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Intracerebral Hemorrhage Presenting with Life Threatening Arrhythmia

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Background: Spontaneous intracerebral hemorrhage (ICH) represents up to 15% of acute strokes. Uncontrolled hypertension is the most common cause of spontaneous ICH. Patients with ICH classically presents with acute onset headache, vomiting, focal neurological deficits¹. The case presented will demonstrate a rare presentation of spontaneous ICH.

Case: A 60 years old male, who is known diabetic, hypertensive, and ischemic heart disease, status post percutaneous coronary angiography (PCI) and stenting 8 months prior to the Emergency Department (ED) visit, presented to the emergency department by ambulance with a chief complaint of altered level of consciousness. Per the paramedic's report, his friend found him confused lying on the floor in his house with no evidence of trauma. Upon arrival to the ED, he was lethargic and diaphoretic. His vital signs were; heart rate = 224/ min, blood pressure = 70/43 mmHg, respiratory rate 16/min and oxygen saturation 99% on room air. An EKG revealed monomorphic ventricular tachycardia. He was successfully Cardioverted to normal sinus rhythm using 200J after administering midazolam intravenously. The patient's vital signs and mental status improved, he was able to provide additional history of episodic chest pain for 2 days. Post cardioversion EKG revealed 0.5mm ST elevation V1-V2 with ST depression V5-6. Given the history of ischemic heart disease, history of chest pain, arrhythmia and the EKG changes a decision made to proceed with emergency PCI. During the preparation for PCI, the patient's mental status worsened, his GCS dropped from 15/15 to 11/15 (E2, V4, M5). A non-contrast CT scan of the brain revealed large left inferior frontal intraparenchymal hemorrhage. A CT angiography of the brain ruled out ruptured aneurysm or arterio venous malformation.

Discussion: Previous studies described the presence of EKG abnormalities in patients with hemorrhagic stroke without known structural heart disease or electrolyte abnormalities². The most common reported EKG abnormality in ICH is prolonged QT interval³. This case illustrates a rare presentation of ICH with an unstable monomorphic ventricular tachycardia. Prior case reports associating polymorphic ventricular tachycardia and intracranial hemorrhage have been described, yet the mechanism of this association remains unclear⁴⁻⁸. To best of our knowledge, there were no previous reported cases of monomorphic ventricular tachycardia with ICH.

Biography:

Dr. Salama Al Neyadi PGY4 Emergency Medicine Resident from Sheikh Khalifa Medical City, Graduated from United Arab Emirates University, UAE.