

## Emergency Medicine – Unusual Case presentations

### Case 1

#### ATYPICAL MIs

Patient groups who often present atypically:

- Diabetic
- Female
- Asian
- Elderly

40% of MI patient can present with indigestion. Beware of excluding MI on the basis that gaviscon eases chest pain – indigestion in MI is often helped by gaviscon

Presentation of atypical MI: (if have 1 or 2 of the following features in the above patient groups send to A&E)

1. SOB
2. Syncope/LOC/Collapse/Dizziness
3. Confusion
4. Diarrhoea/Nausea/Vomiting

In women

- Only 30% will present with chest pain
- 71% present with “profound” tiredness/fatigue

Unstable angina: is defined as chest pain with increased freq with decrease exercise tolerance [do not use definition of chest pain at rest [this is outdated definition]]

R Radiation to arms [bilateral (worst)>right>left (least)]– in term of worse prognostic indicator]  
E (E)xercise (pain on exercise)  
D Diaphoresis (sweating)  
V Vomiting

Complications of MI:

F (F)ailure : if hypotension/bibasal creps  
A (A)rrhythmia  
M (Murmurs) : Acute mitral regurg – due to MV papillary muscle rupture  
VSD – intraventricular septum rupture

### CASE 2

**Dissecting aortic aneurysm** may present as renal colic [dissecting renal artery causing kidney infarction]

### CASE 3

**Epigastric pain:** May be presenting symptom in:

- Aortic dissection
- Inferior MI (pulse likely to be bradycardic)

### CASE 4

**Diarrhoea/Gastroenteritis:** May be presenting symptom in:

- MI
- Ectopic pregnancy
- Acute appendicitis

- Sepsis
- Ischaemic bowel
- Carbon monoxide poisoning : [especially if whole family present with this]