

One of the leading cause of mortality in India is cardiovascular diseases.¹ In comparison with western populations where coronary vascular disease related death occurs only 23% before the age of 70 years; but in India, this number is it is about 54%.²

Various reasons like improper knowledge, inadequate healthcare services in the rural area may lead to the higher mortality among rural population. It is not uncommon to see the patient are being landed up with various complications with myocardial infarction by the time they are received in tertiary care units. Above this poor guidance by the local heads and strong belief in god man do add delay in initiating the treatment thus losing the valuable golden hour. This case report describe how actually the patient faced problem at rural level and fortunately the patient got recovered.

2. Case Report

A 71 yr old male patient presented with repeated pain in the chest. The patient belonged to one of the rural area of Karnataka, India. In between patient had a severe pain and tool local people opinion for it. The local people suggested to reach a god man of the village. Since they had a faith in god man he did follow the instructions given by him.

Accordingly the patient burnt his chest (Figure 1a) with the metal rod, thinking that chest pain will reduce. With repeated chest pain some of the educated members of the rural area instructed him to go for local doctor. The patient went to a local doctor who had basic qualification and could diagnose as a problem related to heart. The local doctor immediately referred to a nearest cardiologist.

The patient on arrival to us we diagnosed as an unstable angina. The ECG changes (Figure 1b) were seen in anteriolateral leads and suggested deep t wave inversion. The 2d echocardiography revealed akinesia of apex anterior wall, anteriolateral wall, anterior septum and apex. The left ventricular ejection fraction revealed 40%. No other abnormality was detected in the 2 d echocardiography. The patient was posted for coronary angiography and

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revealed left anterior descending artery narrowing in mid segment (Figure 1c) and showed 90% blockade. The patient underwent angioplasty subsequently and the symptoms were abolished. The fig shows restored normal blood flow in left anterior descending artery.

All the symptoms disappeared subsequently and advised for follow up. During follow up the work tolerance improved and patient was happy and could visualize the scar marks of burns.

3. Discussion

Myocardial infarction is very common in India. The disease does not distinguish between the urban and rural population. The Indian Council of Medical Research (ICMR) study revealed that the coronary heart diseases has increased from 10.19% to 13.9% and the rate of increase in risk factor was higher in rural area.³ The patient was from the rural part of the Karnataka. It is not uncommon in rural area that the patient goes to the priest as they do have strong religious belief on them. It is important to educate the village population to make them understand that they have to consult the qualified doctor else the morbidity or mortality rate is high. Fortunately the patient had visited the local doctor and could reach the cardiologist. The patient properly evaluate, counseled and then underwent angiography followed by angioplasty. Drug eluting stent was put for the patient (Figure 2b) and other medications initiates as per hospital protocol. Patient was discharged on day 3 and was pain free. A follow up was advised after 15 days. We did educate the patient about the illness including to the family member. The burn scars were healed and symptoms disappeared (Figure 2a).

4. Conclusion

Though India is a developing nation, creating awareness among rural population and improving the healthcare

facility should be considered and it is the responsibility of both the existing doctors and government. Timely intervention and detection of the cardiac problems will save the life of the patient.

5. Source of Funding

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6. Conflict of Interest

None.

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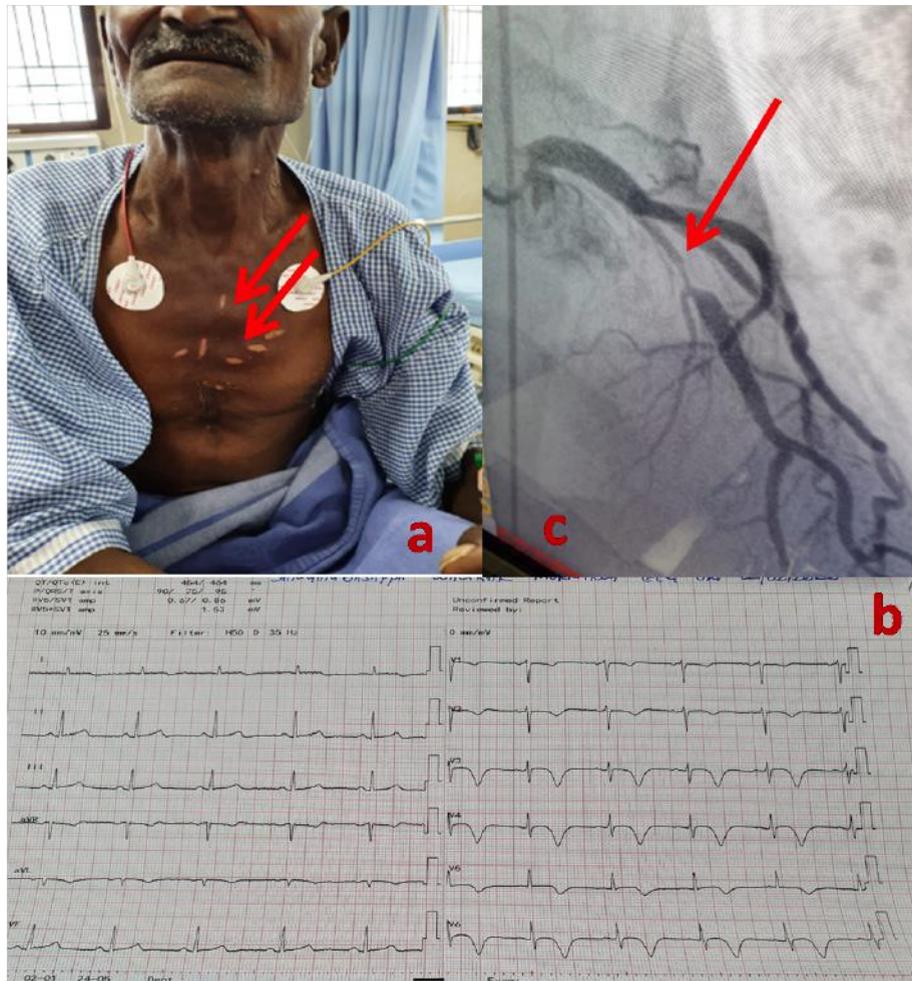


Fig. 1: (a): Burn marks, (b): Deep t wave inversion in anterolateral leads in ECG, (c): Left anterior descending artery mid segment 90% stenosis

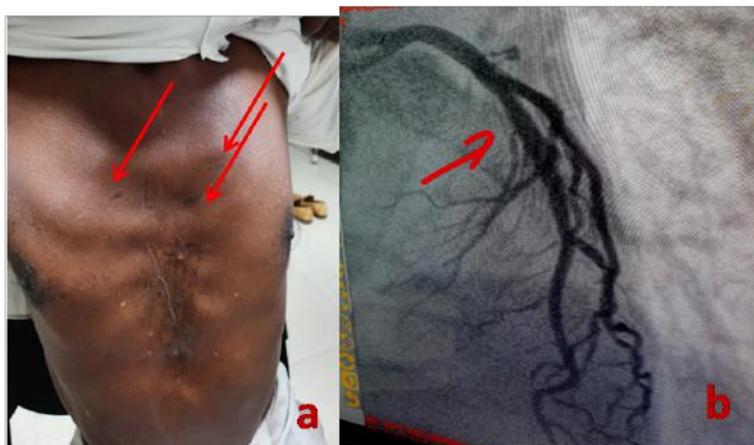


Fig. 2: (a): healed scar marks; (b): post angioplasty angiography showing reperfusion