what's your diagnosis?

A 29-year-old Saudi male complaining of chest tightness, palpitation and mild dyspnea for the past 3 hours

Suleiman M. Kharabsheh,* Abdelaziz Al-Ghamdi†

From the *Department of Cardiovascular Diseases, King Faisal Specialist Hospital and Research Center, Riyadh, Saudi Arabia and the †King Faisal Heart Institute, King Faisal Specialist Hospital and Research Center, Riyadh, Saudi Arabia

Correspondence and reprint request: Dr. Suleiman M Kharabsheh MBC 16 Department of Cardiovascular Diseases, King Faisal Specialist Hospital and Research Center, P.O. Box 3354 Riyadh 11211 Saudi Arabia skharabsheh@kfshrc.edu.sa Accepted for publication May 2006

Ann Saudi Med 2007; 27(3): 214

A 29-year-old Saudi male, with no known past medical history other than tobacco use, presented to our Emergency Department (ED) complaining of chest tightness, palpitation and mild dyspnea for the past 3 hours. He had a similar episode one year previously, which was associated with near-syncope, and was seen at our ED. The patient discharged himself and no further work up was done at that occasion. His brother had died suddenly while walking at the age of 37 years with no clear cause of death.

The physical examination of the patient was unremarkable. Routine laboratory tests including electrolytes, cardiac enzymes and lipid profile and chest x-ray were within normal limits. ECG showed sinus rhythm with incomplete right bundle branch block (RBBB) and there was ST segment elevation involving V1, V2 and

V3 (Figure 1).

A cardiology consult was obtained, and the patient was admitted for observation. Echocardiogram of the heart was normal and the patient was counseled regarding coronary angiography and the implantation of an automatic implantable cardioverter/defibrillator (AICD). He was very reluctant regarding AICD placement, but coronary angiography was done and was normal.

The patient was discharged home on no treatment and was advised to come back for AICD placement after having a second opinion, which he suggested, and was also counseled regarding the importance of family testing for the disease.

Answer on page: 223

Figure 1. Electrocardiogram on admission to the emergency department.