

ATYPICAL PRESENTATION OF RARE EMERGENCIES - A DIAGNOSTIC CHALLENGE IN CASUALTY: CASE REPORT

Nephrology

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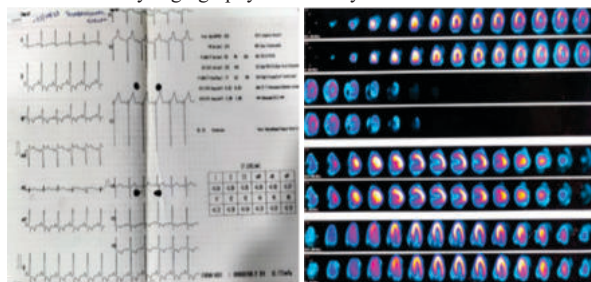
KEYWORDS

CASE REPORT 1-Tacrolimus Induced Coronary Vasospasm

27 yr old male who underwent living related renal transplant 6 weeks back was admitted with chest tightness and giddiness since 3 days. His past history included Hypertension, Biopsy proven FSGS and ESRD on MHD, Echocardiography done prior to transplant was normal.

On presentation in casualty His ECG showed ST depression in inferior leads and in v3 to v5 chest leads (fig 1), Troponin I and CPK MB were significantly raised. Tac trough level at presentation was 9.52. Adenosine stress test showed reduced resting EF 39 with post stress non transmural infarct in RCA territory (fig 2.)

He was managed with enoxaparin and antiplatelets initially but symptoms, ECG changes and troponin level resolved only when tacrolimus dose was reduced and calcium channel blockers were added. Coronary angiography done on day 5 was normal.



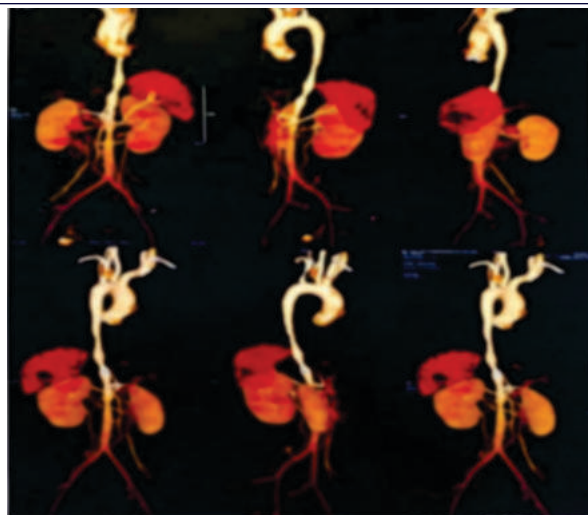
ECG(Fig1) and Adenosine Stress Test(Fig2)

CASE REPORT 2- Takayasu as Acute Abdomen /Acute Pancreatitis

19 year old female came to casualty with abdominal pain, vomiting and headache since 7 days, physical examination was remarkable for BP156/100 mmHg in RT upper limb and dehydration, Abdominal examination showed mild tenderness, a bruit in epigastric region, BS were normal. Serum amylase was significantly raised but lipase was normal. USG abdomen showed no significant abnormality, but Doppler of renal and abdominal vessels showed Aortoarteritis with intermittent stenotic segments in the aorta and origin of renal artery.

She was managed initially with iv fluids, calcium channel blockers. Later CT aortogram showed short segment stenosis of left subclavian artery, beaded appearance of abdominal aorta, critical stenosis of renal arteries, long segment narrowing of superior mesenteric artery suggestive of takayasu arteritis (fig3 below).

She was started on corticosteroids and azathioprine and planned for stenting of renal vessels.



CT Aortogram (Fig3)

OBSERVATION AND CONCLUSION

Recreational drugs marijuana and amphetamine, alcohol, weight losing ephedrine containing drugs are known to cause coronary vasospasm. Tacrolimus adds to this list of drugs, recent case reports both from around the world and Asia point to this adverse drug reaction. The mechanism underlying vasoconstriction induced by tacrolimus. This case report demonstrates timely identification of tacrolimus effect as key to manage such patient with calcium channel blockers and avoid false alarm in physicians.

Takayasu arteritis can present as abdominal pain if it involves the abdominal aorta and superior mesenteric artery. Classical pulseless disease may not be found on presentation. Our case demonstrates that it can mimic pancreatitis even though lipase levels were normal.

Rare diseases can mimic common presentations of routine emergencies. Emergency physician equipped with knowledge of rare diseases with keen observation can solve this diagnostic challenge.

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