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## Case Report

# Acute MI in a stented patient following snake bite-possibility of stent thrombosis – A case report

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### ABSTRACT

Acute myocardial infarction following snake bite is rare with few reported cases in literature. A 60-year-old male underwent uneventful stenting to a critical stenosis in left anterior descending coronary artery in June 2012. A month later, he presented to the local hospital with history of snake bite. During admission he developed chest pain with ST-segment elevation in anterior leads consistent with stent thrombosis. He was successfully thrombolysed and his coronary angiogram 5 days later revealed patent stent with TIMI III flow and no evidence of thrombus.

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## 1. Introduction

Acute myocardial infarction is a rare complication of snake envenomation with few reported cases in literature.<sup>1</sup> Here we describe an interesting case of anterior wall ST-segment elevation myocardial infarction (STEMI) resulting from possible late stent thrombosis precipitated by snake bite.

## 2. Case history

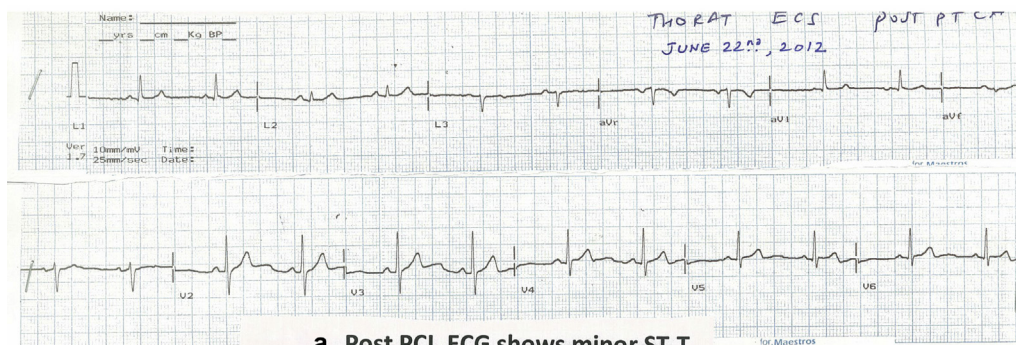
A 60-year-old male farmer underwent successful percutaneous coronary intervention (PCI) to a critically narrowed left anterior descending coronary artery (LAD) with a sirolimus eluting stent in June 2012. The patient made an uneventful recovery and was asymptomatic on discharge. A month later he presented to the local hospital with a history of snake bite.

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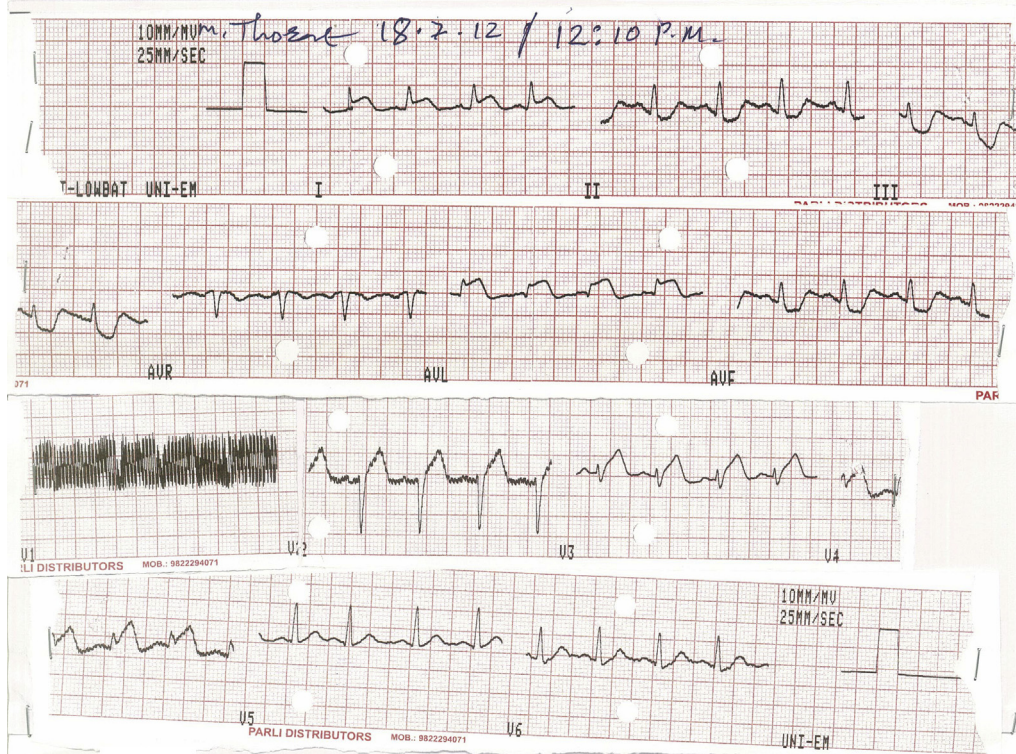
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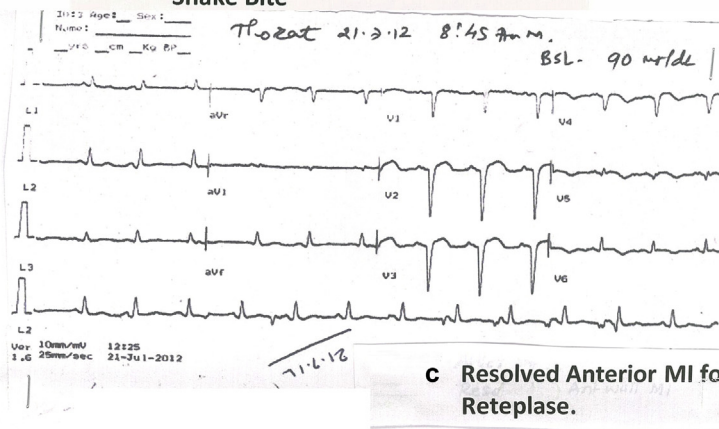
<http://dx.doi.org/10.1016/j.ihj.2013.04.029>



**a** Post PCI, ECG shows minor ST.T. Changes



**b** Acute Evolving Anterior MI following Snake Bite



**c** Resolved Anterior MI following Inj. Reteplase.

**Fig. 1 – (a)** Electrocardiogram (ECG) showing ST-segment elevation in leads I, aVL and V1–V4 and reciprocal changes in leads II, III, aVF. **(b)** Post thrombolysis ECG showing good ST-segment resolution.

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